




HRJ 39 STUDY



Community Services
for Dually Diagnosed Individuals

House Joint Resolution 39

“...study the development of community services for developmentally disabled children and adults with mental illness and respond to issues that have limited the development of community services.”

- How to plan for, prioritize, develop services
- Types of services that are needed
- Ways to encourage community cooperation
- Funding and cost considerations
- How to serve individuals at the earliest possible age and in the community

Staff Study vs. Committee Study

- Rank: 13th out of 17 study resolutions
- Study activities included:
 - ✓ Identifying size of dually diagnosed population
 - ✓ Summarizing existing services
 - ✓ Summarizing eligibility for services
 - ✓ Identifying key barriers and proposed solutions
 - ✓ Reviewing efforts elsewhere
- Interviews, data collection, survey

Defining the Population

- Study scope limited to those who receive state-funded services:
 - Developmental disability
 - Severe disabling mental illness
 - Does not include anyone with less severe cognitive delays or mental illness

What Are the Eligibility Criteria?

Developmental Disability

- IQ score of 70 or lower
- Adaptive behavior score of 70 or lower
- Disability originated before 18th birthday
- Disability expected to continue indefinitely

Severe Disabling Mental Illness

- Committed to MSH for 30 days or more
- OR
- Moderate to severe mood, psychotic, or personality disorder with an ongoing functional impairment as a result of the mental illness
- Also must be financially needy

Who Was Identified?

- 360 out of 2,515 adults in community DD system
 - 14% of adults in DD services
 - 2% of 18,523 adults in mental health system
- 49 out of 67 adults at Montana Developmental Center
 - 73% of MDC population
- 31 children in mental health services
 - 2% of the 1,732 children in DD services
 - 0.05% of 9,490 children in mental health services
- Some limitations on data

One Person, Two Systems

DD System

- Range of community services, from supported living programs to day and employment programs to respite
- MDC as most restrictive setting
- Primarily funded through Medicaid waivers that pay for a package of services for an individual to avoid institutionalized care
- Costs vary according to client's needs
- Any qualified provider

Mental Health System

- Individual Providers
 - Psychiatrists
 - Psychologists
 - Primary care physicians
 - Licensed professional counselors/social workers
 - APRNs/PAs
- Licensed Mental Health Centers
- Hospitals
- (MSH as most restrictive setting)
- Personal Care Agencies
- Primarily funded on fee-for-service basis

Barriers and Solutions

■ **Shortage of Mental Health Providers**

- 2008 report, no psychiatrists in eastern region of state
- Some dually diagnosed individuals must travel 30 to 280 miles each way for mental health services
 - ✓ Use of telemedicine
 - ✓ Financial incentives for mental health providers
 - ✓ Require placement in communities with mental health providers

Barriers and Solutions

■ **Mental Health Providers Not Accepting DD Clients**

- Additional time required for diagnosis, treatment, team planning
 - ✓ Adjust Medicaid reimbursement rates

■ **Mental Health Providers Lack Training**

- May be uncomfortable accepting clients
 - ✓ Encourage curriculum changes
 - ✓ Provide continuing education opportunities

Barriers and Solutions

■ **Hidden Costs for DD Providers**

- Higher staffing ratios
- Potential facility costs
 - ✓ Involve providers in process of placing clients
 - ✓ Revise transportation rates

■ **Direct-Care Workers Unaware of Role**

- Knowledge of client's behaviors, activities
- Can help mental health providers with information
 - ✓ Provide training on mental health issues

Barriers and Solutions

- **Lack of Crisis Services**
- Provider may seek commitment to MDC or placement in higher level of care
 - ✓ Establish crisis beds within a community
 - Group home, hospitals, mental health centers
 - ✓ Establish a “mobile” crisis response capability
 - MDC staff or others
 - ✓ Train DD staff on behavioral health triggers
 - ✓ Resource directory of mental health services

Barriers and Solutions

■ **Each System Knows Little About the Other**

- Providers are busy working in their own fields
 - ✓ Require cross-education for providers
 - ✓ Create a special endorsement with a higher reimbursement rate

■ **Little Flexibility in Funding Streams**

- Medicaid funding requirements can be rigid
 - ✓ Establish a way to pool funds
 - ✓ Children's system of care account as model?

Recent Efforts in Montana

- Crisis and Transition Specialist (2009)
- Provider training sessions (2009)
- Formal and informal collaborations (ongoing)
- Interim DPHHS studies
 - HB 243: Children's System of Care (June 2010)
 - SB 399: Out-of-State Placement of High-Risk Children (twice a year)

Efforts Elsewhere

- NADD Certification Program
 - Direct care staff, clinicians, facilities
- Ohio Centers for Excellence
 - Small grants to counties
 - ✓ Education, crisis services
- New Jersey Dual Diagnosis Task Force
 - Focus on cross-training, crisis response
- Connecticut “Step-Down” Program
 - Short-term, intermediate residential program

Summary

- About 410 dually diagnosed individuals
 - 360 adults in community services
 - 49 adults at MDC
 - 31 children

- Numbers may not reflect the entire population of dually diagnosed individuals

Summary

- Identified barriers
 - Lack of mental health providers
 - Lack of crisis services
 - Lack of knowledge
 - Lack of coordination
 - Lack of funding
 - Inflexible funding

Summary

- Ideas for Improvements
 - Cross-training for both types of providers
 - Crisis stabilization in the community
 - Improved reimbursement
 - Special endorsement
 - Mandated cooperation

Draft Recommendations

- Require cross-training for all DPHHS staff
- Ask DPHHS to arrange education opportunities for providers
- Establish special revenue account to pool funds for services to dually diagnosed
- Provide white paper and recommendations to other state-level entities
- Schedule additional topics for committee presentations
- Other ideas?

Next Steps

- Public comment
- Determine whether additional study activities are needed
- Consider, revise, approve draft white paper and recommendations
- Questions?