

MH/DD Service Delivery Models

Mark Gerhardstein, Superintendent

Montgomery County Board of Mental Retardation
and Developmental Disabilities

MCBMR/DD Mental Health Supports and Services

- Services for person with MH/MRDD who are county board eligible
- Only 1 of 88 county boards that is also certified as a mental health agency
- MCBMR/DD co-funds a University Psychiatric Teaching position
- Services did not exist before
 - No one “believed they would benefit from therapy”

Things We Need to Improve in Service and Administration

- Medicaid billing and certification
- Recruitment of staff
- Limit overhead assigned to clinical program
- Improve MH productivity
 - Collect and share regular Productivity Reports
- Use “Outpatient” clinical model where possible
- Improve efficient use of staff
- Increase amount of Psychiatrist
 - Fund part of 2 Medical School Residents

Things We Need to Improve...(Cont)

- Work out model to share local responsibility for funding with ADAMHS
- Refine our service delivery system
- Goal ----- Equal Partnership
- Key Components
 - Sufficiently trained Psychiatric supports
 - Nursing support to Psychiatrist
 - Specially trained staff
 - Creative financing with local MH Board
- Desire to get the job done

MH/DD Service Delivery Models

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Services Manager

Montgomery County Board of Mental Retardation
and Developmental Disabilities

Mental Health Issues to Consider

- What is dual diagnosis?
- 30 – 40% of individuals with MR are dually diagnosed
- Most Common Referral Symptom
 - violence or aggressive behavior

Why Do We Need Specialized MH Services?

- Impact on families
- Quality of life
- Psychotherapy and Pharmacological Management are best practices
- Lack of appropriate MH services in most communities

Why Do We Need Specialized MH Services?

- Individuals with dual diagnosis not a “good fit” for model used in general MH treatment modalities
 - Short term
 - Consumer drives process
 - Appointments are not flexible

Why Do We Need Specialized MH Services?

- Funding/Productivity Issues in Community MH Treatment
 - Double booking appointments
 - Completing paperwork in session with client as part of the intervention
 - Increased amount of group therapy
- Inadequate information regarding best practices
- Absence of adequately integrated treatment models in most states

Why Do We Need Specialized MH Services?

- Misperception about ability to benefit from treatment
- Lack of professionals trained in both MR and MI
- Confusion in differentiating symptoms of mental illness from MR behaviors.

Barriers to Treatment

- Process of therapy inherently more complicated
- Typically not self-referred
- Goals of treatment may differ
- Apprehension regarding referral
 - Punishment/consequence
 - Confusion about purpose of MH services

Barriers to Treatment

- Embedded in multiple service delivery systems – how is our role different?
- Communication issues
- Differences in the presentation of MI

Mission Statement

- Our mission is to provide mental health services sensitive to the unique needs of individuals with mental retardation and developmental disabilities who are eligible for MCBMRDD services

Collaborative Effort

- MCBMRDD
- The Alcohol Drug and Mental Health Service Board of Montgomery County (ADAMHS)
- Wright State University School of Medicine Department of Psychiatry

MHSS Program Team

- Administrative Specialist
- Three Licensed Therapists
- Clinical Supervisor/LISW
- Nurse
- Psychiatrist/WSU Residents

Eligibility for MHSS Program Services

- Eligible for MCMRDD services – internal referrals only
- Must meet criteria for a mental health diagnosis as established in the current DSM
- Mental health symptoms must be clinically significant or cause impairment in functioning
- Individual or parent/guardian agrees to services
- The individual would reasonably benefit from services provided

About Our Program

- Program currently serves approximately 130 individuals
- Goal of increasing number served to 160 within next 3 months
- Average length of treatment is 2 ½ years

