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North Sound Behavioral Health Organization

Section 1500 – CLINICAL: Integrated Dual Disorder Treatment (IDDT)

Authorizing Source: North Sound BHO Contract

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Date: 1/13/2017

Signature:

POLICY # 1585.00

SUBJECT: INTEGRATED DUAL DISORDER TREATMENT (IDDT)

PURPOSE

To define IDDT processes, eligibility requirements, admission and discharge processes in this fidelity model program.

POLICY

IDDT is an evidence-based practice that improves the quality of life for people with co-occurring severe mental illness and substance use disorders by providing integrated mental health and substance use disorder treatment. An inter-disciplinary team works together to provide treatment that is appropriate to the individual's specific needs. They use a strategy of assertive outreach, and provide motivational interventions that are appropriate to the individual's stage of recovery. IDDT provides individual and group treatment, as well as, prescriber services.

IDDT programs provide 24/7 service availability.

IDDT services are offered in Snohomish and Skagit Counties.

PROCEDURES

Eligibility

Individuals who are eligible for admission to IDDT:

1. Are clinically and financially eligible for mental health services from North Sound BHO; and
2. Have a substance use disorder; and
3. Have a serious mental illness; and
4. Have a LOCUS of 3 or above; and
5. Live within an IDDT program service area (Skagit or Snohomish County).

As this program has a limited capacity, priority is placed on individuals with schizophrenia, other psychotic disorders, and bipolar disorder because these illnesses most often cause long-term psychiatric disability. Additionally, priority is placed on individuals who have difficulty utilizing traditional office-based outpatient services, and may benefit from an assertive outreach approach.

Referral and Admission

For individuals in a current treatment episode:

1. The individual and their clinician will discuss whether the individual wishes to be referred to an IDDT program. Clinician will consult the policy and procedure and/or IDDT program manager of the relevant program for specific referral instructions.

For individuals not in a current treatment episode:*

1. Referring party assists the individual in calling VOA Access or the behavioral health agency of their choice to schedule a routine outpatient intake evaluation (assessment). The individual is recommended but not required to request an intake at the agency with the IDDT program with which they wish to enroll.
2. Once the individual receives an intake evaluation and the clinician doing the evaluation believes the individual may be eligible for the IDDT program, the assessment clinician confirms with the individual that they would like to be referred to IDDT.
3. The assessment clinician will then consult the policy and procedure and/or IDDT program manager for specific referral instructions.

*If circumstances such as incarceration, hospitalization, or other factors make it difficult for the individual to enter services through the traditional intake evaluation described above, and the referrer believes that outreach may assist in getting the individual enrolled, the referrer is encouraged to discuss their concerns with the IDDT program. The IDDT program may be able to perform the intake assessment in the community, or make some efforts to engage with the individual prior to their intake assessment.

When referred individuals are not admitted to IDDT, the IDDT provider should consult policy #1005.00, Notice Requirements to determine if/how a notice must be sent.

IDDT teams do not keep a waiting list. Once IDDT programs reach their full capacity, admissions continue as discharges occur. When IDDT teams near their capacity, they may reserve their final three slots for individuals who are discharging from WSH, and rapid readmits. IDDT teams may go over their census to serve individuals who are rapidly readmitted.

Discharge

Integrated Dual Disorder Treatment programs should refer to policy #1540, Discharge from Treatment for policy and procedure surrounding discharge. However, in keeping with fidelity standards, IDDT discharges should differ from standard discharge policy as follows:

1. Individuals enrolled in IDDT should **not** be discharged from treatment for the following reasons:
 - a. Lack of active participation in treatment;
 - b. Lack of progress in treatment.
2. Engagement efforts for individuals enrolled in IDDT utilize assertive outreach (i.e., are typically substantially greater than indicated by policy #1540). Individuals with mental health and substance use disorders often have difficulty engaging, and IDDT fidelity indicates that the program should be persistent in its efforts to engage.

3. Discharge may occur when clients are out of contact with the program for 90 days despite persistent efforts by the team to re-engage. (Typically, this means the team is unable to find the individual, or the individual consistently refuses all contact with the team.) The clinical record should contain documentation of active re-engagement efforts during this 90-day period.
4. Individuals should be discharged from IDDT upon request (unless treatment is mandated by Less Restrictive Order or Conditional Release). IDDT providers are committed to serving individuals who are difficult to engage, and will make every effort to work with enrolled individuals to come to a mutually agreeable plan of care to continue working together. If this is not possible, IDDT will assist the individual to find and enroll in other services suitable to the individual prior to closing the individual's episode of treatment in the program.

Examples of times treatment episodes may be closed, as outlined in policy #1540, include when individuals no longer meet the North Sound BHO continued stay criteria; move out of the IDDT service area; request to end their services; or have been admitted to an institutional setting for a prolonged period.

Whenever possible, IDDT should work with the individual to develop a discharge plan, including connecting them with services appropriate to their level of need.

Rapid re-admission

Individuals who have been discharged from the IDDT program for any reason may be rapidly re-admitted to the program. The IDDT program may go over its census in order to serve these individuals. (It should not resume admissions of new individuals until it is back below census.) Re-admission to IDDT should take place only when it is medically necessary.

Individuals are financially eligible for rapid re-admission if they:

1. Have Washington Apple Health with a Behavioral Health Organization benefit, or
2. Are eligible for state only funded services, per Policy #1574.

ATTACHMENTS

None