PERMIACARE

Unlocking Care:
PermiaCare's Specialized IDD/MH Clinics

SESSION CHECK IN CODE: 3008

Disclosure to Learners

38th Annual Texas Council Conference

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Successful completion of this continuing education activity includes:

- Missing no more than 15 minutes of the activity or each session.
- Completion and submission of participant evaluation.

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TEXAS Health and Human Services

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WHY IDD SPECIALIZED PSYCHIATRIC CLINICS

What We Needed

Specialized clinicians trained to recognize mental health conditions in persons with IDD.

Clinicians with experience working with persons diagnosed with IDD.

Nursing and admin staff who have experience working with persons diagnosed with IDD.

Tailored interventions.

Why We Needed

Persons with IDD experience significantly higher rates of Mental Health Disorders compared to the general population (anxiety, depression, mood disorders).

Diagnostic Overshadowing – attributing symptoms, including hallucinations and delusions, to the diagnosis of IDD.

Systems failures to provide adequate, researched based psychiatric care and training in our universities and hospitals.

Stigma and Mythical Belief Systems

Mental health symptoms are simply behavioral manifestations related to the diagnosis of IDD.

Persons with IDD can't benefit from psychiatric hospitalization or medication stabilization.

Persons with IDD can't participate in mental health therapy and recovery.

SEE ME - STOMP OUT THE STIGMA OF IDD

- When you see a person diagnosed with an intellectual disability, know this:

- I've suffered significantly more adverse childhood experiences than the general population.

- I've suffered significantly more abuse and neglect as an adult than the general population.

- I have the same suicide risk as the general population.

- People don't see me, they see my IDD and dismiss me.

MEET LYNDSEY

Lyndsey is part of the 85% of persons diagnosed with a mild intellectual disability, meaning her cognitive and adaptive functioning deficits are considered mild.

Lyndsey is a petite, attractive young woman who lives in a group home.

Lyndsey is diagnosed with co-occurring schizophrenia. She is experiencing hallucinations and delusions, believing her aunt and boyfriend live in the house next door.

Lyndsey has broken into the home next door several times and the owner has stated that the next time this happens, he will shoot her.

SEE ME NOT MY IDD

- Manifestation of symptoms increase daily.
- First Responders have been to the group home numerous times.
- First Responders believe behavioral manifestations (breaking and entering) are related to her diagnosis of IDD, failing to connect the delusion (my aunt and boyfriend live in that house) to her diagnosis of schizophrenia, despite marked deterioration in her physical and mental condition.
- Lyndsey's Community Service Provider wrote a Behavior Support Plan instructing staff to tell Lyndsey to "stop lying" when saying things that are untrue (such as delusions above).
- She becomes a danger to herself and others and is arrested.

UNSEEN

- **Lyndsey is incarcerated for over 8 months.**
- **She refuses to eat.**
- **She sits under the shower in her private cell for hours.**
- **She can't sleep.**
- **She doesn't want to do this anymore.**
- **Lyndsey is UNSEEN**


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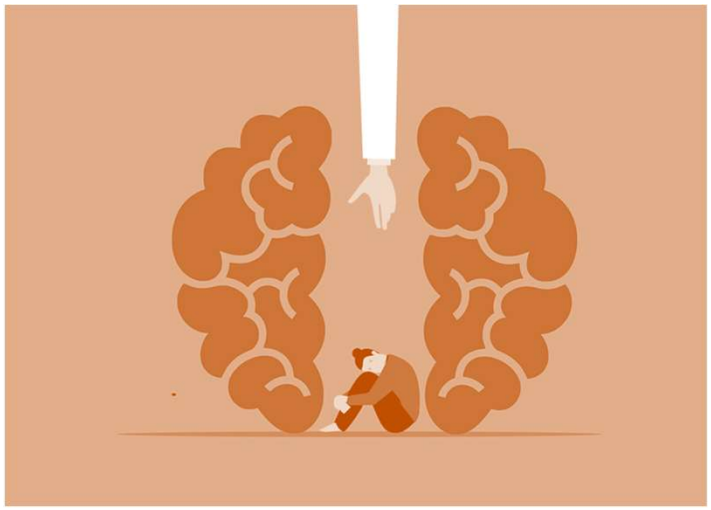
WHAT HAPPENED TO LYNDSEY?

Education and persistence finally resulted in a local judge issuing an Emergency Detention Order (EDO). Lyndsey was admitted to a psychiatric hospital. She was there for 30 days.

She was discharged back to her community provider and provided with crisis supports.

She currently receives psychiatric care at PermiaCare's IDD/MH Clinic and has not had any recurrent episodes of psychosis.



THE CATALYST

Lyndsey was the spark that ignited it all.

Three years ago, at this very conference, our CEO, Chris Barnhill, asked "*Why can't we open clinics specifically for people with IDD?*"

That seemingly simple (rhetorical) question set everything in motion.

In November 2022, we opened clinics in our Midland and Odessa IDD offices. The clinics operate one full day per month and a half day two weeks later.

We provide in-person consultations for all known or suspected mental health disorders. Clinicians and staff have extensive IDD experience.

