

Co-occurring mental illness in people with Developmental Disabilities Legislative sub-committee  
presentation  
August 28, 2015

**Outcomes of this presentation**

- Present the problem that exists for people with co-occurring mental illness in people with Developmental Disabilities
- What New Mexico currently has for people with Developmental Disabilities
- What New Mexico is currently missing for people with co-occurring mental illness and Intellectual Disabilities
- Solutions

**Who are we talking about?**

Definition of Mental Illness and Intellectual Disability:

- Intellectual Disability -Prior to age 18, 2 Standard Deviations below the mean on both scales of intelligence (IQ) and adaptive functioning; A focus on SUPPORT NEEDS across domains of medical, social, communication
- Mental Illness -Is it *anything* in the DSM-5 (i.e. schizophrenia, Depression, Bi-Polar Disorder, Autism Spectrum disorder, PTSD, Addiction)

Currently an estimated 50% of people on the DD Waiver receive BSC services. It is estimated that 40%-45% of DD Waiver service recipients have an active psychiatric diagnosis.

**Problem**

There is a clear gap in service provision (not just in New Mexico but nation-wide) for people with co-occurring mental illness in people with Developmental Disabilities. Journal of Mental Health Research in Intellectual Disabilities in your hand outs talks more on the subject and need for specialized services

Common phrases often heard and said when supporting people with co-occurring mental illness in people with ID:

- Inpatient Psychiatric Hospitals- "They're not appropriate for our ward", "they're receiving services on the DD Waiver"
- DD Waiver Residential services: "we can't provide a safe environment", "We do not have the training", "I'm not paid enough to deal with this".

**What we have**

NM DD Waiver

Dynamic wrap around service provisions for people with ID that meets the AAIDD's recommendation to provide comprehensive individualized systems of supports across many domains: social, financial, residential, medical, and behavioral over a sustained period of time. This service currently provides the long term provisions to support someone with ID (ID only not ID with a co-occurring mental illness).

- New Mexico's push of looking at the supports needed instead of a person's deficits has made improvements in the implementation of supports.

Repeat: AAIDD's stance on effective supports for people with ID is that with comprehensive individualized supports over a sustained period of time, the quality of life for a person with ID will greatly improve. The same could be said

Co-occurring mental illness in people with Developmental Disabilities Legislative sub-committee presentation

August 28, 2015

for supporting people with mental illness. The problem is that, while we have these qualities in place for people with I/DD, we do \*not\* have comprehensive, individualized systems of supports for people with co-occurring conditions.

- BSC services. Largely unique in the United States

All BSC's are trained mental health counselors/social workers at least, BSC services have their roots in Applied Behavior Analysis which is growing into Positive Behavior Supports. This methodology seem to work for people with ID but does not address the mental health issues, specifically trauma, personality disorders and chronic MI like bipolar disorder, and Schizophrenia.

- Customizable training available from the Bureau of Behavioral Support
- Positive Behavior Support/Positive Approaches; Dignity of Risk/Duty of Care; Sexuality and ID; Suicide and Intellectual Disability; Trauma Informed Care; and more thorough aspects of co-occurring conditions in people with ID. The DD/MI project – through UNM Continuum of Care in conjunction with Bureau of Behavioral supports through DDS (Molly Faulkner, PhD, LISW – Chair, Chris Heimerl, Jason Buckles)

Interactive telehealth with interdisciplinary teams on the DD Waiver including physician to physician consults; (currently only available to people with dual diagnosis in rural parts of the state)

- The Transdisciplinary Evaluation and Support Clinic (TEASC)

Through Continuum of Care/UNM – multimodal, onsite **evaluations** by physicians of different specialties. (No one to implement comprehensive treatment effectively)

- Home Grown talent that is at the cutting edge of the types of services needed for people with co-occurring mental illness and intellectual disability.
  - Jason Buckles (Clinical Director at the Bureau of Behavioral Supports)
  - Chris Heimerl (External Consultant for the state)
  - Susan Copeland (Full professor at UNM)

When asked, Jason said he would be more than willing to offer input/information useful to the sub-committee. Office (505) 841-5539 email: [jason.buckles@state.nm.us](mailto:jason.buckles@state.nm.us)

- AAIDD-definition of intellectual disability stresses the importance of providing comprehensive individualized systems of supports across many domains: social, financial, residential, medical, and behavioral over a sustained period of time. All of these assessments are starting points, however without the mental health treatment teams that are trained and comprehensive; they become a document in a file that is not utilized.

### **What we are missing**

What we have already is a cutting edge system of supports for people with ID. Where we see systematic deficits state wide is in specialized acute supports for people with co-occurring mental illness and Intellectual Disability specifically:

- Our current format for residential supports on the DD Waiver/Mi Via Waiver/ICF-MR/ are not equipped for the higher level support needs of this population

Co-occurring mental illness in people with Developmental Disabilities Legislative sub-committee presentation

August 28, 2015

- None of Our inpatient/outpatient psychiatric facilities – STATEWIDE - have a department or ward that specializes in adults with co-occurring mental health diagnoses and ID.

No specialized services or ongoing trainings for the implementation of the wrap around evaluations (TEASC, DD/MI project) that do exist. What this leads to is wasting money trying to make the person fit the current system rather than creating a system that supports a sub-group of an already specialized population through:

- Increased reliance upon and use of law enforcement
- Reliance on an over taxed inpatient/outpatient services that do not have the resources to support these co-existing conditions.
- EMT/paramedics
- Over medicating of behavioral symptoms that could be addressed with less restrictive means, i.e. counseling, positive programming, social skills education and relationship building.
- Increased use of programmatic restrictions on human rights that is neither sustainable, person centered or comprehensive.
- Increased worker's compensation claims and injuries to the service recipient
- Higher turn-over in direct care staff

The current support system basically provides short term, symptom abatement. We are able to increase our staff numbers however, increasing untrained staffing numbers only increases containment, and does nothing to help this individual manage their mental illness effectively. Staffing is also in a crucial period due to low wages and job competition. Supports often result in the above mentioned drain on resources that do not increase a person's quality of life. Increased direct care support addresses the symptom instead of addressing the underlying issues

**Solutions:**

- Additions to the current DD waiver system to provide for specialty training, add specialized residential supports, and specialized therapy services: i.e. counseling and psychotherapy, specialist psychiatrists, specialized trauma services, psychosocial education including: social skills development, relationship skills, emotional regulation.
- Intermediate acute residential program-“Crisis house” MIDD (mental Illness Developmental Disability) Crisis house before or after someone comes in or out of an inpatient hospital.
- Funding for specialized training and supports for families, direct support professionals , physicians, and therapists
- Improvements to our inpatient/outpatient mental health facilities-at least one specialty unit for the state approximately 5-10 beds.

**Resources:**

Nationally Association for the Dually Diagnosed (NADD) website- [thenadd.org](http://thenadd.org)

American Association on Intellectual and Developmental Disabilities (AAIDD) website- [aaid.org](http://aaid.org)