


Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities & Addictive Diseases	DHR Online Directive Information System (ODIS) Directive # 6203-102 <div style="text-align: right;">Page 1 of 3</div>
DHR ODIS Policy: Array of Community Behavioral Health Services Subject: DHR DMHDDAD Guiding Principles Regarding Serving those with Co-Occurring Behavioral Health Disorders and Developmental Disabilities	
Applicability: All DMHDDAD	Effective Date: October 1, 2008 Scheduled Review Date: October 2010 Approved:
References: Not Applicable	
Attachments: Attachment A – Best Practices for Mental Health Assessment of Persons with Developmental Disabilities	Gwendolyn B. Skinner, Director Division of MHDDAD <div style="text-align: center;">9/11/08</div> <hr/> Date

DHR DMHDDAD GUIDING PRINCIPLES REGARDING SERVING THOSE WITH CO-OCCURRING BEHAVIORAL HEALTH DISORDERS AND DEVELOPMENTAL DISABILITIES

Purpose

The design, delivery, and evaluation of Georgia's MHDDAD system must be fully responsive to adults and youth with co-occurring behavioral health disorders and developmental disabilities (DD). People with intellectual disabilities and/or other developmental disabilities experience the full range of psychiatric disorders at rates higher than the general population. Based on national estimates a minimum of 7% - 20% of individuals with developmental disabilities will experience concurrent mental illness. Behavioral health disorders are misdiagnosed, under-diagnosed, or undiagnosed in this population. Children and adults with multiple disabilities often require services simultaneously delivered by different service providers and systems. Complex needs require organizations to work collaboratively to develop and coordinate services and supports in the community.

Policy Statement

The publicly funded MHDDAD system in Georgia aspires to be highly responsive to the multiple and complex needs of persons and families experiencing co-occurring behavioral health disorders and developmental disabilities, in all levels of care, across all system providers, throughout all phases of services.

Definition

Behavioral Health Disorders – For the purpose of this policy, the term Behavioral Health Disorder is used to describe a health condition in which an individual is diagnosed with serious mental illness, or is dually diagnosed with serious mental illness and addictive disease.

Guiding Principles and Expectations

- Individuals with developmental disabilities can benefit from mental health services.

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- If a person has a diagnosis that qualifies for mental health services, the presence of any other diagnosis, including intellectual disability, does not exclude that individual from receiving mental health services. Intellectual level in and of itself does not qualify or disqualify a person if a particular diagnosis is adequate to justify the need for mental health services.
- Coordinated treatment and support should be the standard for individuals with more than one disability who are served by the MHDDAD system.
- When an individual has needs which can not be appropriately met by a single disability service, it is incumbent upon those in the MHDDAD system to make sure that other needed disability services are identified and accessed.
- Concurrent enrollment in developmental disability services does not prohibit access to mental health services.
- Concurrent enrollment in behavioral health services does not prohibit access to developmental disability services.
- The individual must meet the criteria for the specific service(s) being provided. This requires clinically defining the person's needs, wishes, and their ability (with reasonable accommodations) to benefit from the specific service(s).
- The issue of "which came first?" is not relevant. Phrases such as "primary diagnosis" should not be used in determining service delivery to persons with mental illness and developmental disabilities.
- Providers of behavioral health services may not exclude individuals from receiving their services based on the fact that an individual has a developmental disability. Providers of DD services may not exclude individuals from receiving DD services simply based on the fact that the individual has a behavioral health diagnosis or is prescribed psychotropic medications.
- Proper Assessment is essential in order to address the needs of individuals who have a developmental disability and a behavioral health need. For guidance regarding assessment, see ***Attachment A – Best Practices for Mental Health Assessment of Persons with Developmental Disabilities***.

While endorsing these guiding principles and expectations regarding co-occurring behavioral health disorders and developmental disabilities, the Division of Mental Health, Developmental Disabilities & Addictive Diseases also recognizes the difficult balance involved in addressing the needs of individuals given current constraints related to:

- Funding,
- Workforce development challenges, and
- The gap between current practice and state of the art evidence-based practices.

