Behavioral Healthcare Among Individuals with I/DD: A Canary in the Coal Mine

A CLINICIAN'S PERSPECTIVE

Introduction

Benjamin Margolis, M.D. Brief Introduction

Currently providing neuropsychiatric care for adults with intellectual and developmental disabilities at

Access: Supports for Living

Orange County, NY

No disclosures

Board Certified in Neurology and Psychiatry

Board Member, American Academy of Developmental Medicine and Dentistry (Treasurer)

Member, OPWDD Medical Advisory Task Force for the Developmental Disability Advisory Council

Member, Special Olympics New York Health Advisory Council

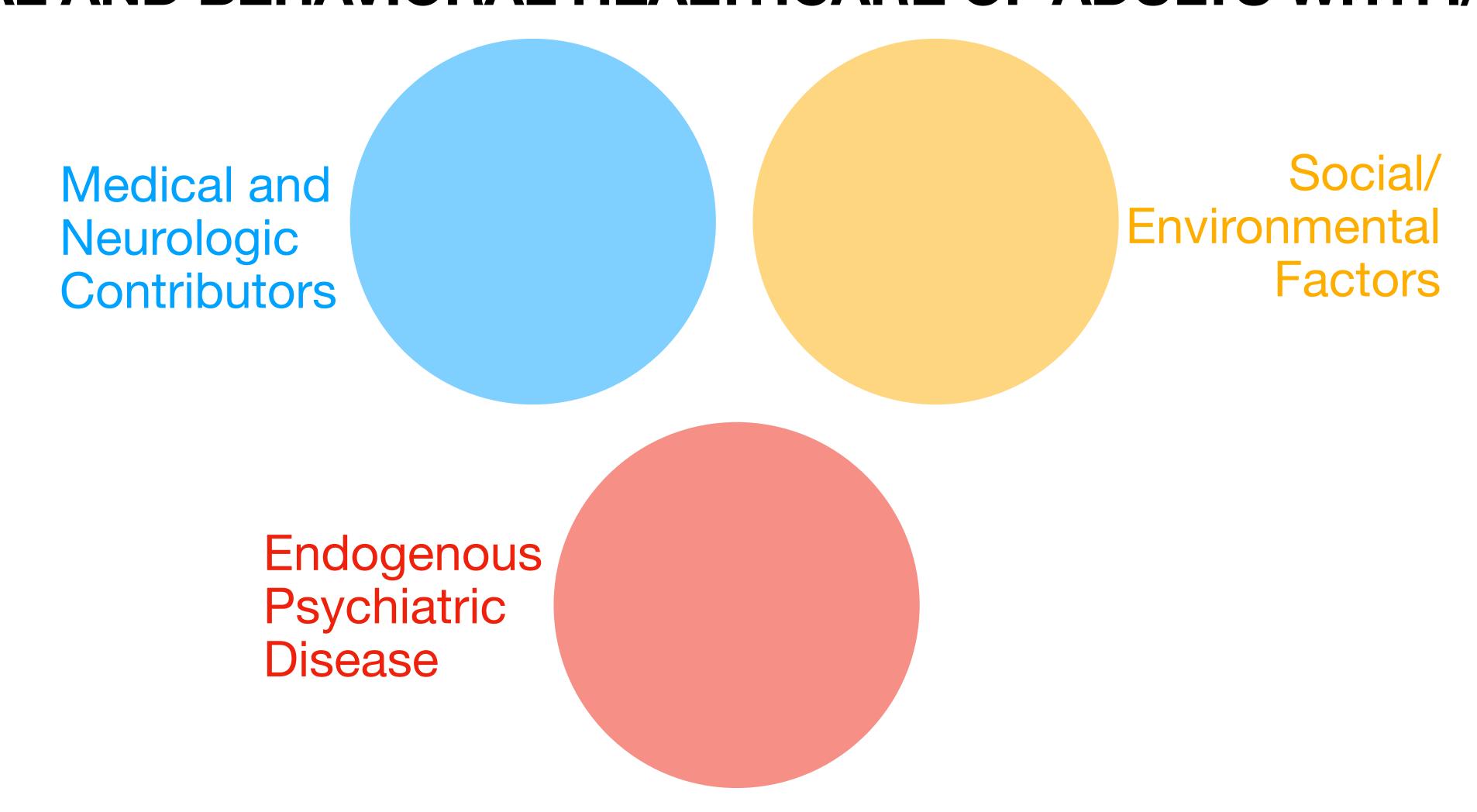
AGENDA

MENTAL AND BEHAVIORAL HEALTHCARE OF ADULTS WITH I/DD

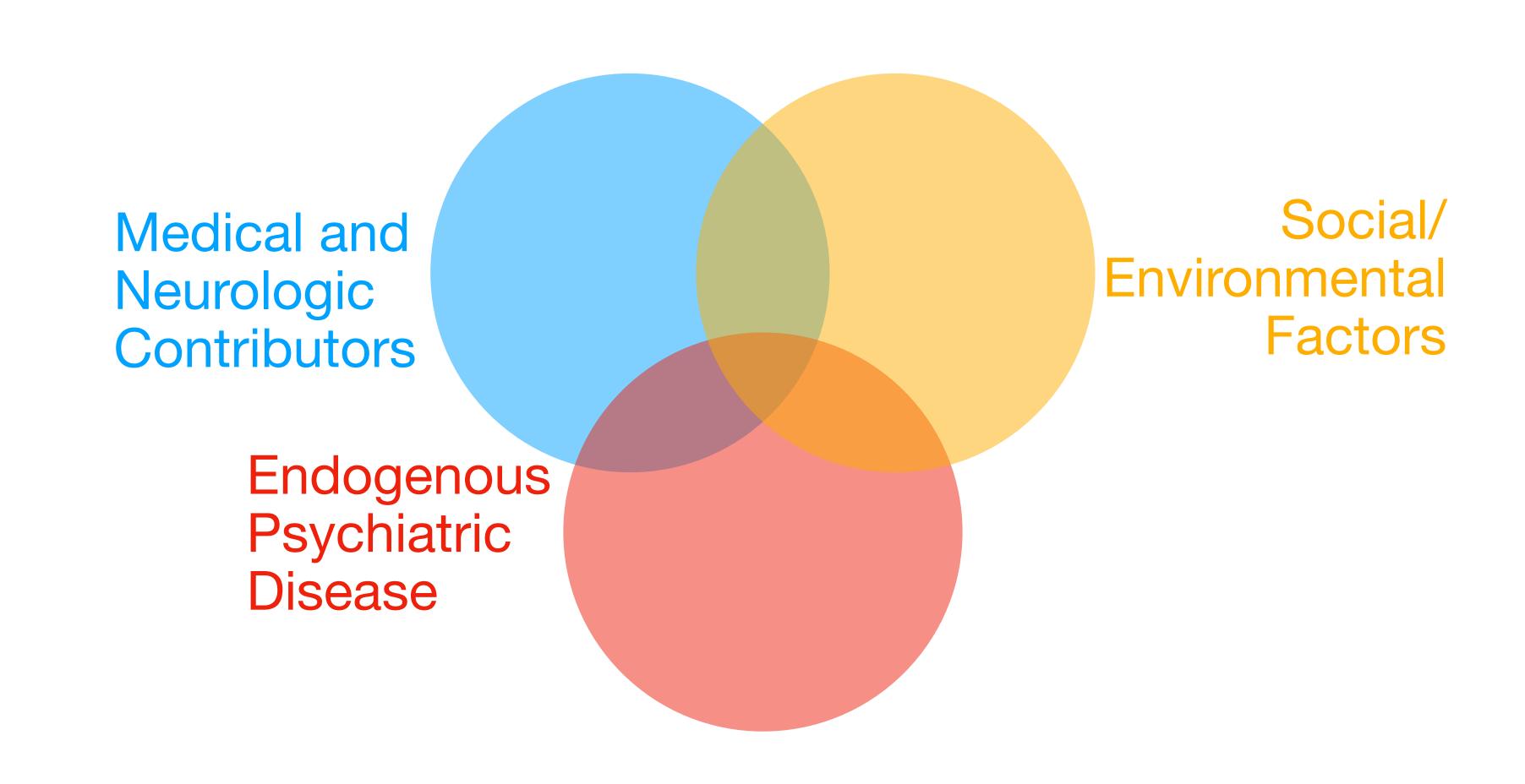
- INTRODUCTION -
- CURRENT CARE DELIVERY -
- OUTPATIENT CHALLENGES -
- INPATIENT CHALLENGES -
- CRISIS CARE MANAGEMENT -
- CROSS-SYSTEM BASED OPPORTUNITIES DE-SILOING OF CARE
- OVERALL SOCIETAL CHANGES NEEDED -

