Stark County’s MI/DD Team
(Mental Illness/Developmental Disabilities)
“Ohio has an estimated 36,000 people with a dual diagnosis. Some of them wound up in jails or psychiatric hospitals because they didn't get proper treatment and services. To overcome those problems, Ohio officials have formed specially trained teams at the county level, staffed by mental-health and developmental-disability experts.”


Our Journey

THE STARK COUNTY MI/DD TEAM
STARK COUNTY’S MI/DD JOURNEY

• In 2010, Stark County Mental Health & Addiction Recovery (StarkMHAR) & Stark County Development Disabilities (SCBDD) Boards formed a Mental Illness/Developmental Disabilities (MI/DD) training and consultation partnership with support from Ohio’s MI/DD Coordinating Centers of Excellence (CCOE).

• StarkMHAR staff and SCBDD staff meet weekly to address systemic challenges and provide a venue for cross system case consultation and trainings that support our agency providers in better serving individuals in our systems that have co-occurring development disabilities.

• This partnership has been further strengthened with the OhioMHAS and Developmental Disability’s Safe Families/Safe Communities grant award.
“Ohio is the only U.S. state to develop a comprehensive approach to mental illness and developmental disability,” says Mr. Fletcher. A list kept by his group includes just 70 programs across the U.S. that offer coordinated inpatient and outpatient services, and many of them limit eligibility to minors or residents of a certain county.”

COLLABORATION
(with clients and system partners)

- Relationship & Trust Building
- Consistency
- Strengths-based
- Flexibility
- Training & Education
- Action Plans
- Recognize & Celebrate Successes
“In most states, including California, mental-health treatment is overseen by counties, while state officials coordinate developmental-disability services. The splintered system makes it extremely hard to coordinate treatment, and few professionals are trained to even identify coexisting conditions.”

WHY IS TRAINING IMPORTANT?

MI and DD are not the same & should not be treated the same.

• Mental Illness:
  – Refers to a person’s moods, thought processes, and emotions
  – Can occur at any time in a person’s life
  – Has nothing to do with intelligence

• Developmental Disabilities:
  – Below average abilities to learn and process information
  – Generally occurs before a person reaches adulthood
  – Refers to below average intellectual functioning

• Language
• Duties
• Roles & Responsibilities
• Funding supports
• Systems’ Limitations
• Eligibility Requirements
• Promotes Change
• Improves Understanding
COLLABORATIVE TRAININGS

• 6 MI/DD collaborative trainings in 2011:
  – MI/DD Dual Diagnosis
  – Fetal Alcohol Spectrum Disorder (FASD): “Understanding FASD & It’s Challenges”
  – Axis II, Trauma, Grief and Loss
  – Autism Spectrum Disorders
  – Supporting Challenging Behaviors
  – 12 Aspects of Coping for Persons with Schizophrenia

• September 30, 2014 – Dr. Julie Gentile

• National Association of Dually Diagnosed (NADD) Conferences
• StarkMHAR Annual Conferences
• TIP Trainings
• Wrap Training
• CIT Trainings (Law Enforcement)
• SCBDD’s Monthly Provider Meetings
• SCBDD’s Quarterly Behavior Support Collaborative Meetings
• And Others ...
“Odd or aggressive behavior might be wrongly attributed to the developmental disability and thus dismissed as untreatable. Many serious mental illnesses can be treated through medication. Services, funded by different parts of government, cater to one problem or the other but rarely both. Each system points their finger at the other, and the person doesn't get any services,’ says Robert Fletcher, who started a nonprofit group called the National Association for the Dually Diagnosed about 30 years ago to provide training and promote research.”


Sharing Our Knowledge

CASE CONSULTATION
Since June 2011, the MI/DD Team has reviewed 145 case consultations.
The purpose of each MI/DD Team consultation is to properly identify the balance of services needed to help the dually diagnosed individual be most successful, by:

- Utilizing the Mental Health, Developmental Disabilities, and other applicable services and resources available, as they meet the needs of the individual;

- Ensuring that each professional is fulfilling their role to their maximum capacity and with consistency for the individual;

- Brainstorming services and supports not necessarily available, but NEEDED, while maintaining focus on strengths and solutions - Thinking outside the box and building on technological advances is also encouraged; and

- Understanding that funding issues can be addressed at a later date, not during MI/DD.
MI/DD GOALS & EXPECTATIONS

The following goals & expectations have been established in order to facilitate a beneficial, strength-based meeting:

• All conversation needs to be polite and professional;
• Be respectful of the conversation taking place and of those who are speaking (No sidebar conversations, or interrupting others);
• Meetings are solution-focused, to identify and build on the strengths, interests, and abilities of the individual;
• The individual is given the opportunity to provide feedback on what has helped them and what can be improved.
• Factors that could be the cause of the challenging symptoms and behaviors (i.e., medical conditions, trauma triggers, lack of control over their own life, communication challenges) are discussed to incorporate such factors into the planning process;
• Discussion centered on identifying the skills, supports, and accommodations needed to help the individual be successful and the life they want; and
• The team includes, empowers, and maximizes involvement of the family and natural supports identified by the individual.
THE MI/DD TEAM

• Weekly Meetings

• For individuals serviced in both systems

• Providers from either system can refer

• Role Clarification:
  – CPST & SSA
  – MHRSB & SCBDD
CHALLENGES TO GETTING TREATMENT

- Myth that MR feel less pain, physically or emotionally
- Diagnostic Overshadowing
- Polypharmacy (multiple medications)
- Learned maladaptive behavior
- Atypical Symptoms
  - Confusing symptoms due to limited repertoire for expression
  - Misinterpreted signs due to complexity
- Communication Challenges
- Untreated Medical Conditions
MI/DD Referral Process

ACCESSING THE MI/DD TEAM
Referral Process

• Referrals for an MI/DD case consultation can come from the Mental Health or DD provider or the
Who Should Be Referred?

Typically, individuals who are referred for MI/DD are:

- Adults – 21 years old and older (there is a separate MI/DD Team being developed for the younger population)
- Receiving services from a Mental Health provider
Resource Sharing & Grant Opportunities

DOING MORE WITH LESS
RESOURCE SHARING & GRANT OPPORTUNITIES

• Using the best of what our systems can offer
• Researching and creating an individualized option with shared funding
• Researching and applying for program funding and grant opportunities to meet needs we identify
“‘Before, people were bounced from one agency to the other,’ says Michael Schroeder, the Ohio Department of Mental Health's clinical safety director. ‘The result was bad care, bad treatment and bad behavior on the part of a person with dual diagnoses.’”

WEB RESOURCES

National Wraparound Initiative -
http://www.nwi.pdx.edu/

Strengthening Families Program -
http://www.strengtheningfamiliesprogram.org

Transition to Independence Process (TIP) Model -
www.tipstars.org
REFERENCES


Contact Information

Stark County Board of DD:

Justin Madison
• SSA Supervisor
• 330.479.3688
• madisonj@starkdd.org

Rose Morgan
• SSA Supervisor
• 330.479.3588
• morganr@starkdd.org

Stark County Mental Health & Addiction Recovery:

Stephanie Kutcher
• Quality Improvement Coordinator
• 330.455.6644
• Stephanie.Kutcher@starkmhar.org