Bridging the Divide: Supporting the Mental Health Needs of People with Developmental Disabilities
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Agenda

Welcome

Developmental Disabilities and Mental Health Overview

Interview Findings

- Funding Limitations
- Leadership Investment
- Organizational Structure and Staffing Considerations
- Staff Training
- Treatment Modalities and Flexibilities

Integral Care – OBI Program

Presenters

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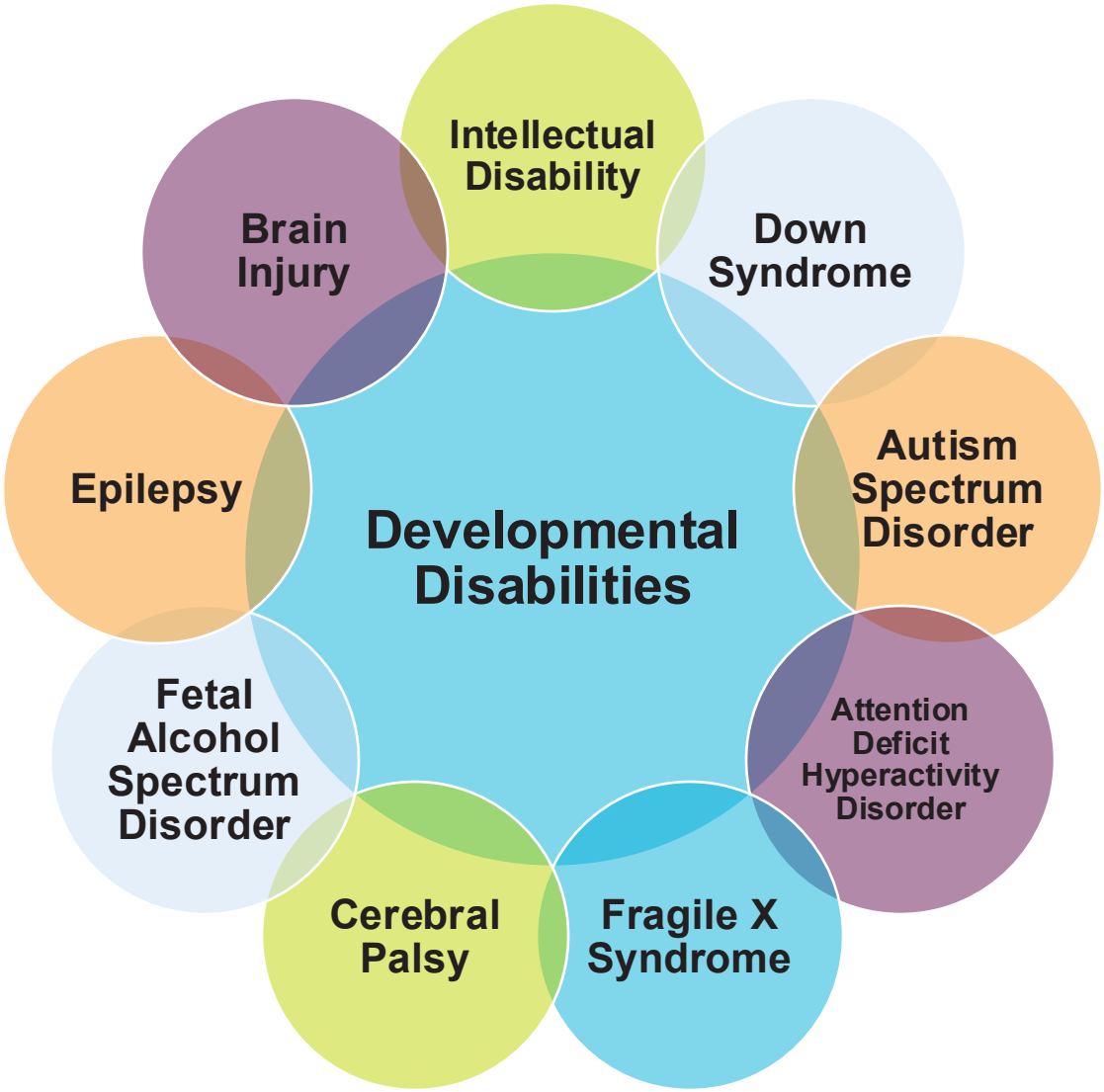
Today's Objectives

1. Describe the frequency of co-occurring mental health and DD.
2. Describe three key challenges preventing people with DD from accessing needed mental health services.
3. Identify strategies for better serving people with DD and mental health concerns, and special considerations for youth with DD.

