
What to do when you have two (diagnoses)

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Agenda

- Study purpose
 - Program Examples
 - Findings
 - Conclusions

 - Acronyms
 - Youth = persons who are 16-24 years and are eligible for both developmental disability and mental health services.
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Project Purpose:

To identify best practices for transition to adulthood services for young people aged 16-24 with both developmental and mental health disabilities and challenges facing service providers.

Background

- In 2003 NASMHPD convened a meeting of experts about persons with both DD and MH diagnoses.
 - Our study used the ideal characteristics identified in this meeting to develop interview questions designed to identify examples of best practices.
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Areas of focus:

- Accessibility and Eligibility
 - Screening and Assessment
 - Caregiver support and services
 - Person-Centered Practice
 - Best Practices
 - Least Restrictive
 - Funding
 - Training
 - Collaboration
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Methods

- We have conducted 26 telephone interviews with providers or experts who specifically serve this population.
 - The programs highlighted today include:
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- ❑ ChristieCare's Mosaic Program is a 5 bed residential program that serves young adults between the ages of 17 and 24 who are transitioning from residential treatment in the children's mental health system.
 - ❑ Treatment is holistic, trauma-informed, individualized, client centered, and strength-based.
 - ❑ Average stay is ~ 9 months.
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Serendipity Center

A Safe Place to Start Over and Succeed



- ❑ TTIP is housed at a private, non profit therapeutic school in Portland, OR.
 - ❑ TTIP is designed to serve the needs of young people 17 to 21 who qualify for special educational services transitioning from a high school setting to the adult world.
 - ❑ As part of the therapeutic program, TTIP is an integration of special education and clinical case management.
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Project Search

- ❑ The High School Transition Program is a one-year educational program for students with disabilities in their last year of high school.
 - ❑ It is targeted for students whose main goal is competitive employment.
 - ❑ The program takes place in a healthcare or business setting where total immersion in the workplace facilitates the teaching and learning process through continuous feedback and application of new skills.
 - ❑ 3- 10 week work rotations for 5 hrs/day with 1hour of curriculum per day.
 - ❑ Replicated in 125 programs in the U.S. Programs in Australia, Canada and England.
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The Intercept Center

- ❑ Located within a private, nonprofit community mental health center.
 - ❑ Services for children and youth ages 5 to 21 with a developmental disability and a mental illness.
 - ❑ Services include individual, group, and family therapy and medication evaluations. Youth may be served in the day treatment program or intensive outpatient services. Youth often receive services until they transition to adult services.
 - ❑ Referrals come from Children's Hospital, DHS, the ARC and schools in Colorado.
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The Francis Foundation

Services in Mental Health and Developmental Disabilities

A private non-profit that serves Vermont's youth who come from hospitals or other institutional settings through:

- Crisis Support
 - Residential Services through "flexibly designed" therapeutic foster care
 - Psychiatry, therapy, case management
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- ❑ Trillium is a 4-bed transitional house for youth 17-24 who have at least an Axis I diagnosis.

 - ❑ Youth have stayed from 3 to 19 months with an average of 9 months.

 - ❑ Youth are provided services to support employment, educational, independent living, social and wellness goals.
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Vermont Crisis Intervention Network

- The Vermont Crisis Intervention Network's primary function is to prevent the institutionalization of any Vermont resident with developmental disabilities.

 - VIN also enhances clinical services provided to these individuals through the service system in Vermont through a three-tiered service approach.
 - Level I is prevention through training,
 - Level II is early intervention by providing consultation on site, and
 - Level III provides short-term community-based, crisis residential services.
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Finding #1: Youth who are dually eligible benefit from mental health interventions.

- ❑ Mental Health interventions need to be modified.
 - Intercept Center
 - ❑ Modifying DBT and TF-CBT
 - ❑ Use appropriate assessment instruments
 - Francis Foundation
 - ❑ Use of video, drawing, collages.
 - ❑ Need to understand how the person thinks and remembers.
 - Serendipity
 - ❑ Onsite-access to mental health services for students and teachers
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Finding #2: Training and supervision is a critical ingredient to improve services

- Training is needed about both mental health and developmental disabilities across disciplines.

 - The Francis Foundation provides training on:
 - Attachment as the primary motivation to behavior
 - Learned helplessness
 - Cognitive development
 - Emotional development.
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Continued: Training and supervision is a critical ingredient to improve services

- ❑ The Mosaic program use of supervision, having youth from OFSN talk to staff and providing specific information about a behavior or diagnosis that is new to the staff.
- ❑ Vermont Intervention Network's level I service is to provide training as requested and level II is to provide training on site.

"People aren't losing their jobs because of skills but because of behaviors which may not have been identified or properly dealt with."

Finding #3: It is important to consider what may be influencing behaviors.

- ❑ Behaviors may be related to trauma.
- ❑ Behaviors may have been learned in institutional settings.
- ❑ Behaviors may be age appropriate.

"I think it is very important to say to them, that behavior that we don't like so much over here, was necessary. You had to do it to survive. That is so powerful for kids, because they just think they are bad."

Finding #4: Interventions are needed to address trauma.

- Mosaic Program
 - Using a trauma consultant.
 - Training and consultation about institutionalization.

 - Trillium
 - ABC and Collaborative Problem Solving (CPS) methods to connect current behavior to past experiences.

 - Intercept Center
 - Trauma assessment instrument.
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Finding #5: Strategies need to support transition age youth.

- Policies support self advocacy and self determination.
 - At Trillium youth are expected to know what medications they are taking, how much, when and why. If a youth wants to stop taking their medications they are encouraged to talk to their psychiatrist and make a plan.
 - Project Search focuses on complex, but systematic jobs in health care and banking. Youth are asked what careers they are interested in and then they break down their interest into essential skills. These skills are what the internships focus on throughout the year.
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Continued: Program components are specific to the needs of youth.

- Setting needs to be appropriate for success.
 - Project Search looks for work setting that offer accessible healthy food options and exercise facilities.

 - Including caregivers.
 - Francis Foundation provides caregivers with information about emotional and cognitive functioning and attachment.

 - ChristieCare makes a point, with permission of the youth, to call caregivers when there are celebrations and accomplishments. Residents also host pot lucks and invite family.
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Continued: Program components are specific to the needs of youth.

- Continuity of care
 - Most programs are available to youth as they transition into adult services.

- Developmentally appropriate services
 - Services need to be flexible and appropriate to the youth's development.

"It is really difficult for us, but if you think about how clean the average 19-year-old's first apartment is, you know what I'm saying. Do they do their dishes right after they are done eating? No. Do they care about going to get their teeth cleaned every six months? No. So really keeping that in mind and developing a program for that age group, means that you can't have rigid schedules. You have to expect that they will stay up until 3:00 in the morning and sleep through morning appointments. You had better just make your appointments in the afternoon."

Concluding observations

- Mental Health and Developmental Disabilities function separately.
 - Young adults “belong” to one system or the other.
 - Driven by funding mandates.
 - Perceptions of dumping and cost shifting.
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Continued: Concluding observations

- Differences in philosophy
 - Long term versus short term treatment.
 - Expectations of recovery versus long term disability.
 - Concepts of transition are different.

 - We found good programs, and committed people who are eager to learn more.
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