Recommendations of the Dual Diagnosis Task Force

June 20, 2014

2714 Billings Avenue
Helena, MT 59601

BACKGROUND

In 2012 the Montana Council on Developmental Disabilities under contract with the Mental Health Settlement Trust performed a series of training opportunities to mental health clinicians, developmental disabilities direct support professionals and law enforcement training officers.

Over a four-week period 576 mental health clinicians and developmental disabilities direct support professionals were provided training on *Understanding People Who have a Dual Diagnosis: Characteristics and Clinical Practices* , and 142 police department training officers received training on *Understanding and Interacting with People with Intellectual Disabilities: A Guide for Law Enforcement.*

Consistently across the state, training attendees requested more information, and more training on working with the population identified as being dually diagnosed (i.e., developmental disability and mental illness).

Based upon this input, the Council established the Dual Diagnosis Task Force in 2013 for the sole purpose of developing a list of recommendation focused
On creating and/or enhancing service delivery for persons identified as dually diagnosed. The Council reached out to a broad array of individuals and entities to come to our table and collectively develop the recommendations.

MEMBERSHIP

The following is the membership list of the Dual Diagnosis Task Force in alphabetical listing.

Kris Bakula, Member - Westmont, DD Provider - Helena
Jean Morgan, Alternate

Martin, Blair, Ph.D., Member – Rural Institute on Community Living – UM Missoula
Meg Traci, Ph.D., Alternate

Tracy Blazo, Member – Residential Support Services, DD Provider – Billings
Jim Uecker, Alternate
Pete Haley, Alternate

Erin Butts, Member – Office of Public Instruction – Helena

Dr. Jody Daley, Member – Center for Mental Health – Missoula/Helena
Natalie McGillen, Alternate

Dr. Katharin Flynn, Member – Montana State Prison/DOC – Deer Lodge
Jill Buck, Alternate

Kandis Franklin, Member – DPHHS Children's Mental Health Bureau/Parent, Helena
Dan Ladd, Alternate

Don Berryman, Member – MT Council on Developmental Disabilities - Butte

Beth Brenneman, Member – Disability Rights MT – Helena

Matt Kuntz, Member – NAIMI MT – Helena

Deb Matteucci, Members – DPHHS AMDD – Helena
Kenny Bell, Alternate

Alicia Pichette, Member – Board of Visitors – Helena

Mike Sadowski, Member – Ravalli Services, Corp DD Provider – Hamilton
Bill Hughes, Alternate

Jeff Sturm, Member – DPHHS Developmental Disabilities Program – Helena
Connie Orr, Alternate

Deborah Swingley, Member – MT Council on Developmental Disabilities

Connie Wethern, Members – Parent - Glasgow

Members were asked to sign a letter of commitment to attend the series of meetings outlined for the work of the Task Force and identify an alternate in the event the member could not attend the meeting. In reaching out to community based providers we sought and secured participation from both Montana Association of Community Disability Services members and non-Montana Association of Community Disability Services members. Deb Matteucci of the Addictive and Mental Disorders Division (AMDD) signed a letter of commitment to participate, but due to scheduling demands, AMDD was represented by Kenny Bell, an AMDD staff from Anaconda.

The Dual Diagnosis Task Force meet over the course of eight months starting in November 2013 running through June 2014.

RECOMMENDATIONS

The Dual Diagnosis Task Force presents the following five recommendations, with rationale in no particular rank order.

Recommendation One
Advocacy and Education to the Public and Legislature

Rationale: Just as the Task Force learned over the course of eight months, there is a great deal of mutual learning to be accomplished between the mental health and developmental disabilities service systems. And simply put, there is not much communication between the staff and administration of either system, nor between the executive branch and the legislature, or the agencies and the public they serve.

The Task Force recommends a standing advisory Council or committee be developed as an information and education conduit to the programs and management of DPHHS, legislative interests and the public. This could be achieved either by creating a new advisory entity or utilizing a subgroup of two existing advisory entities such as the Montana Council on Developmental Disabilities and Mental Health Oversight Committee.

Recommendation Two
Hire a full time State Psychiatrist

Rationale: The population of individuals with co-occurring intellectual/developmental disability and mental illness is increasing in and represents a much greater percentage of those receiving services compared to 5 years ago. Throughout Montana provider agencies struggle with access to qualified mental health professionals. This problem is particularly acute in our many rural communities. A full-time state psychiatrist could provide telehealth psychiatric consultation services to primary care physicians, APRN's, psychiatrists, or others involved in providing health services to this populations (services that include prescribing medication).

Recommendation Three
On-going Training Support to Direct Support Professionals

Rationale: Ongoing, integrated education and cross-training is needed for direct support professionals in several service systems. Training of pre-service and practicing professionals in human services, law enforcement, education, employment and other community-based agencies and organizations is essential to the safety and community inclusion of people with dual diagnosis. In any human service field, a policy that ensures individual access to well-trained and cross-trained (i.e., integrated) providers is a foundation for a service system that values all citizens. Consistent with this value, we recommend the following scope of training to establish cross-system understanding and professional capacity in Montana.

