

Dual Diagnosis & Constituent Issues



December 8, 2015

Glossary

- ❖ DBH – Division of Behavioral Health
- ❖ DD – Division of Developmental Disabilities
- ❖ Dual Diagnosis or MI/DD – For purposes of this presentation, this is limited to kids and adults who have a mental illness and a developmental disability. For example, an individual may be diagnosed with autism and schizophrenia.
- ❖ Open Episode of Care (OEC) – An individual has accessed the DMH system.

Glossary

- ❖ Mental Illness – Including, but not limited to, Anxiety Disorders, Mood Disorders, Bipolar Disorder, Depression, Schizophrenia/Psychotic Disorders
- ❖ Developmental Disabilities -- Identified before the age of 22 including, but not limited to, intellectual disabilities, autism, down syndrome, language and learning disorders, cerebral palsy, brain injury

Glossary

- ❖ DBH state plan services – Medicaid services that are delivered by DBH providers (Community Mental Health Centers – CMHCs). Includes Counseling and case management.
- ❖ DD Waiver Services – Services delivered to Medicaid eligible individual when state plan services are not available or have been exhausted. Includes counseling, respite, residential.

An Individual

- Consumer B was admitted to the Marshall Crisis Unit directly from Center for Behavioral Medicine (CBM). He was referred to CBM due to aggression and destruction that resulted in physical injury to others (dismembering a staff's ear by biting), psychiatric hospitalizations, incarcerations, and multiple out of the home placements. His diagnosis are Depression, hallucinations, severe agitation, mood disorder, psychosis, aggressive behavior, impulsivity, mild MR.
- Consumer B's behaviors consist of severe aggression and property destruction requiring both physical and chemical restraints.
- When Consumer B came to the Marshall Crisis Unit, he had a pending assault charge. While in the care of Marshall Crisis Unit, he was sent to the Emergency Room after exhausting all safe physical and chemical restraint options available at the time, in conjunction with a hypertensive medical diagnosis that he also had. While waiting his return to the facility, he spit (assault) on a police officer and tore a phone off the wall in the psychiatric unit and received further charges. He was taken to jail before being able to return to the care of the Crisis Unit.

What is the problem?

- ❖ Lack of coordination between divisions and providers when an individual with MI/DD needs to access services by the other division
 - ▶ Not understanding each division's admission and funding criteria
- ❖ Lack of training/development of best practices
 - ▶ Limited professional expertise and workforce capacity
- ❖ Services are currently accessed based on primary diagnosis and not the current need
 - ▶ Misinterpreting MI symptoms and DD characteristics
 - Behavioral challenges are not always the result of a mental illness
 - ▶ The most appropriate services are not developed/available



Consequences of Not Addressing Issues with MI/DD

- Multiple reports to Department's Event Management System (EMT)
- Adding services that may not be the most appropriate to keep providers involved
 - ▶ Funding for one on one or two on one staffing
- Increased emergency room use
- Increased physical altercations involving the individual
- Increased use of psychotropic or antipsychotic medication instead of seeking treatment
- Law enforcement involvement and unnecessary incarceration
- Extended-stay hospitalizations
- Accessing the child welfare system



DMH Missouri Specific

Individuals & cost for those with an open episode of care (OEC) in both DMH divisions.

- ▶ Over 1,600 individuals & over \$51 Million in DMH expenditures, only.
- ▶ In DD, 30% of individuals enrolled in the waivers also have a dual diagnosis, according to DBH criteria, but only 10% of individuals have a joint EOC with DBH.
- ▶ In DBH, DD broadly reviewed 27 individuals utilizing a DD like residential service in the STL area, 20 of those may be eligible and in need of more appropriate DD services.

Additional Statewide Costs

Other
Medicaid
Costs



**EMERGENCY
ROOM**

Local
Costs



Family
Costs





Department Approach to Improve Services for MI/DD

- ❖ Commitment across the DMH and the two Divisions to work together to address the issue

- ❖ Created a stakeholder group
 - ▶ Met July 28 and November 9
 - ▶ Included broad group of providers serving both divisions
 - ▶ Reviewed Colorado's GAP analysis on services for individuals who are dually diagnosed
 - ▶ Discussed Missouri barriers to success

- ❖ Developed strategies to improve treatment

- ❖ Identified missing pieces to a successful continuum of care



Strategies to Improve Services for MI/DD

Strategies that can be implemented without further budget action:

- ▶ Review identified individuals with expenditures in both Divisions
- ▶ If DD eligible and currently accessing a DD waiver:
 - Review services to ensure access to all needed state plan CMHC services
 - Get DBH providers enrolled as DD providers if services are required beyond state plan limits and can be funded through the DD waivers
 - Add Crisis Services to an individual's plan if needed, identify DBH crisis service providers
- ▶ If DD eligible and not currently accessing DD waiver, but potentially waiver eligible:
 - Work with Support Coordinators on identifying waiver needs
 - Work with Regional Offices on accessing waiver slots



Developing Strategies for Serving Individuals Dually Diagnosed

Strategies that can be implemented that **NEED** budget action:

- ▶ Add DD Intensive Behavioral Respite Services for adults and kids to DD waivers.
- ▶ Add DD Intensive Residential Services to the DD waivers.
- ▶ Develop a statewide training effort for best practices for individuals who are dually diagnosed.
- ▶ Add MI/DD transition coordinators to DMH.

Next Steps

- ❖ Work within St. Louis Region to pilot strategies that do not require budget action.
- ❖ Educate on what MI/DD is and why it is important to improve services.
- ❖ If a strategy does not work, don't walk away. DMH has other options:
 - ▶ New waiver services can be defined and added
 - ▶ New waivers can be developed



Constituent Issues

Constituent Issues

- ❖ Email concise/precise detail as feasible
 - ▶ Name, address, phone number, email
 - ▶ Consumer name, age or birthdate
 - ▶ Services the person is receiving or seeking
 - ▶ Concrete concerns about a provider or program
- ❖ Ask what they specifically want/need
- ❖ If they are difficult or upset, do warm handoff to ACI line

What we do

- ❖ Check our system and appropriately follow-up with existing consumers:
 - ▶ Wellness check
 - ▶ Investigate complaints or concerns

- ❖ Provide families/concerned citizens with educational information and resources on programs and services available through DMH

- ❖ Triage with other agencies and partners
 - ▶ DMH, DSS and DHSS constantly share/refer



Be aware of this

- ❖ **HIPAA**—cannot discuss without permission
- ❖ DMH has no authority or influence with programs/services/providers who do not contract with us such as those who only accept private insurance
- ❖ DMH cannot referee family disputes or issues with the public administrator but there are resources that can
- ❖ **The 12/7 Effect** - We know their child is unique, we realize the family wants the best treatment for them but we believe everyone deserves to live their life to the fullest. And—great news! DMH has services that can make that happen.
- ❖ Encourage families to link with their Regional Office as early as possible
- ❖ We believe in our mission and recognize there are two sides to every story



Resources

DMH ACI Line

<http://dmh.mo.gov/mentalillness/progs/acimap.html>

Legal Aid

www.lsmo.org

Protection and Advocacy

www.moadvocacy.org