Developmental Disabilities and Mental Health Overview

Developmental Disabilities (DD)



Priority Population Listed in LIDDA Contract

"LIDDA priority population is a group comprised of individuals who meet one or more of the following descriptions:
(a) An individual with an intellectual disability.
(b) An individual with autism spectrum disorder.
(c) An individual with a related condition who is eligible for, and enrolling in services in the ICF/IID, HCS Program, TxHmL Program, or other HHSC approved programs."

The WHY:

Why is it important to talk about services and experiences of people with IDD?

Local IDD Authority (LIDDA) + Local Mental Health Authority (LMHA) = Integral Care. IDD services are an essential component of Integral Care

At Integral Care, the LIDDA and LMHA operate together. Other counties operate separately.

DD and Mental Health

- An estimated one-third of people with a DD also have mental health needs.
- This population experiences traumatic events at higher rates than the general population.[1, 2]
- How people with DD experience (cope with and process) traumatic events may be different from the general population.
- Diagnostic overshadowing, where a mental health challenge is inaccurately attributed to a person's DD, or vice versa, is common.
- There is an insufficient number of providers who are well-trained in MH and DD.

1. Brendli, K.R., Broda, M.D., and Brown, R. (2021). Children with intellectual disability and victimization: A logistic regression analysis. Child Maltreatment, 27(3), 320–324. https://doi.org/10.1177/1077559521994177

2. National Child Traumatic Stress Network. (n.d.). Intellectual and Developmental Disabilities. https://www.nctsn.org/what-is-child-trauma/populations-at-risk/intellectual-and-developmental-disabilities

OBI Program: Co-occurring Categories

58% of individuals served by the OBI program in FY23 had a co-occurring chronic medical condition, a rate **2x higher** compared to the general Integral Care client population. Additionally, **27%** of individuals served by the OBI program in FY23 had at least one diagnosis in all 4 major diagnostic categories.

Co-Occurring Categories	Total Integral Care FY23 Population	OBI Program FY23	Difference
Co-occurring Substance Use	40%	38%	↓ 2%
Co-occurring Chronic Medical	27%	58%	↑ 31%
Co-occurring MH	56%	96%	↑ 40%
Co-occurring IDD, Mental Health, and Chronic Medical	5%	58%	↑ 53%
Co-occurring Mental Health, Substance Use, Chronic Medical, IDD	2%	27%	↑ 25%

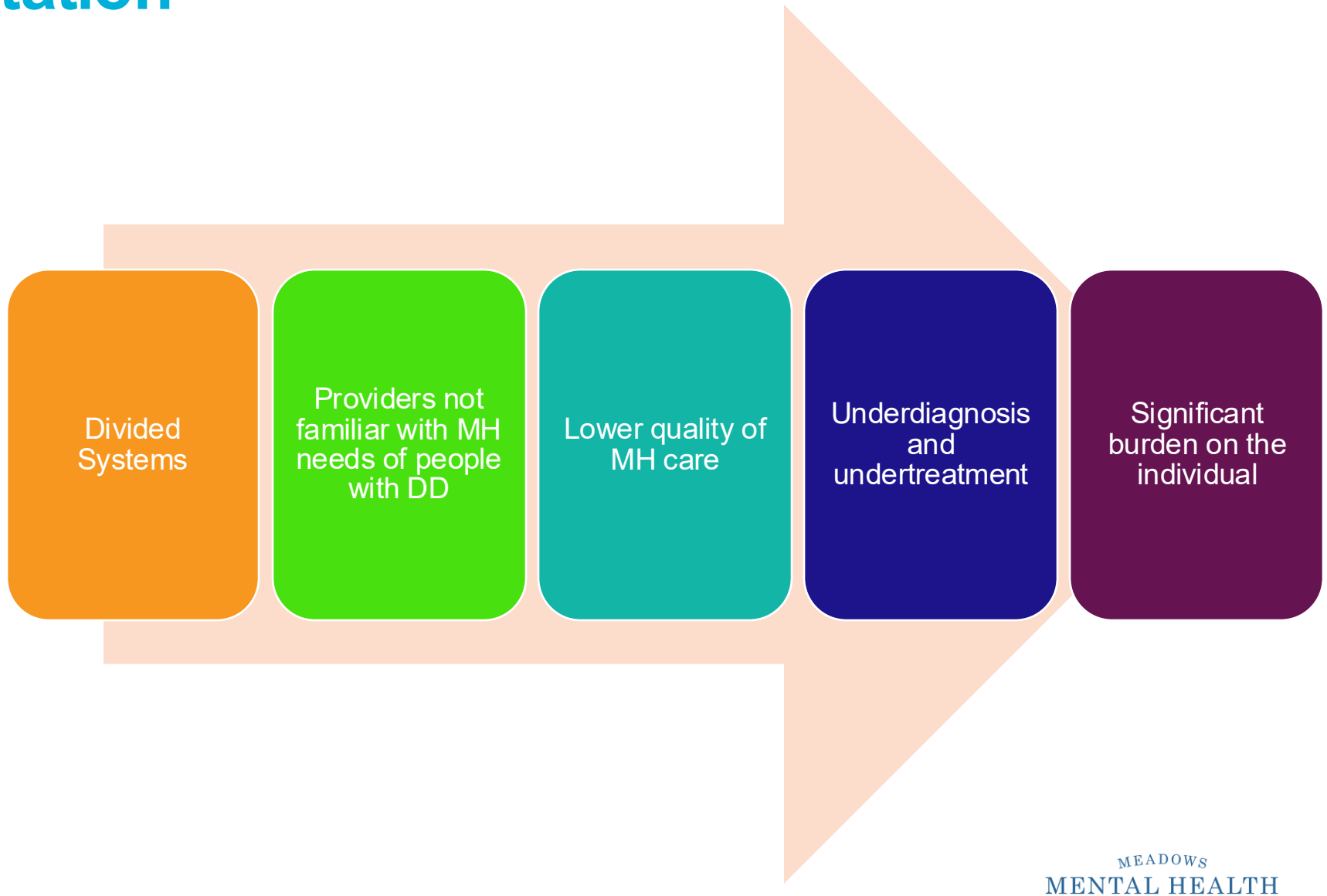
Note: Percentages do not add to 100% as clients can be in multiple categories. Categories are not mutually exclusive.