Funding is currently provided to persons served in the community by our Crisis Intervention Specialist and those served by PermiaCare's HCS and GR Services Provider.

CARE DILEMMAS

- DATA
- ACCESS
- QUALITY
- ADVOCACY

COMPARATIVE STATISTICS: MENTAL HEALTH ISSUES AMONG INDIVIDUALS WITH IDD AND THE GENERAL POPULATION

INDIVIDUALS WITH IDD

- Individuals with IDD are significantly more likely to experience mental health conditions
- The prevalence of mental illness among individuals with IDD ranges from 39% to 59%
- 35.7% of individuals with cognitive disabilities report frequent mental distress
- Rates of severe mental illness (SMI) worldwide
- Bipolar Disorder: 2.3%
- Psychosis: 3.8%
- Schizophrenia: 7.2%

GENERAL POPULATION

- The general population is less likely to experience mental illness than those individuals with IDD.
- 22.8% of U.S. adults experience any mental illness
- 7.2% of those without disabilities report consistent mental distress.
- Rates of severe mental illness (SMI) worldwide
- Bipolar Disorder: 2.8%
- Psychosis: 0.3% to 0.7%
- Schizophrenia: 0.3% to 0.7%

REASONS FOR HIGHER RATES OF REASONS FOR HIGHER RATES OF MENTAL REASONS FOR HIGHER RATES OF MENTAL ILLNESS

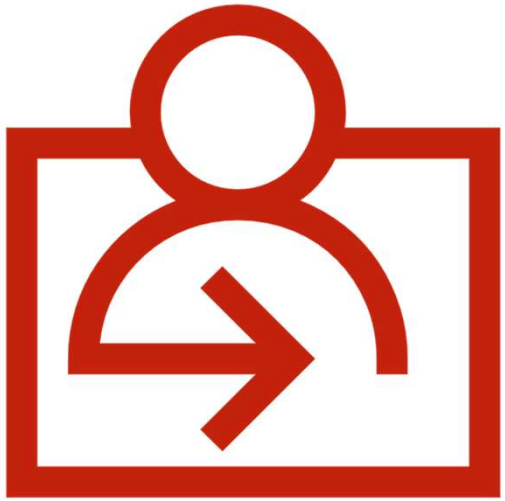
- Communication Challenges and Diagnostic Overshadowing
- Exposure to Trauma and Abuse
- Social Isolation and Stigma
- Lack of Access to Appropriate Mental Health Services ***
- Biological and Neurological Factors
- Socioeconomic Disadvantages
- Inadequate Coping Mechanisms ***

KEY BARRIERS TO MENTAL HEALTH CARE ACCESS

- Diagnostic Overshadowing
- Provider Training and Expertise
- Systemic Barriers and Eligibility Criteria
- Stigma and Discrimination

LACK OF QUALITY MENTAL HEALTH SERVICES

- Systemic Barriers and Diagnostic Challenges
  - Underdiagnosis
  - Lack of Integrated Care Models
- Provider Training and Expertise Deficits
  - Insufficient Training
  - Confidence Gaps
- Structural Inequities and Stigmatization
  - Stigma and Discrimination
  - Service Exclusion Based on IQ
- Innovative Approaches and Inclusive Research
  - Community-Engaged Research
  - Telehealth Services

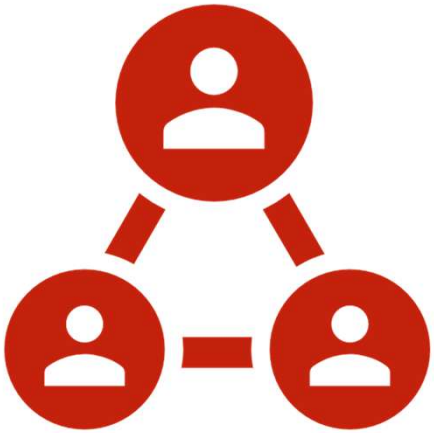


BENEFITS OF PROVIDING SERVICES

- Enhanced Crisis Management with the START Model:
  - **Systemic, Therapeutic, Assessment, Resources, and Treatmen**t
- Effectiveness of Telemental Health Services
- Neuropsychiatric Interventions: Structured Breathing and Group Therapy
  - Mindfulness-Based Interventions with Breathing Techniques
  - Compassion-Focused Therapy (CFT) Groups
  - Group Cognitive Behavioral Therapy (CBT) Adaptations:
- Improved Hospital Outcomes Through Tailored Programs

OVERVIEW OF THE START MODEL

- The START model is grounded in several core principles:
- Person-Centered and Culturally Competent Care
- Systemic and Strength-Based Approaches
- Integrated Service Delivery
- 24/7 Crisis Response and Stabilization
- Data-Driven Practices