Therefore, the Division has identified best practices standards that Georgia aspires to achieve as our MHDDAD system improves services and supports provided for those with co-occurring behavioral health disorders and developmental disabilities. These best practice standards include the following:

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- Individuals with developmental disabilities are afforded access to a behavior support plan in order to address challenging behaviors, reduce the risk of over-medicating, and achieve a meaningful life in the community.
- Individuals with developmental disabilities receive mental health services from staff that are specifically trained and experienced in working with developmental disabilities. Staff working in developmental disability settings who serve individuals with co-occurring behavioral health disorders are knowledgeable about behavioral health. Integrated treatment approaches are recommended.
- Providers at the local level are strongly encouraged to develop collaborative agreements with providers of the other disability services.
- Multi-dimensional assessment and treatment approaches include consideration of biological, psychological, social, and developmental factors.

Best practices for Mental Health Assessment of Persons with Developmental Disabilities

<p style="text-align: center;">Diagnostic Manual – Intellectual Disability: <i>A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability</i> (www.thenadd.org)</p>	<p style="text-align: center;">Ohio Department of Mental Health – Report and Recommendations: <i>Clinical Best Practices for Serving People with Developmental Disabilities and Mental Illness</i> (http://www.mh.state.oh.us/medicaldiv/documents/mimr02282002.pdf)</p>	<p style="text-align: center;">Summary</p>
<p>Multiple sources of information or adaptations to the assessment procedures are needed to assist in the evaluation process. Use information from family and direct support professionals, acquire historical information from third-party sources in addition to self reports, and maintain an open and skeptical attitude with constant reevaluation of the working diagnosis. "Clinical uncertainty" is a priority in providing good care to individuals with intellectual disorders.</p>	<p>Assessment should be comprehensive, thorough, and interdisciplinary. The greater the number of informed individuals contributing their observations, the more complete the picture of the individual.</p>	<p>Gather historical and current information from multiple sources and settings. Maintain "constant skepticism" .</p>
<p>Because clinicians customarily talk rapidly and use complex language in long sentences, clinicians can put individuals with intellectual disabilities at a disadvantage during the interview. Clinicians can make the following adjustments:</p> <ul style="list-style-type: none"> • Use simple words • Short sentences • Ask one question at a time • Wait for an answer before asking the next question • Check back to confirm that they understood the questions • Avoid asking leading questions • Limit yes or no questions <p>These adaptations take extra time and organizational factors may limit time available for screening and examinations.</p>	<p>Diagnostic assessment with this population requires more time than is typically allotted because the clinical interview with the individual alone is not diagnostic.</p>	<p>Increase interview time allotment, allowing as much time as necessary to conduct an accurate assessment/evaluation.</p>
<p>Evaluation must be done in the context of the developmental delay and intellectual impairment.</p>	<p>Accurate diagnosis and effective care and treatment require knowledge of the context in which a person has experienced the world and also how they relate in their current environment.</p>	<p>Factor in the individual's limitations. An individual's level of functioning will dramatically affect the assessment interview.</p>
<p>The clinician should consider the presenting problem as part of a constellation of changes in the individual's functioning.</p>	<p>The assessment is to be holistic and include the individuals emotional, psychological, physical, social and other (e.g. educational, vocational, etc.) state at present, and is not just to catalog problem areas</p>	<p>Assessment takes into consideration all aspects of the individual's situation and life experiences.</p>
<p>Psychosocial stressors might be the cause of behavioral or emotional reactions that are mistaken for serious mental disorders .</p>	<p>Immediate circumstances may exist that need to be addressed simultaneously to the assessment. Examples are behaviors that threaten safety or placements.</p>	<p>Assessment takes in to account the psychosocial stressors of the individual, their family, and support professionals prior to the onset of the complaint/presenting problem.</p>

Best practices for Mental Health Assessment of Persons with Developmental Disabilities

