



**Office of
Mental Health**

**Office for People With
Developmental Disabilities**

Individuals with Dual Diagnosis

CP State Conference on Multi-Disciplinary Care for Patients with Disabilities

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Prevalence and Need



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Prevalence of I/DD and Mental Illness

National Core Indicator Survey reported 48% of recipients surveyed with I/DD had at least one of the following diagnoses:

- Mood disorder
- Anxiety disorder
- Psychotic disorder
- Other mental disorder

Psychiatric disorders have been shown to be three to four times higher among individuals with IDD, compared with the general population, and include illnesses such as major depressive disorder, bipolar disorders, psychotic disorders, anxiety disorders, impulse control disorders. (Pinals, Psych Services 2022)

Complex Cases: Dual Diagnosis with Intensive Needs

- Complex needs require a complex approach.
- New Yorkers with complex needs are experiencing discharge delays from emergency departments and inpatient units.
- Strain on hospitals, stress for the person and their families.
- Delays can lead to decline in functional status, and negatively impact psychological well-being, all of which disrupt people achieving stability and higher levels of independence in their communities.
- Solutions to the problem are equally complex.

Providing Integrated Care for Complex Needs

- Specialized services across the lifespan in clinics, intensive services, wrap around teams that serve individuals with dual diagnosis of substance use, and developmental disability, residential and inpatient services
- Integration within crisis services
- Training and practice that ensures successful integration
- Peer Services integrated throughout
- Health Equity – continue examining our practices, policies, processes and attitudes to uncover disparities in care

Enhanced Programs and Services for Children & Youth



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Certified Community Behavioral Health Clinics (CCBHCs) building capacity to serve individuals with I/DD

- After updated SAMHSA Certification Criteria was released in March 2023, the NYS Provider Manual was updated to specifically address the provision of services to individuals with I/DD across the lifespan.
- CCBHCs complete a Community Needs Assessment (CNA) and tailor their program, training and staffing plan accordingly.
- Where individuals with MH or SUD are an identified need, they must ensure staff to have skills and training to support individuals with I/DD.
- CCBHCs are required to provide services that are developmentally appropriate and must use EBPs specifically adapted to serving individuals with I/DD for both mental health and substance use services.
- 2023-24 Budget tripled the number of CCBHCs in NY to 39 to serve an additional 300,000 New Yorkers

Filling Gaps in Intensive Services: Specialized OMH Services in collaboration with OPWDD

- Home Based Crisis Intervention
- Critical Time Intervention Teams (CTI) with transitional residential capacity available
- Specialized Residential Treatment Facilities
- Specialized Inpatient Services in the community and state hospital system
- Project ECHO in Crisis Call Centers 988 and training in crisis continuum

Specialized Home Based Crisis Intervention (HBCI)for Dually Diagnosed

- OMH has developed a specialized Home-Based Crisis Intervention (HBCI) program model, serving solely children/youth with mental health needs and a suspected or diagnosed intellectual and/or developmental delay.
- HBCI is a short-term intensive service serving youth and their families when the youth is at risk of psychiatric hospitalization. The program includes family preservation and intensive intervention, in the home usually for 6 to 8 weeks with follow up
- Staff are trained in issues specific to children/youth with intellectual and/or developmental delay and will receive consultation and training from the Institute for Family Development.
 - Two programs were procured for implementation and are being staffed and trained

Critical Time Intervention Teams (CTI)

- CTI Teams will provide intensive supports for up to one year to stabilize clients in crisis, work with families and transition to community based care
- Teams will have available transitional residence beds to provide intensive supports when needed for up to several months
- Teams will be specially trained multidisciplinary teams and work especially with hospitals and emergency rooms in serving individuals with complex needs.

Specialized Residential Treatment Facility (RTF)

- OMH and OPWDD have partnered in the development of a specialized Residential Treatment Facility program for children with ID/DD needs.
- OLV in Western NY targets a dually diagnosed population who require a sub-acute inpatient level of care and are eligible for ID/DD services. OPWDD works in collaboration and supports the admission and discharge process.
- Additional RTF on the same model being developed.

