

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

of Allen, Auglaize, Hardin, Putnam County

September 2012



# Why We Got Started

- Frustration between systems
- Individual needs going unmet
- ‘Dumping’ – determine eligibility in the other service system and then terminate/reduce services
- Need for expertise from each other

# Who We Are – Primary Membership

- Mental Health and Recovery Services Board of Allen, Auglaize & Hardin
- Mental Health Board of Putnam County
- Four County Boards of DD (Allen, Auglaize, Hardin & Putnam)
- Coleman Professional Services –local provider of MH Services

# Others Involved

- Representative from NAMI (National Alliance for the Mentally Ill)
- Representative from the Brain Injury Association of Ohio (BIAOH)
- Autism Leadership Group
- And various other agencies through the years

# 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/DD Task Force developed a Dual Diagnosis Intervention Team (DDIT).

# Dual Diagnosis Intervention Team (DDIT)

- The DDIT began meeting March 14, 2005 as an ongoing work group and an extension of the MI/DD Task Force.
- The DDIT typically meets quarterly, and more often if needed.
- This is the workgroup ‘to get things done’ for those we serve who have co-existing mental health & developmental disabilities.

# Membership of DDIT

- Service & Support Administration (SSA) representatives from Allen, Auglaize, Hardin & Putnam County Boards of DD
- Community Support Person (CSP) from Coleman Professional Services
- Residential Coordinator from Coleman Professional Services
- Community TBI Specialist
- Behavioral Support Specialist from ACBDD

# 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 is notified of the referral
- The DDIT Coordinator will notify the SSA and/or CSP of the next DDIT meeting for case presentation

# The Referral Process (continued)

- If financial assistance is being requested the SSA and/or CSP will complete a Cost Sharing Agreement
- This will be discussed at the next DDIT meeting and each agency commits funds for their respective county. Coleman commits for the MH share of funding

# 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 50 referrals since 2005. (A few individuals have been open more than one time.)
- There are presently 4 open cases. This is the lowest it has been since 2005.
- 43 referrals have been from Allen County, 6 from Auglaize County and 0 from Hardin County. Putnam County joined the group in 2009 and has had 1 case to date.

# Individual Success...

- One individual (that was primarily served only through DD) had long term housing issues. He moved every few months and had little stability. He lived successfully for over five years in a semi-independent facility operated by MH.
  - He was receiving supports from the MH provider daily and from his IO Waiver up to 10 hours per week.
  - MH supported him for medication compliance and general housing needs.
  - The IO waiver met the need for community access such as banking, shopping, hair cuts and appointments.
  - DDIT was funding some of the costs to live in this home.
  - Both systems shared the cost on the IO waiver match.

# Individual Success... (continued)

- DD and MH are cost sharing on the match for a man living in a DD community IO site. He had historically only been served in the MH system but residential options did not exist to meet his needs. A home was developed around this man's unique needs. He has been stable for several years now and no longer needs inpatient MH treatment.
- The DDIT has used funds creatively to pay for individuals to travel to other cities for needed therapies, pay for phone installation so medications can be monitored more closely and the DDIT has funded needed respite when eviction or waiver disenrollments were a very real possibility. Recently have funded incentives for positive support plans.
- The latest cost sharing has occurred on Level One Waivers for limited weekly supports. This has been very beneficial the case managers involved to help with med compliances, appointments, etc.

# System Success



- Better communication between agencies
- Creative problem solving and education to each other on community resources, etc.
- Teaching each others about the limits and opportunities within the different systems
- Coordination of quarterly networking breakfasts to foster cross training and ongoing nurturing of relationships between SSAs and CSPs.

# System Success (continued)

- Each year we plan a multi-system training with grant dollars & local money. We have hosted psychiatrists for training and dialogue on MIDD needs, we hosted a conference on TBI issues that eventually led to a regional TBI service coordinator being hired. In 2008 an all day training focused on behavior support v. mental health needs. In 2010 the focus of the conference was on Positive Support Culture and Positive Psychology. In 2011 the topic was Supportive Technology.