A FRAMEWORK FOR ASSESSMENT MENTAL AND BEHAVIORAL HEALTHCARE OF ADULTS WITH I/DD

A FRAMEWORK FOR ASSESSMENT MENTAL AND BEHAVIORAL HEALTHCARE OF ADULTS WITH I/DD



A FRAMEWORK FOR ASSESSMENT MENTAL AND BEHAVIORAL HEALTHCARE OF ADULTS WITH I/DD



- TEAM APPROACH NEEDED
- OFTEN REQUIRES GREATER TIME THAN GENERAL POPULATION
- INPUT NEEDED from FAMILY, BEHAVIORAL CLINICIANS, MEDICAL TEAM AND DIRECT CARE STAFF to understand a behavior
- SOLVING A PUZZLE NEEDS MULTIDISCIPLINARY APPROACH

- A Typical Visit - IDEAL vs. MOST COMMON PRESENTATION

- CHALLENGES AND OPPORTUNITIES FOR AGENCY STAFF

- NADSP Curriculum -
- Training for Direct Care Staff to be medical and psychiatric liaisons

- CHALLENGES AND OPPORTUNITIES FOR INDIVIDUALS LIVING WITH FAMILIES

- Training for CARE MANAGERS to be medical and psychiatric liaisons

RISKS OF FRAGMENTED CARE MENTAL AND BEHAVIORAL HEALTHCARE OF ADULTS WITH I/DD

- DURING MEDICAL ADMISSIONS -
- CCO OPPORTUNITIES FOR TRANSITIONS OF CARE COORDINATION ONGOING
- BEHAVIORAL AND PSYCHOTROPIC REGIMENS OFTEN INADVERTENTLY CHANGED BY TEAMS -

"Where 10% of your patient panel take more than 50% of your time."

- BARRIERS TO HEALTHCARE
- HIGH RISK BEHAVIORS AND INJURIES
- ROOT CAUSES -

ALL OF OUR EFFORTS APPEAR TO BE DOWNSTREAM FROM TRUE ROOT CAUSES

CASE EXAMPLES - CASE 1 "HE'S IN A SUPERVISED SETTING."

CASE EXAMPLES - CASE 2 "WE CAN'T PROVIDE CARE FOR THAT TYPE OF INDIVIDUAL."

LACK OF INPATIENT CARE AVAILABILITY - OVERALL BED SHORTAGE

From an Inpatient Provider Perspective

From an ER perspective

"IT'S JUST BEHAVIORAL..." is NOT a reason to deny inpatient care!

DOWNSTREAM ROOT CAUSE - NO STANDARDIZED OR REQUIRED I/DD COMPETENCY IN MEDICAL EDUCATION (WHAT MY FIELD CAN DO)

- It is possible to become a board certified psychiatrist without seeing a single patient with I/DD

- ER Physicians DON'T HAVE I/DD SPECIFIC TRAINING.

LACK OF EDUCATION ON PART OF PROVIDERS

- NATIONAL CURRICULUM INITIATIVE IN DEVELOPMENTAL MEDICINE (info at www.aadmd.org)
- Core competency and exposure now required in dentistry
- WILL BE COMING IN MEDICINE

IN THE INTERIM - WHAT CAN WE DO NOW???

- WHAT DO WE DO HERE?
- Limited outpatient options.
- Limited inpatient options.
- How can we stabilize these patients?

CURRENT RESOURCES

- CSIDD a clinician's experience
- MMH and Mobile Support Teams bring to ER, then back home.

- OPPORTUNITY TO REDUCE SILOING

CURRENT RESOURCES - COMING RESOURCES

- CRISIS RESPITE BED EXPANSION
- OMH/OPWDD COLLABORATIVE OPPORTUNITIES FOR COMPLEX CARE
- EDUCATION (NICHE MEDICAL AND DENTAL)
- CSIDD/NYSTART Expansion
- I/DD ACT TEAM

HOW THIS IMPACTS OUR SYSTEM

- GOOD CRISIS CARE CAN HELP OLMSTEAD IMPLEMENTATION

- Lack of crisis care impedes individuals living independently and deincentivizes agencies from moving people out of IRA/congregate beds

HOW THIS IMPACTS OUR SYSTEM

- GOOD CRISIS CARE CAN HELP OLMSTEAD IMPLEMENTATION

- WHAT PEOPLE AREN'T SUPPOSED TO SAY BUT THEY DO -
- Concerns for lack of resources to be able to stabilize patients coming into congregate settings impedes transitions to independent living.