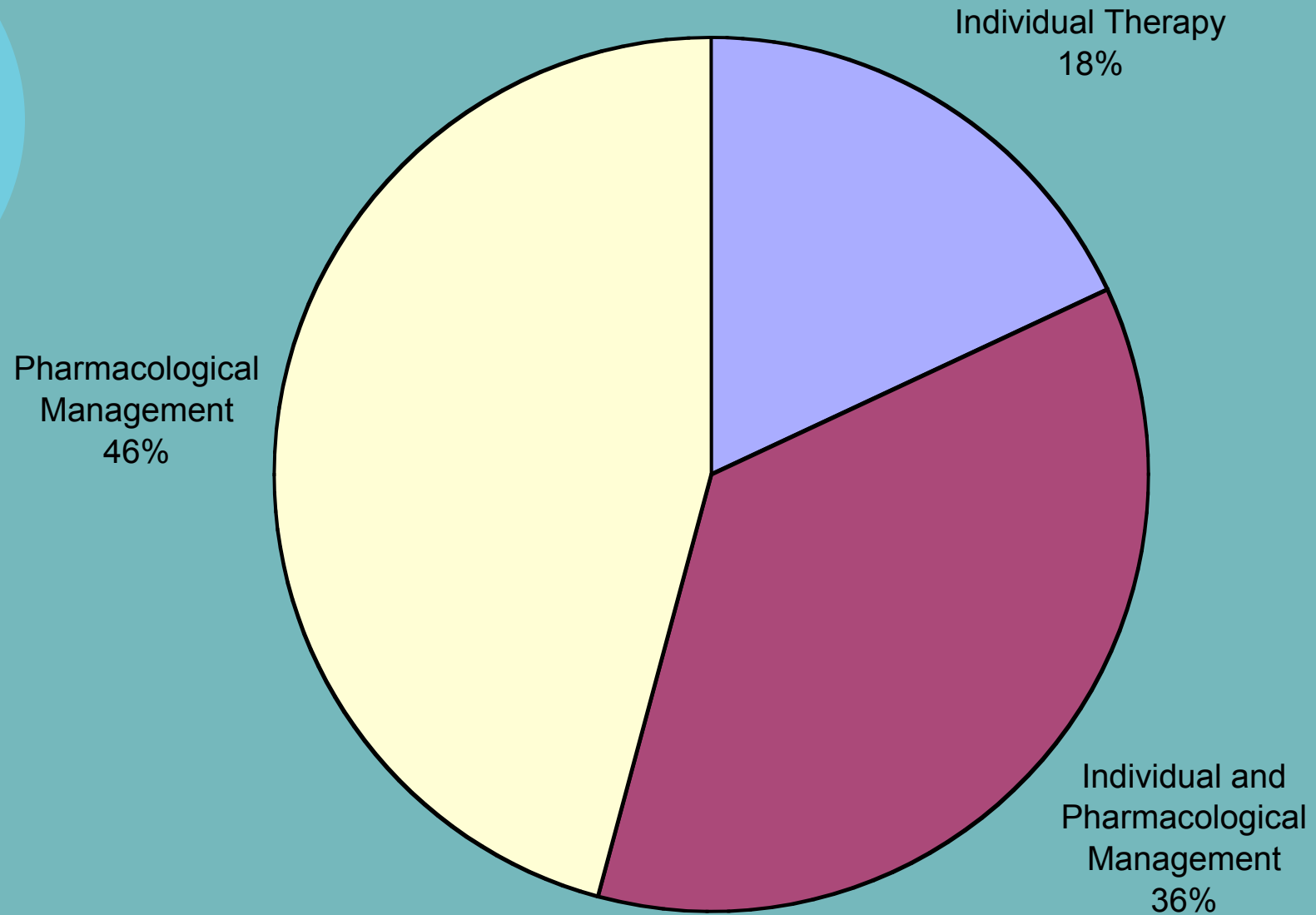
Types of Services Offered

- Psychiatric and MH Diagnostic Assessment
- Pharmacological Management
 - Partnership with WSU
- Medication Education/Health Assessment
- Individual Therapy

Types of Services Offered

- Group Therapy
 - Anger Management
 - Grief/Loss
 - Interpersonal relationships and sexual awareness
 - Men's issues
 - Women's issues
- Community Psychiatric Supportive Treatment
- Consultation

Mental Health Services Provided



Funding/Certification Issues

- MCBMRDD contracts with the ADAMHS board for payment of the MH services rendered
- MHSS Program is certified as a contract provider for MH Services
- Must meet both ODMRDD and ODMH administrative rules

Funding/Certification Issues

- Differences in MRDD and MH
 - Habilitation vs. Rehabilitation
 - Medical Necessity Requirements
 - Paperwork/documentation
- Medicaid Audits
- Blended CARF Surveys

Funding/Certification Issues

- All services billed through Medicaid
- Program must meet productivity requirements mandated by the ODMH
- 50% of therapists time must be spent engaged in billable services

Challenges Related to MH Contract

- Inability to bill for time spent for necessary coordination with MRDD service providers
- Billing time lost related to provision of home based services

How Challenges Have Been Addressed

- Maximized productivity
 - Better monitoring of productivity
 - Psychiatric residents
 - Raised standards
 - Streamlining paperwork
 - Lap tops
 - Caseloads assignment by zip code
 - Group therapy