Specialized Inpatient Programs

- OMH and OPWDD are partnering in development of the **SUNY Upstate Specialized Multi-Disciplinary Inpatient program** supporting children dually diagnosed with developmental disabilities and a mental health disorder. This program will provide crisis stabilization and specialized psychiatric and behavioral treatment with a focus on safely returning children to their family home with appropriate wrap-around supports and resources. To open fall 2024
 - Target population is children and youth who have co-morbid behavioral health and intellectual/developmental disability (I/DD) disorders that are presenting to hospitals, emergency rooms or general inpatient psychiatry programs with psychiatric complaints or a variety of challenging behaviors (e.g., aggression, self-injury, other uncontrollable behavior).
- **Intensive Treatment for Children with Autism and Neurodevelopmental Disorders (ICAN) at Sagamore PC inpatient unit** treats people ages 10-18 - gives children with co-occurring neurodevelopmental disorders a high level of structure, consistency, and predictability.

Children & Youth Population Growth

- Children under 21 make up roughly one-third of people served by OPWDD.
- Age category is growing nearly 40 percent faster than overall service population.
- Increased need to serve children in crisis who struggle to access appropriate emergency supports.
- OPWDD Five-Year Strategic Plan includes several initiatives:
 - Expansion of capacity for specialized treatment
 - Cross-systems engagement & dialogue
 - Improvement in coordination of services between state agencies

Cross-Systems and Other Initiatives

- Urgent need to find multi-system solutions for growing number of people who do not fit neatly into one agency's service system.
- Specific cross-systems initiatives:
 - The SUNY Upstate Biobehavioral Health Unit for youth ages 5 – 17 dually diagnosed with I/DD, severe destructive behavior and serious emotional disturbance
 - Coordinated intensive outpatient step-down program at SUNY Upstate with Intensive Respite option at Access CNY for eligible youth
 - Gap Analysis and Pilot for Enhanced Mobile Crisis in two NYS Counties
 - Upcoming Request for Information (RFI) seeking input from current clinic providers (A16/A31), community providers and advocacy groups

Programs and Services across the Lifespan



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Certified Community Behavioral Health Clinics (CCBHCs) building capacity to serve individuals with I/DD (cont'd)

- CCBHCs are required to have Care Coordination partnerships with organizations to streamline access to external resources, as needed.
- CCBHC Target Case Management services can help connect individuals with I/DD to the OPWDD system.
- To support this ongoing work, OMH and OASAS are collaborating with OPWDD to develop statewide training for all CCBHCs to ensure appropriate care is able to be delivered to individuals with co-occurring I/DD.

Integration with OMH Crisis System

- Project ECHO MH/IDD training for call Centers 988 in process
- Crisis Stabilization Centers: training statewide on dual diagnosis , assessment , treatment and service availability as centers open
- Mobile Crisis Units: Plans being developed for training statewide

Project ECHO

As part of the statewide 988-hotline implementation and crisis continuum development, NYS OMH and OPWDD have partnered with the University of Rochester to support and train across the crisis response continuum of care.

- ECHO MH/IDD will provide a series of didactic sessions for crisis workers, mental health practitioners, and other human service providers to increase their knowledge about intellectual and developmental disabilities (IDD), the intersectionality of co-occurring mental health diagnoses and IDD, and best practices for providing services to dually diagnosed individuals in crisis.
- Eligibility will initially be limited to 988 crisis counselors for the initial cohort, with possible expansion to additional professionals and crisis teams for the remaining cohorts.

