

Developmental Disabilities Supports Division

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House Memorial 5 Report and Recommendations

Patrick Allen, Secretary, NMDOH

Dr. Jose Acosta, Director, DDSD, NMDOH

Susan Seefeldt, Bureau Chief, Bureau of Behavioral Support, DDSD, NMDOH



Charge of Task Force

House Memorial 5

 Requests that DOH convene a Task Force to study the feasibility of requiring various mental health and developmental disability providers to be trained in the treatment of co-occurring mental health issues to ensure the health and safety of this very vulnerable population.



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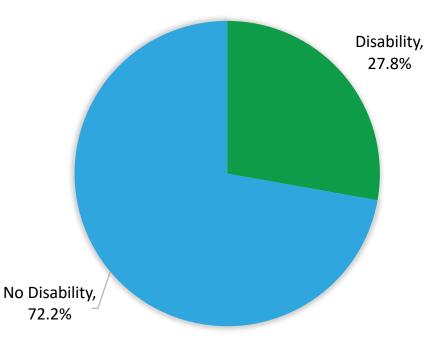
Jon's story...

- Lived with autism spectrum disorder
- Influential advocate for people living with developmental disabilities
- President of statewide ARC Board of Directors
- Married to Jamie 2013
- Psychiatric disorder, inadequate support by providers and dependent on psychiatric hospital system
- Died in 2019 while admitted to a state psychiatric hospital from an alleged medication error while on "line of sight" care

Disability Status*

- In 2020, 27.8% of adult New Mexicans had at least of the following serious difficulties:
 - hearing
 - seeing
 - doing errands alone
 - concentrating
 - remembering
 - making decisions
 - walking
 - dressing or bathing

DISABILITY STATUS AGE 18+, NEW MEXICO, 2020



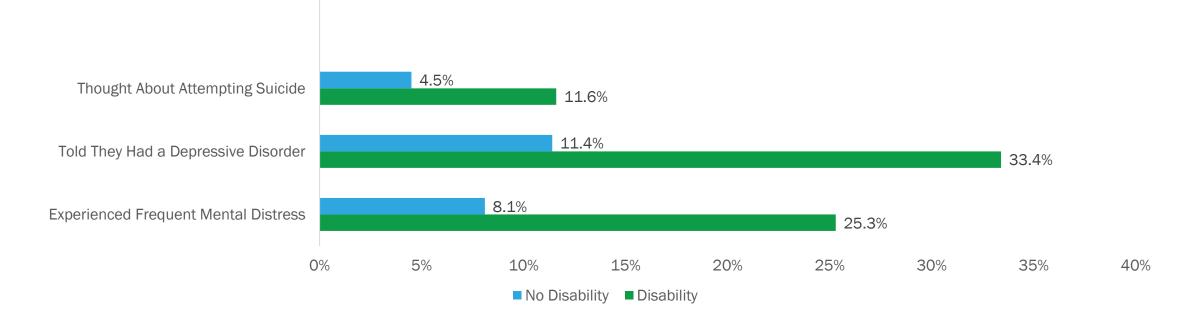
*includes ALL disabilities

Source: Adapted from 2020 NM BRFSS



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Mental Health Indicators by Disability Status* Age 18+, New Mexico, 2020



*includes ALL disabilities

Source: Adapted from 2020 NM BRFSS



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Task Force

- Membership included broad representation from disability advocacy organizations, agencies, and other stakeholders
- 4 workgroups established:
 - Provider Definitions
 - Curriculum Definitions and Development
 - Regulatory

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artment of Health

- Report Finalization
- Meetings were held in August, September, October, and November
- Report finalized in November and due December 1st

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Task Force Recommendations:

- Co-occurring Developmental Disability Mental Health (DDMH) training should be mandatory for all mental health and other developmental disability providers
- Curricula should be developed and assessed to support mandated training for all mental health and intellectual/developmental disability (IDD) providers
- Colleges and universities should consider developing curriculum including to include similar subjects for individuals pursing degrees in Health Sciences & allied health professions
- The addition of continuing education courses will be most effective in ensuring that specific professionals obtain the training required under House Memorial 5
- To implement these the continuing education courses, each of the boards would be required to determine which continuing education courses would be most beneficial for the licensees, as well as the patients being treated by the licensees
- Each board's authority needs to remain as broad as possible in the type of continuing education course permitted to satisfy the requirements of House Memorial 5

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Considerations for Implementation:

- Further research needed on existing curricula nationwide
- Further research needed on certification program requirements and implementation
- Ensure that NM's Developmental Disability definition is transparent and encompasses those with intellectual disabilities as well as physical, neurological, and sensory deficits
- Determine the appropriate number of minimum required continuing education hours by discipline
- Further research needed on the feasibility of including hospital staff
- Funding likely needed for additional research, cost of curriculum development, cost of licensing platforms and rule hearings, technology
- Assign to the new Health Care Authority (HCA) or develop an advisory council to ensure ongoing progress and accountability with regular reporting
- Consider mandating phases by discipline
- Begin process with both mental health and developmental disability waiver providers as the initial phase due to the critical nature of their services

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Task Force Members

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QUESTIONS?



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