# System Success (continued)

- Expanded and more consistent psychiatric services and better access to get information to the treating psychiatrist. We now have a DD clinic in cooperation with the local MH provider facility.
- Collaboration with other community partners such as Allen Correctional Institution, Adult Parole Authority, the Brain Injury Association of Ohio, Autism Leadership Group and Patient Treatment Intervention Team (PTIT) at St. Rita's Medical Center.

# Reasons for Success

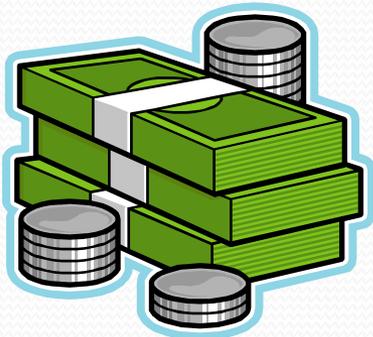


- Leadership...the MI/DD Task Force still meets every three months to continue the process of agency decision makers being directly involved in the needs of the dually diagnosed in our region.
- Ongoing nurturing of the relationships between all the agencies involved.
- Dedication of DDIT members and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



- MHR SB of Allen, Hardin & Auglaize \$7,500
- Allen DD \$10,000
- Auglaize DD \$ 2,000
- Hardin DD \$ 2,000
- Putnam MH & DD as needed

# DD Clinic

- **Partnership with Coleman Professional Services** – the local public mental health agency that provides psychiatric care, nursing, pharmacy (coming soon), counseling, case management, residential options and billing insurance/Medicaid.
- The **DD Clinic** started in 2010, 1 day per month for approximately 20 individuals identified as needing the service. It increased to 2 days per month in 2011. A DD staff member is assigned to coordinate this clinic approximately 14 hours per month.

# DD Clinic

- Serves individuals with DD from Allen, Auglaize and Hardin counties.
- Approximately 65 individuals currently being served with 5 – 10 individuals waiting to be seen.
- Dr. Allison Cowan (Psychiatrist – Wright St) is the treating psychiatrist.
- Individuals with severe mental illness, significant behavioral issues and complex medical & medication regimens are a priority for the clinic.

# DD Clinic

- Referrals are made through the DD teams or by Coleman staff.
- DD staff notify Coleman of the request for an individual to be seen through the DD Clinic.
- All clients must go through the traditional walk-in intake process unless currently receiving services at Coleman.

# DD Clinic

- Intake appointments may be scheduled for individuals who would have difficulty waiting for a walk-in evaluation or have difficulty in unfamiliar environments, etc.
- Paperwork can be completed and signed by the guardian prior to the appointment. DD staff have access to Coleman intake packets for this purpose.

# DD Clinic

- DD staff attend all appointments for all individuals (with permission) and provide input on behavioral data /mental health symptoms. Initial appointments are scheduled for an hour. A list of current medications (such as current MAR), a medication history and the referral information are available at the initial appointment.
- DD staff documents appointment discussion including medications and future appointment schedules.

# DD Clinic

- Coleman staff provide weight and BP checks along with medication review, treatment plans and scheduling of follow-up appointments.
- DD and Coleman staff contact the individual/agency providers for appointment reminders and changes.
- DD and Coleman staff work cooperatively on rescheduling appointments, mid-appointment medication concerns and changes, obtaining Prior-Authorizations for medications, obtaining guardian signatures for treatment plans and other paperwork.

# DD Clinic Success

- Improved communication between the different systems (MH and DD).
- Improved cooperation between the different systems (MH and DD).
- Reduced no-shows at appointments.
- Improved the quality of patient care (more consistent information to the treating psychiatrist).
- More individuals are being seen by a psychiatrist for mental health care.

# Opportunities for Growth

- Our communities continue to need more options for primary psychiatrists, especially those interested in serving the dually diagnosed & with inpatient treatment options.
- Getting more residential providers on board with what the local mental health agency is able & willing to provide.
- Getting more professionals further past the 'blame game' and continue to educate each other on services within each system.

# Opportunities for Growth

- More residential options and funding to serve those individuals that are often the most difficult to serve.
- Increase opportunities for counseling in conjunction with psychiatric care. Tele-counseling is established for 1 individual with several more to start soon.
- Consider tele-psychiatry to further reduce the waiting list for the DD clinic and to increase opportunities for more frequent follow up appointments.

# Questions.....



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