# **HJR 16: State-Operated Institutions**

# HJR 39 — An Earlier Look at Community Services for the Dually Diagnosed

Prepared for the Children, Families, Health, and Human Services Interim Committee November 2013

### Background

In 2009, the Legislature authorized a study of the community services available to individuals who have both an intellectual disability and a mental illness. House Joint Resolution 39 directed that the study look at barriers that were preventing the development of adequate community services for these "dually diagnosed" individuals.

The Legislative Council assigned the study to the Children, Families, Health, and Human Services Interim Committee, to be conducted by staff and presented to the committee as a white paper.

This briefing paper summarizes the key findings of the HJR 39 study.

### Barriers to Services

Dually diagnosed individuals receive services from two Department of Public Health and Human Services (DPHHS) divisions. The Developmental Services Division oversees services for individuals with a developmental disability, while the Addictive and Mental Disorders Division oversees the system of mental health services. As a result, individuals who are dually diagnosed need to navigate both systems, as do the community providers who offer services to them.

The HJR 39 study identified barriers in the mental health system, barriers in the DD system, and barriers common to both systems.

Barriers in the mental health system were:

- a shortage of mental health providers exists in Montana, particularly providers interested in serving individuals with a developmental disability; and
- mental health providers lack training in working with DD clients.

Barriers in the DD system were:

- dually diagnosed clients may involve higher or hidden costs for DD providers, including a need for higher staffing ratios;
- many DD providers are not well equipped to avert or respond to a mental health crisis situation; and

• many direct-care workers for DD providers are unaware of the role they should play in the mental health treatment process.

Barriers that crossed jurisdictional lines were:

- both mental health and DD providers are unfamiliar with the requirements of the other system that serves a dually diagnosed client; and
- requirements for the use of Medicaid funds allow for little flexibility in providing services.

#### Ideas for Improvement

The report included potential solutions that stakeholders and research had indicated may help overcome each of the barriers. The solutions suggested most often were:

- training, particularly for mental health providers;
- mental health crisis stabilization services that would allow a person remain in the community and avoid commitment to the Montana Developmental Center;
- higher reimbursement levels for mental health or DD providers who serve dually diagnosed individuals; and
- better cooperation among state programs that provide mental health and DD services.

### Recommendations and Committee Action

The committee reviewed the staff white paper at its April 2010 meeting. The paper provided the following recommendations for committee consideration:

- asking the governor and DPHHS director to develop a plan for cross-training DPHHS staff in matters related to dual diagnosis;
- asking DPHHS to take the lead in identifying and, if necessary, arranging educational opportunities for both mental health and DD providers in order to prepare them to better serve dually diagnosed individuals;
- creating a special revenue account that would allow various agencies and programs to pool funds to meet the needs of dually diagnosed individuals in certain instances; and
- allocating additional committee time to consider in more depth the proposed solutions that would require new funding or other legislative action.

The committee decided against further review of HJR 39 issues. Members agreed to send the report to DPHHS so the agency could carry out any recommendations it felt would improve community services for dually diagnosed individuals.