Next Steps

- Possible variance that would allow us to bill for contacts with other MRDD providers
- Possibility of billing for social work services through waivers

Mental Health Treatment is a Best Practice

- Common myths
 - Persons with ID cannot benefit from psychotherapy
 - Involved service providers are already providing a therapeutic environment
- Reality
 - Level of intelligence is not the sole indicator for appropriateness of therapy
 - MH services can help to improve quality of life

Mental Health Treatment is a Best Practice

- Goals of Mental Health Treatment
 - Correct thinking errors
 - Appropriate expression of feelings/emotions
 - Improve interpersonal relationships
 - Improve social skills
 - Improve coping skills to deal with stress
 - Improve self-esteem and self-image

Treatment Modality Utilized

- Cognitive Behavioral Therapy (CBT)
 - Evidenced based practice
 - Connection between thoughts, feelings and behaviors
 - Work to identify and change thinking errors
- Research indicates CBT is effective w/individuals with a dual diagnosis

Treatment Modality Utilized

- Modifications/adaptations to traditional treatment methods
- Services specialized to meet needs of individuals with MI/MR

Best Practices/Modifications to Traditional Treatment Model

- Increased length of treatment
 - 1 – 2 years
 - Slower pace
 - Repetition/inclusion of additional treatment stages
 - Ensure skills have been transferred to the natural environment

Best Practices/Modifications to Traditional Treatment Model

- Simplification of interventions utilized
 - Reduce complexity
 - Breakdown interventions
 - Shorter session length

Best Practices/Modifications to Traditional Treatment Model

- Augment with activities
 - Drawings
 - Homework
 - Games
 - Skill cards
- Frequent involvement of and contact with caregivers/service providers
 - Collateral information
 - Progress/problems
 - Homework

Best Practices/Modifications to Traditional Treatment Model

- Flexible sessions
 - May not be able to mentally contain experiences from session to session
 - May have a shortened attention span
 - Flexibility is key
- Use of directive methods
 - Suggestion
 - Persuasion
 - Reassurance

Best Practices/Modifications to Traditional Treatment Model

- Increased structure
- Home based treatment
 - Avoids transportation issues
 - Allows for ability to observe the person in their natural environment
 - Facilitates ability to generalize new skills to their natural environment
 - Increases the person's sense of control and comfort

Best Practices/Modifications to Traditional Treatment Model

Multidisciplinary Team Approach

- Involve MRDD staff
 - Service and Support Administrator
 - Habilitation Specialist
 - Behavior Support Specialist
- Partnership with Behavior Support and Service and Support Administrator
- Maintenance of skills through behavior plans and ISP goals

Best Practices/Modifications to Traditional Treatment Model

Multidisciplinary Team Approach

- Involve residential providers
- Involve the family/guardian
- Other involved providers

Contributions Toward Further Development of Best Practices

- Development of conferences/training opportunities
 - MRDD/MH Common Issues and Common Sense Approaches 9/15/05
 - Putting the Pieces Together 10/7/08
- Participation in conferences/training
 - 2008 NADD Conference
 - Medications and Psychotherapy for the Dual Diagnosis Patient: Complicated Cases.
 - Local Systems Collaboration in Ohio: Positive Outcomes for Individuals with Dual Diagnosis.

Contributions Toward Further Development of Best Practices

○ Research/Education

- Gentile, JP., Jackson, CS. Psychotherapy with the dual Diagnosis Patient: Co-occurring Mental Illness/Developmental Disabilities. *Psychiatry* 2008.

○ Participation in CCOE

- The MHSS Program was recognized by the CCEO in 9/08 for our “extraordinary contributions” in the field of dual diagnosis.

Working Toward Development of a Coordinated Community Response

- Attending conferences/trainings
 - Staying current with best practices is important
- Providing training to involved service providers
- Developing relationships with area colleges/universities
- Providing other community agencies/hospitals with training regarding best practices

Conclusion

- Psychotherapy and Psychiatric Services are effective treatments for individuals with dual diagnosis and are a best practice
- Specialized services are a MUST in order to effectively provide much needed MH treatment
- Individuals with ID deserve to have access to quality MH services

Contact information

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Questions



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This advertisement features a group of six diverse employees from Monco Enterprises, including a man with a cane, standing in a kitchen setting. The background is teal.

When doors open...
people with disabilities
succeed.

www.MCMRDD.org

Human Services
MONTGOMERY

March Is Mental Retardation & Developmental Disabilities Awareness Month

This advertisement features a young child in a yellow jacket standing in a doorway. The background is blue with white clouds. The text is white and red.