CREATING A START MODEL

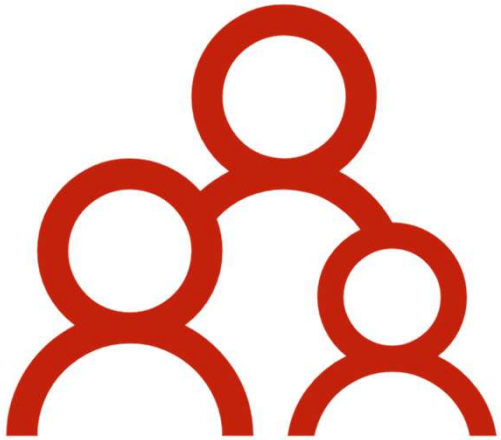
ADVOCACY THROUGH ALLIANCE

- Establish a State IDD-MH Task Force
- Develop a Unified Mission and Charter.
- Create a Data-Sharing Agreement
- Pool Resources for Training and Workforce Development
- Establish Regional Centers of Excellence

- Launch a Cross-State Innovation Exchange Platform
- Coordinate a State Advocacy Campaign
- Standardize Screening and Referral Tools Across Agencies
- Monitor Progress and Accountability

TRANSFORMING LIVES WITH DIGNITY, HUMANITY, AND RESPECT

- Every Individual Deserves Mental Wellness
- Dignity Must Be the Starting Point
- Holistic, Person-Centered Care Leads to Better Outcomes
- Compassion-Driven Systems Inspire Change
- It's Not Just About Access—It's About Belonging



WHAT WE DID TO START IDD PSYCHIATRIC CLINICS

- Found Psychiatrists willing to provide IDD Psychiatric Care
- Got buy in from needed executive staff
- Secured space, equipment, and telehealth options
- Established clear processes for referrals, intake, and clinic operations
- Trained appropriate staff

CHALLENGES WE FACED

- Recruiting psychiatrists with IDD experience
- Providing staff training on mental health procedures
- Clinic limited to once per month
- Funding

IMPACT AT A GLACE

- We currently operate 2 clinics in both our Midland and Odessa location
- We serve about 20-30 individuals per month
- Services include medication management, psychiatric evaluations, resource referrals, and consults

WHY THE CLINIC MATTERS

Providers trained to understand IDD-specific manifestations of psychiatric disorders

Better medication management with IDD considerations

Increased continuity of care through service coordination

Reduced ER visits, psychiatric hospitalizations, and crises

LESSONS LEARNED AND NEXT STEPS

Maintain Flexibility

Communication is important

Invest in provider and staff training

Specialized psychiatric care for IDD is essential, not optional

Next steps: expand capacity and frequency and explore funding oppurtunites to support clinic growth

LACK OF ACCESS IN SPECIALIZED SERVICES

- Medicaid Psychiatric Providers (Midland-Odessa)
  - Texas Tech Psychiatry
  - PermiaCare
- 1-3 months to get an appointment if not established
- Some same day appointments or "Stand by" appointments for established clients
- IDD Providers utilize Texas Tech Telehealth or Telehealth with out of area provider and PermiaCare's IDD clinic.

CRISIS REFERRALS

- Approximately 25 crisis referrals to date
- Success Stories:
  - Individual in psychosis in jail and decompensated. History of Poor Medication Compliance and no active benefits. Coordinated with MH Crisis, District Attorney's and Family. Individual released from jail and transported to inpatient psychiatric facility where they stayed for nearly three weeks. Discharged to family residence with follow up appointment scheduled in IDD Psych Clinic. Able to continue injectable medication through IDD Psych Clinic and IDD nursing.
  - Non-verbal individual eloped from family residence in the middle of the night, picked up by law enforcement who contacted LIDDA and referred to IDD Crisis Services. Connected with IDD Psych Clinic and consultation with Transition Support Team for medication review. Family reported improvements in behavior

CRISIS REFERRALS

- Success Stories Continued:
  - Individual taken to jail after altercation at PCP's office. Caregiver was seeking help due to individual exhibiting psychotic symptoms. IDD Crisis worked with MH Crisis at jail. Individual met criteria for inpatient care. Individual denied at local facilities due to previous behavior issues. Individual released from jail to family. Safety Plan established and client able to participate in IDD Psych Clinic the following week for medication.
  - Individual in crisis, incident of family violence, taken to jail. IDD CIS coordinated with MH Crisis and Family. Individual taken from jail to inpatient psych facility and started on medication. Discharged home from hospital with follow-up appointment at IDD Psych clinic to continue with medication. Individual able to get established with IDD Services and connected to more resources (ICF Group Home).
  - APS Referral due to neglect. Elderly caregiver doing the best they could. IDD Psych Clinic provider able to do home visit

THANK YOU!

QUESTIONS?

CONTACT INFORMATION

PERMIACARE

Pam Shurley MA, LPA, LIDDA Director, 432-570-3389, PamShurley@PermiaCare.org

Michelle McClellan PMH- BC, Midland Memorial Hospital Clinic Manager/Private Practice, 432-231-0524, mrmpsych@gmail.com

Krystal Jones LCSW, Crisis Intervention Specialist, 432-661-0401, KrystalJones@PermiaCare.org

Amanda Morphew: MSW, Service Coordination Team Leader and IDD/MH Clinic Manager, 432-848-5035, AmandaMorphew@PermiaCare.org

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