Integral Care

OBI Member. N= 45 unique clients with recorded diagnoses
Total Population. N= 20,261 unique clients with recorded diagnoses in FY23

System Fragmentation

Fragmentation of agencies responsible for IDD and mental health services is a **key barrier** to accessing mental health services for this population.



Who is served by the different systems?

LIDDAs

Mostly adults with the following conditions diagnosed in childhood:

- Intellectual Disability (IQ of 69 or below)
- Related Conditions — certain disabilities, IQ level, and adaptive behavioral level

**Some people with co-occurring mental health challenges (OBI — Outpatient Biopsychosocial Approach for IDD Services)*

LMHA/LBHAs

- Mostly adults (over 75% of encounters statewide in 2024)
- Especially those with serious mental illness

**Some people with co-occurring developmental disabilities, but only if intake and therapist think they can benefit from therapies offered (TRR)*

Potential Gaps

- People with more mild intellectual disability
- Children with dual diagnosis of a developmental disability and a mental health condition
- People with little or no verbal communication

Who do you see falling in this gap?

Background on Interviews

Meadows Institute

What did we talk about related to people with DD and MH challenges?

- Services and Practices
- Funding
- State, Local, Organizational Policies
- Training
- Culture and Mindset
- Innovations
- Wishlist/Dreams for the Future

WHO DID WE TALK TO?

25+
INTERVIEWS

45+
PEOPLE

16
COMMUNITY CENTERS

Texas Council for Community Centers staff

HHSC IDD Services staff

NADD
Association for Persons with I/DD and Mental Health

NASDDDS
National Association of State Directors of Developmental Disability Services

National Research Consortium on I/DD/MH

NASMHPD ("NASH-bid")
National Association of State Mental Health Program Directors

Limitations

- We could not talk to representatives from all Community Centers.
- We were only able to talk to a limited number of Center staff who currently provide direct services.
- Findings are a snapshot from a brief point in time.
- The findings are our subjective interpretation, and we hope to engage you in conversation about the findings today to improve our understanding of the challenges and opportunities.