- Will there be a Zach's Law?
- Can our field utilize ADA to require any mental health providers and hospitals to provide adapted and inclusive care?



Zachary Chafos

OVERALL SOLUTION - UNIVERSAL CULTURAL COMPETENCE MENTAL AND BEHAVIORAL HEALTHCARE OF ADULTS WITH I/DD

FUNDAMENTAL UPSTREAM SOLUTION

Behavioral Healthcare Challenges Mirror and exemplify fundamental problem of vestigial ACCEPTANCE OF DISCRIMINATION

DEI/INCLUSION INITIATIVES IN ALL BUSINESS AND HEALTHCARE SETTINGS ARE NEEDED

Resources for Support

Neuropsychiatric Care of Individuals with I/DD

AADMD (American Academy of Developmental Medicine and Dentistry) - aadmd.org

NADD (National Association for the Dually Diagnosed) - thenadd.org

ANPA - (American Neuropsychiatric Association) - anpaonline.org

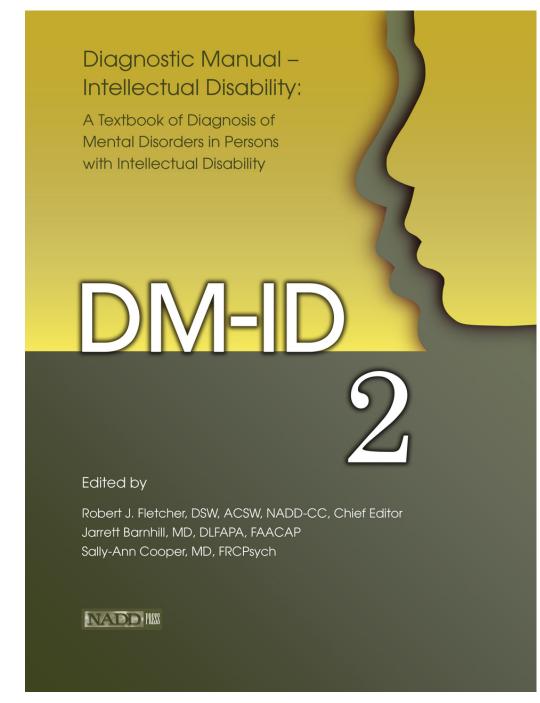
AAN (American Academy of Neurology) - aan.com

APA (American Psychiatric Association) - psychiatry.org

Resources for Support

Neuropsychiatric Care of Individuals with I/DD

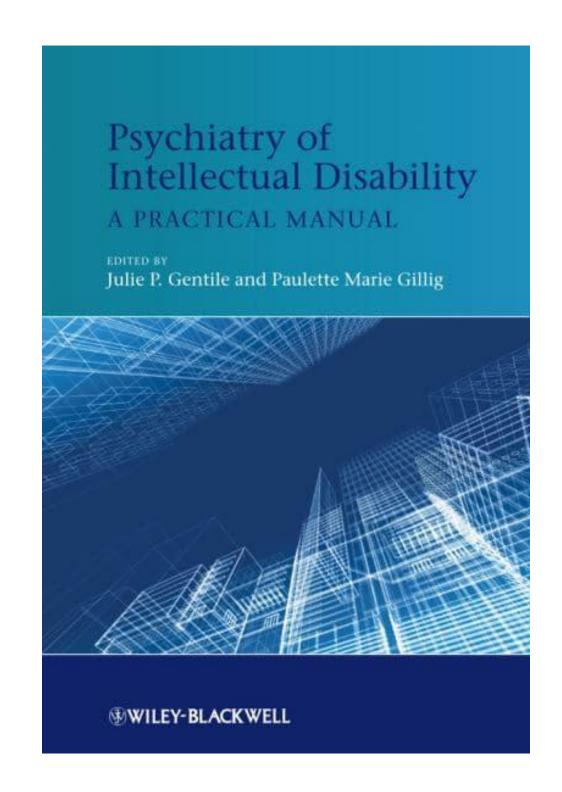
DM-ID 2 - Diagnostic Manual in Intellectual Disability - NADD Press, 2018



Resources for Support

Neuropsychiatric Care of Individuals with I/DD

Psychiatry of Intellectual Disability, 2012 Wiley-Blackwell



PLEASE CONTACT ME - I'M ON BOARD TO TEAM UP!!!

bmargolis@asfl.org benjamin.margolis@gmail.com

Benjamin Margolis, M.D.