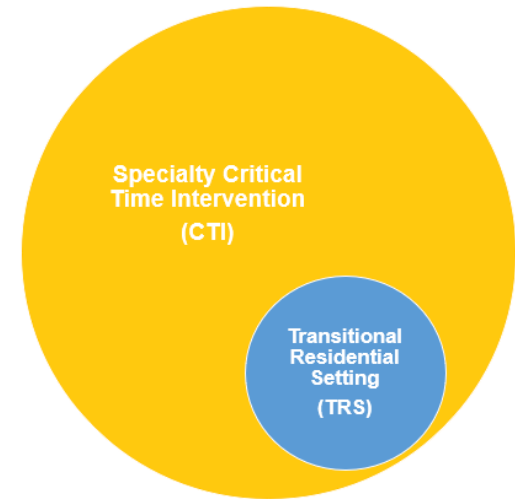
Enhanced Step-Down Program (ESD) for Adults with MH/IDD

- OMH, in partnership with OPWDD, will be funding 5 Enhanced Step-Down (ESD) Programs for adults with co-occurring mental illness and intellectual or developmental disabilities (1 in each OMH Region)
- ESD Programs will offer:
 - **Transitional Residential Setting (TRS) offering** transitional housing to support safe discharges while permanent housing is sought (capacity of 5)
 - **Specialized Critical Time Intervention (Specialty CTI)** to support transitions from inpatient units and emergency departments (capacity of 30)
- Funding will be made available to support both **program operations** and **capital development** for the TRS
- Modeled after successful pilot program operated by AHRC

Key Components of ESD Model

- Working partnership and **collaboration with the hospital** to support system navigation and engagement with the individual
- Focus on **assessing for eligibility** for services in both the OMH and OPWDD system
- Highly **trained and credentialed staffing** to provide assessment, transitional care management, habilitation, and rehabilitation services
- Employs the **CTI approach** to transitioning the individual from a higher level of care to the most independent setting possible
- **Strengths-based, recovery-oriented** approach to services

Enhanced Step Down - MH/IDD



Specialized Inpatient Unit: Kings County NYC

- Currently operational adult inpatient OMH unit specialized in assessment and treatment of dually diagnosed adults
- In collaboration with OPWDD for discharge planning and community integration
- Partnership with OPWDD for an intensive step down unit that is available when needed
- Consultations available statewide

OPWDD: CSIDD

Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD):

- A short-term, voluntary, mental health program for adults and children age 6+ with intellectual and/or developmental disabilities (I/DD) based on START model.
- Focuses on assessments, crisis prevention and intervention, and building capacity through training a person's caregiver(s) and community supports to achieve/maintain behavioral health stability.
- Resource Center - offers both planned and emergency site-based therapeutic support for those age 21+ and enrolled in the HCBS waiver.
- We now have a complete network of CSIDD providers across the state.

Specialized Training: Examples



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Care Pathway Training Community Mental Health Clinicians

- The Care Pathway is a site-specific training and consultation model which utilizes evidence-based strategies (i.e., Applied Behavior Analysis, Structured Teaching, Naturalistic Developmental Behavioral Interventions) and specialized supplies to serve the needs of the ID/DD population.
- Strategies utilized include initial analysis of the function of challenging behaviors, antecedent management strategies, visual schedules/visual tools, reinforcement schedules, crisis management strategies, and sensory supplies.
 - Number of individuals to be trained: 400
 - Number of sites trained: 8

SPIRIT-ID ASD

- The Scalable Psychopathology Intervention Intensive Training for ID & ASD (SPIRIT-ID ASD) provides both indirect training elements such as didactics in foundational and applicable knowledge relevant to this population, as well as in the core skills and mechanisms of CBT, and direct training (involving procedures such as modeling, role playing, rehearsal, and feedback).
- SPIRIT-ID offers a 6 weeks synchronous and asynchronous training sessions. Subsequently, 8 clinicians from each cohort can move on to receive monthly on-going coaching and supervision for 4 months. Clinicians who finish the 4-month advanced coaching receive a micro-credential from Stony Brook University.
 - Number of clinicians to be trained: 240 (through 6 cohorts)

QUESTIONS

