

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 02	<b>SECTION</b> 004	<b>SUBJECT</b> 190
<b>SECTION</b> Clinical and Support Services		<b>DESCRIPTION</b> Secondary Interventions for non-responders to Integrated Dual Disorder Treatment (IDDT)	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) has criteria to guide the Integrated Dual Disorder Treatment Team (IDDT) when there are concerns identified in the Periodic Review of a person who is not experiencing success with the current treatment plan (non-responders).

**STANDARDS:**

- A. LCCMH has protocol to identify people who do not respond to basic IDDT.
- B. The Individual Plan of Service (IPOS) Periodic Review is the primary document to determine if new intervention strategies are needed and the success of those strategies.
- C. LCCMH evaluates and links non-responders to secondary interventions. Secondary Interventions are additional interventions such as:
  - 1. Prescribing and monitoring medications which may help to reduce addictive behaviors.

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2. Providing intensive psychosocial interventions:
  - a. Intensive family treatment
  - b. Additional trauma interventions
  - c. Increase contacts with person served
  - d. Referral for intensive outpatient treatment
  - e. Referral for residential care
3. Providing intensive monitoring which the legal system may impose:
  - a. Protective payee or guardianship
  - b. Additional monitoring by or communication with courts and probation officer or other legal entities involved with the person served if there is an active release of information on file
  - c. Conditional discharge or diversion agreement (usually in cases with court ordered treatment)

**PROCEDURES:**

A. Phase 1

1. Primary case holder determines the person's level of readiness for treatment using Stage Wise Treatment (see IDDT Clinical Guide in references).
2. Each IDDT person served is discussed in individual and IDDT group supervision, and/or team meetings, to determine strategies for improving efficacy based on the stage of change and may include any of the following:
  - a. Modifying treatment interventions (see LCCMH Policy 02.004.80 Currently Approved Therapies and Plan for Evaluation/Introduction of Other Therapies).
  - b. Individual phone calls and home visit or outreach attempts.

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- c. Contact with family and emergency contacts (if authorized by the person served and as applicable).
  - d. Consultation with psychiatrist and/or medical director (if applicable).
  - e. Consultation with program supervisor, peer support specialist and/or other IDDT team members to determine risks for the person served based on level of engagement in treatment. Risks and intervention strategies will be documented in a progress note for the person served. Risks may include but are not limited to:
    - i. Relapse
    - ii. Overdose
    - iii. Incarceration
    - iv. Infectious diseases
    - v. Trauma or violence
3. IDDT Team utilizes progress notes in the electronic health record to reflect efficacy of interventions added to assist non-responders and treatment resistant persons served.

**B. Phase 2**

- 1. IDDT Team identifies a concern from the Periodic Review that the person served is not responding to treatment as expected.
- 2. IDDT Team establishes case consultation with other treatment providers such as the primary care physician or integrated health services with medical providers, as applicable and with the appropriate releases.
- 3. Other key persons associated with the person served, such as family members or close friends, are consulted to explore available options, resources or new intervention ideas (if authorized by the person served and as applicable).

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4. If clinically appropriate, the IDDT Team invites the person served to a team meeting to discuss health, safety and treatment concerns.
5. The IDDT Team works with the person to identify new treatment strategies to implement.
6. The primary case holder completes LCCMH Form #385 Clinical Case Review Form requesting a case consultation with the Clinical Case Review Committee (CCR), in accordance with LCCMH Policy 01.002.90 Clinical Case Review Committee. The CCR brainstorms ideas and develop new intervention strategies. New strategies will include mechanisms to improve treatment interest such as:
  - a. Legal Payee or guardianship;
  - b. Court ordered treatment;
  - c. Legal consequences.
7. The IDDT Team continues to use the Periodic Review and LCCMH Form #368 IDDT Program Progress Summary Quarterly Review to evaluate the effectiveness of new intervention strategies.
8. Progress notes in the electronic health record are used between Periodic Reviews to reflect efficacy of interventions added to assist non-responders and treatment resistant persons served.

**DEFINITIONS:**

Clinical Case Review Committee (CCRC): A LCCMH team providing specific case consultation at the request of clinical staff of the agency as outlined in the Clinical Case Review Committee Policy 01.002.90.

Integrated Dual Disorder Treatment (IDDT): An evidence-based practice used to help improve the quality of life for adults with co-occurring mental and substance use disorders.

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Secondary Interventions: Interventions designed by a clinical process, involving the person served may be added to the standard of care for achieving efficacy and treatment goals.

Non-Responders: Persons served who are not experiencing success with the current IPOS and may be in need of secondary intervention(s).

Treatment Resistant Persons Served: Persons served who may be emotionally fragile or ambivalent about relinquishing the addictive substance and have not been successful in the early stages of treatment.

**REFERENCES:**

[IDDT Clinical Guide featuring Stage-Wise Treatment](#)

LCCMH Form #368 IDDT Program Progress Summary Quarterly Review  
LCCMH Form #385 Clinical Case Review Form Clinical Case Review Form #385  
LCCMH Policy 01.002.90 Clinical Case Review Committee  
LCCMH Policy 02.004.80 Currently Approved Therapies and Plan for Evaluation/Introduction of Other Therapies

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