Area One: Targeted "awareness" training should include topics such as: definitions of developmental disability, mental health, and dual diagnosis; cross-agency referral sources for crisis, program/services information, and basic information, funding options based on the variances in eligibility criteria; and the scope of mental health outpatient services.

Area Two: Targeted skill-building training, across systems, should include topics such as: first aid and CPR; understanding implications of and working through consistent or conflicting policies and reporting requirements across mental health and developmental disability systems; positive behavior management behavior de-escalation; person-centered planning; and basic client-centered communications strategies.

Families and caregivers of those who are dually-diagnosed should be a primary recipient of the training provided in Area Two. They are often the "first line" of intervention in the crisis escalation cycle. Crisis support professionals and families should have clear criteria to determine when a person in crisis is "well enough" to be under the supervision of family and caregiver support, or when more intensive professional support is required in other words, what are the safe limits of intervention and support for families?

Recommendation Four
Crisis Support

Rationale: **Crisis is not so much an event as it is a complex continuum of events to be addressed proactively and managed, when necessary.**
This Crisis Support recommendation addresses several critical issues and Involves the integration of existing expertise, models and

- Needed Regional Capacity availability for both persons with mental health issues and developmental disabilities.

- The Task Force supports the concept of Crisis and Transition Support Specialists, which may or may not be state employees. Crisis and Transition support professionals must be trained on evidence based best practices.

The Task Force believes there are pockets of significant expertise in community based provider direct support professionals. The Task Force recommends that the Crisis Specialists work to identify individuals, in each Region who have the expertise to assist/partner with the Crisis Team and crisis situations as they arise. The outcome would be to develop resources that can be accessed in each Region. The Crisis Specialists should make every attempt to partner with these individuals to assist in the development and growth of expertise in each Region, as well as maintain resources that can assist with maintaining stability after the Crisis Team leaves the Region.

Further, the Task Force recommends that a curriculum be developed the Crisis Specialists can use to provide education to staff and families involved with the

individual in crisis. Competencies should be identified that the support staff are required to obtain prior to the Crisis Team withdrawing from the situation.

The Integration of existing expertise, models and structures is encouraged. We should identify what is working both in Montana as well as other states and incorporate those systems, models, or methodologies. This could include blended developmental disability and mental health staff as well as provider agency staff with demonstrated success.

- Flexible infrastructure needs to be put in place to support the work being done in the community. When a person has lived the community for a while it is not uncommon to find that their medication has, over time, included patchwork approaches until the medications are working against each other or no longer effective.

  The only way to effectively deal with the problem is to back them off of their current medications and slowly reintroduce new combinations. This cannot be done safely in their existing community setting. An individual needing a full medication evaluation should be able to receive one without being committed to either the Montana Developmental Center or Warm Springs State Hospital. The crisis homes currently operating have limitations regarding length of staff. This forces providers into pursuing commitment when what the client really needs is a comprehensive medical adjustment.

- The Task Force supports the creation of a pilot Mental Health Crisis Facility located In Billings.
  Members help me here – I can't locate the paper that included this information, but we have it on the flip charts – HELP!

RECOMMENDATION

Data Collection and Analysis

Rationale: The Task Force recommends data be consistently collected and analyzed on the current Wait List for services including:

- The cost to reduce or remove (does this eliminate the wait list)
- Average time on the wait list

There are access issues for providers. Currently there is no solid information regarding who is having difficulty accessing psychiatrists, counselors, crisis facilities or any other mental health support for any given city or region of the state.

MENTAL HEALTH CENTER RECOMMENDATIONS

The Task Force overwhelming endorses and supports the recommendations of the Mental Health Centers which have already been presented to the committee, including:

- Crisis Stabilization
- Involuntary beds
- Involuntary long term stabilization including the population of developmental disabilities

NEXT STEPS

Perhaps the best outcome of the efforts of these last eight months has been getting people who traditionally have not been communicating, effectively to start having a dialogue. Some people shared this could be improved if their "coffee pots were closer together." Whatever the antidotal version may be, communication between the mental health and developmental disabilities systems is crucial.

To this end the Council has endorsed their ongoing support for this group or a reconfiguration of the group to maintain these lines of communication.

I have been with the Council since 1986 and one of the first meetings I attended back in 1986 was on the needs of persons identified with a dual diagnosis. That meeting was held 28 years ago. It's said timing is everything, the Task Force is optimistic that there will be action applied to recommendations, and a system put in place to address the needs of persons who experience both a developmental disability and co-occurring mental health issues.

Deborah Swingley, ED/CEO
Montana Council on Developmental Disabilities