

MI/MR Task Force and Dual Diagnosis Intervention Team (DDIT)

Allen County

May 23, 2008



Why We Got Started



- Frustration between systems – needs going unmet
- ‘Dumping’ – determine eligibility in the other service system and then terminate/reduce services
- “Primary Diagnosis” – Who cares??!!
- Need for expertise – They need ours and we need theirs

Who We Are – Primary Membership

- Mental Health and Recovery Services Board of Allen Auglaize and Hardin Counties
- Three County Boards of MR/DD (Allen, Auglaize and Hardin)
- Lutheran Social Services (LSS) –local provider of MH Services

Others Involved

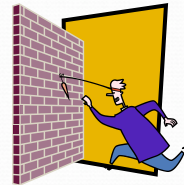
- Representative from NAMI (National Alliance for the Mentally Ill)
- Family Resource Centers
- Representative from the Brain Injury Association of Ohio (BIAOH)
- Representatives from Department of Corrections, Adult Parole Authority, Adult Probation and Local Law Enforcement
- St. Rita's Medical Center
- Department of Jobs and Family Services

Special Thanks.....



- Ohio Coordinating Center of Excellence in Dual Diagnosis (CCOE)
 - Report and Recommendations – Clinical Best Practices for Serving People with DD and MI
 - Encouragement and consultation
 - Grant dollars to assist with local training and materials

Early Barriers



- No one knew what to do
 - Program
 - Housing
 - Treatment Options
- Different inpatient/outpatient psychiatrists
- Individuals going out of county for services
- Residential definitions and options very different between systems
- \$

Goals of our Systems

- Case collaboration
- Open communication
- Enhancement of team and wraparound process
- Effective and efficient services
- Shared funding
- Improved access to services
- Increased training

Following a model established by our local Family and Children First Council, the MI/MR Task Force developed a Dual Diagnosis Intervention Team (DDIT).

The DDIT does the REAL
work in our community!



Dual Diagnosis Intervention Team (DDIT)

- The DDIT began meeting March 14, 2005 as an ongoing work group and an extension of the MI/MR Task Force.
- The DDIT typically meets monthly, and more often if needed.

Membership of DDIT

- SSA Manager- Allen County Board of MR/DD
- SSA representatives from Allen, Hardin and Auglaize County Boards of MR/DD
- Program Director from Lutheran Social Services (LSS)
- Community Support Provider (CSP) from LSS
- Residential Coordinator from LSS
- Adult Protective Services Representative from DJFS
- Community TBI Specialist
- Behavioral Support Specialist from ACBMR/DD

The Referral Process

- The individual's team recognizes the need for multi-system collaboration on an individual with dual diagnosis issues
- The SSA and/or the CSP complete the Case Summary form and a release of information. The DDIT Coordinator(s) is notified of the referral
- The DDIT Coordinator(s) will notify the SSA and/or CSP of the next DDIT meeting

The Referral Process (continued)

- The SSA and/or CSP will attend the next DDIT and make a presentation on the individual/need
- If financial assistance is being requested the SSA and/or CSP will complete a Cost Sharing Agreement. The DDIT Coordinators will discuss this request at the next DDIT meeting. If financial assistance is needed before the next meeting the DDIT Coordinators and/or representatives from Allen/Auglaize/Hardin can approve this for their respective agency budgets.

The Referral Process (continued)

- Each month the SSA/CSP will complete a case summary form so the DDIT can monitor ongoing services and needs.
- When the services of the DDIT are no longer needed, the SSA and/or CSP will complete a final case summary report and ask that the DDIT close the case. (A case will most likely stay open as long as an ongoing financial commitment of the DDIT is being requested.)

Progress to Date

- The DDIT has had 30 referrals since 2005
- There are presently 7 open cases
- Several individuals have been open for more than one year due to ongoing issues and/or financial commitments
- 25 referrals have been from Allen County, 5 from Auglaize County and 0 from Hardin County

Individual Success...

- One individual (that was primarily served only through MR/DD) had long term housing issues. He moved every few months and had little stability. He has now lived successfully for over three years in a semi-independent facility operated by MH.
 - He is receiving supports from the MH provider and his IO Waiver intermittently
 - MH supports him for medication compliance and general housing needs
 - DDIT is funding some of the costs to live in this home
- MR/DD and MH are cost sharing on waiver match for another man living in a MR/DD licensed group home that had been primarily served by only the MH system.

Individual Success... (continued)

- The mental health system has provided counseling services in the past at the county board. Now are offering individual & group counseling at their agency with the primary focus for individuals with cognitive disabilities.
- Have used DDIT funds to creatively pay for individuals to travel to other cities for needed therapies, pay for phone installation so medications can be monitored more closely and have paid for needed respite when eviction or disenrollments were a very real possibility.

Reasons for Success



- Leadership
 - The MI/MR Task Force meets every three months to continue the process of agency decision makers being directly involved in the needs of the dually diagnosed in our region
- Ongoing nurturing of the relationships between all the agencies involved
- Dedication of DDIT members and commitment to Dual Diagnosis issues

Reasons for Success (continued)



- Shared funding

- Not a large amount of money; however, it gives the team an opportunity to be creative and fund things individual agencies might not otherwise fund.

• MH	\$14,000
• Allen MR/DD	\$10,000
• Auglaize MR/DD	\$ 2,000
• Hardin MR/DD	\$ 2,000

System Success

- Better communication between agencies
- Creative problem solving and education to each other on community resources, etc.
- More consistent psychiatric services and better access to get information to the treating psychiatrist
- Teaching each other about the limits and opportunities within the different systems
- Collaboration with Allen Correctional Institution, Adult Parole Authority, the Brain Injury Association of Ohio and recently started a leadership group for Autism issues

System Success (continued)



- Multi-system training provided with CCOE grant dollars & local money. Brought psychiatrists together for training and dialogue after a Dual Diagnosis training, hosted a conference on TBI issues that eventually led to a regional TBI service coordinator being hired. In 2008 all day training focused on Behavioral Support v. Mental Health needs
- Coordination of quarterly networking breakfasts to foster cross training and ongoing nurturing of relationships between SSAs and CSPs.

Barriers... Opportunities for Growth

- Our communities continue to need more options for primary psychiatrists, especially those interested in serving the dually diagnosed
- Getting residential providers on board with what the local mental health agency is able & willing to provide
- Getting further past the 'blame game' and continue to educate each other on services within each system
- More residential options and funding to serve those individuals that are often the most difficult to serve

Questions.....



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