<p align="center">Diagnostic Manual – Intellectual Disability: <i>A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability</i> (www.thenadd.org)</p>	<p align="center">Ohio Department of Mental Health – Report and Recommendations: <i>Clinical Best Practices for Serving People with Developmental Disabilities and Mental Illness</i> (http://www.mh.state.oh.us/medicaldiv/documents/mimr02282002.pdf)</p>	<p align="center">Summary</p>
<p>Medical problems are often the source of the chief complaint for the mental health interview for an individual with intellectual disability, in contrast to the typical interview for intellectually normal individuals (who can understand that they have a medical condition that could be associated with a mental disorder, such as chronic pain leading to Depressive Disorder). . . . It is therefore, extremely important that the clinician consider medical or physical causes, make every effort to get complete information, and conduct a baseline medical assessment.</p>	<p>A thorough physical examination is a critical part of the assessment and additional psycho-neurological assessments may be necessary. Symptoms associated with mental illness also could be caused by a medical problem or medications. Eliminate the possibility that the symptoms have medical cause prior to looking for mental illness.</p>	<p align="center">Accurate and comprehensive medical history information and complete physical examination is necessary for proper assessment/evaluation.</p>
<p>Continued monitoring and re-evaluation is required to note progress and identify changing needs.</p>	<p>The assessment and diagnosis is ongoing and must continue after an initial evaluation is completed. The assessment must be concurrent with treatment.</p>	<p align="center">Continuous re-assessment of the diagnosis and monitoring of the individual's progress is essential.</p>
<p>If the individual has not had a cognitive assessment within a reasonable number of years, a new assessment will be helpful to the diagnostic formulation. . . . Formal psychological tests can be helpful when the diagnosis is uncertain Instrumentation refers to the use of rating scales that either are administered to a third party or are encompassed in a self report instrument administered to the individual.</p>	<p>Several psychological screening/assessment instruments may also be helpful as part of the diagnostic assessment process.</p>	<p align="center">If appropriate, administer standardized psychological assessments, testing, and instrumentation.</p>
	<p>Clinicians conducting assessments must recognize that various mental illnesses can manifest differently across the levels of intellectual disability.</p>	<p align="center">People with intellectual disabilities are a diverse group and it can not be assumed that a single diagnosis or treatment is appropriate for the entire population.</p>
	<p>Clinicians doing diagnostic, assessment, and treatment planning need specialized education, supervision, and training in the MH aspects of DD and need to be available to provide technical assistance on an ongoing basis to people providing services to the individual.</p>	<p align="center">Proper training and supervision of clinicians and support professionals is essential.</p>
	<p>Risk assessment may be necessary, in addition to diagnostic assessment. . . . Risk assessment and crisis planning should occur simultaneously with diagnostic assessment and treatment....as a collaborative effort with the individual's treatment team.</p>	<p align="center">Include risk assessment and crisis planning in the assessment/evaluation.</p>

Best practices for Mental Health Assessment of Persons with Developmental Disabilities

Diagnostic Manual – Intellectual Disability: <i>A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability</i> (www.thenadd.org)	Ohio Department of Mental Health – Report and Recommendations: <i>Clinical Best Practices for Serving People with Developmental Disabilities and Mental Illness</i> (http://www.mh.state.oh.us/medicaldirdiv/documents/mimr02282002.pdf)	Summary
	Agencies should not just “make do” with what they have. Get suggestions, technical assistance, and direction to needed resources.	Seek and utilize technical assistance and outside resources.
	In vivo observation must occur at home, work, school, hospital, etc.	When possible, observe the individual in the environment in which the behavior is taking place.
	This comprehensive assessment process must include the review of clinical records, in vivo behavioral observation, and interviews with multiple informants who know the individual and his/her level of functioning	Assessment/Evaluation of the individuals is thorough, ongoing, comprehensive, and interdisciplinary.

<p>References:</p> <p>Hurley, A. D., Levitas, A., Lecavalier, L., & Pary, R.J. (2007). Assessment and Diagnostic Procedures. In Fletcher, R., Loschen, E., Stavrakaki, C., & First, M. (Eds.) <i>Diagnostic Manual - Intellectual Disability: A textbook of Diagnosis of Mental Disorders in Person with Intellectual Disability</i> (pp. 11 - 31). New York: National Association of the Dually Diagnosed Press.</p> <p>Ohio Department of Mental Health - Ohio Department of Mental Retardation and Developmental Disabilities Advisory Committee. (2002). <i>Report and Recommendations: Clinical Best Practices for Serving People with Developmental Disabilities and Mental Illness</i> (http://www.mh.state.oh.us/medicaldirdiv/documents/mimr02282002.pdf)</p>