Key Findings

01 Funding Limitations

02 Leadership Investment

03 Organizational Structure and Staffing Considerations

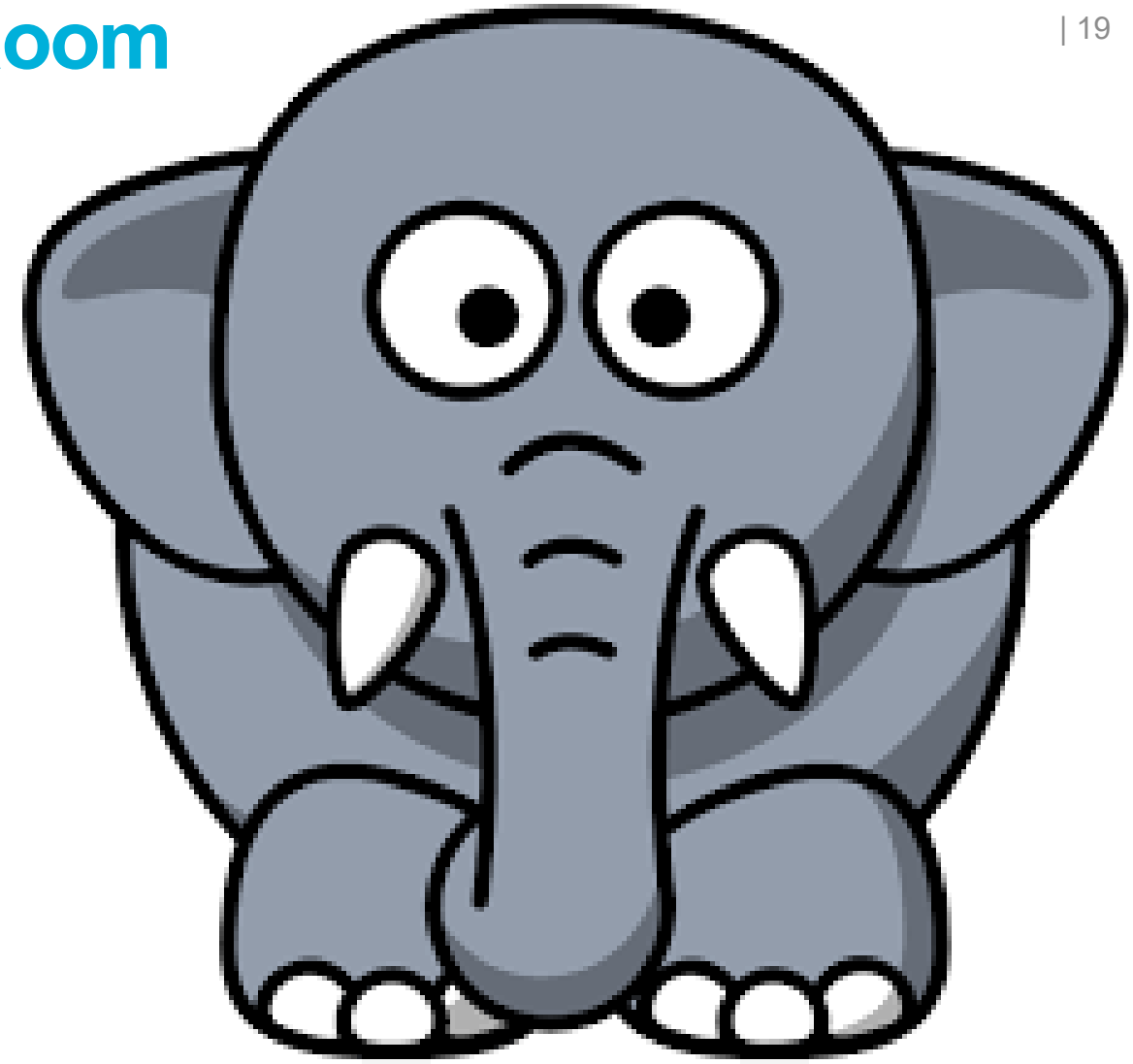
04 Staff Training

05 Treatment Modalities and Flexibilities

Funding

Money: The Elephant in the Room

- More funding is needed. Period.
- More flexible funding is needed to meet the variety of needs.
- There are challenges and opportunities when it comes to collaborating with Medicaid Managed Care Organizations (MCOs).



Leadership

Importance of Leaders with IDD and Mental Health Experience

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What We Heard: Dual Experience in Leadership

When conducting interviews, we noticed differences in the conversations we were having when leaders had both DD **and** MH experience versus when they didn't.

Leaders with dual experience . . .

- Had a stronger awareness of the fragmentation between systems
- Better understood the mental health needs of individuals with DD
- Found creative and innovative solutions to bridge the gap
- Saw cross-system experience as an essential asset in staff

When Dual Experience Isn't Present: Strategies for Leaders

1. Elevate and hire staff with interdisciplinary expertise
2. Form a cross-discipline advisory team
3. Invest in and prioritize cross-training
4. Review data consistently
5. Model collaboration
6. Center lived experience

Discussion

Organizational Assessment: Does your organization have leaders with experience on both the IDD and MH sides? If yes, where do those leaders fall within the organization? How does that shape your hiring decisions going forward?

Elevating Others: What actual structures and practices help elevate people (especially to leadership positions) with lived experience and/or dual experience?

Tracking the Data: How often does your leadership review how many people you serve with a dual DD/MH diagnosis? Do you know what services they receive for each diagnosis? What continuous quality improvement (CQI) practices are in place to make meaningful changes based on data?

Organizational Structure and Staffing

What We Heard: Structures That Help Bridge the Divide

Dedicated Dual Diagnosis Roles — Centers have staff positions (e.g., Crisis Intervention Specialist, Service Coordinators cross trained at QMHPs, OBI program staff) that require knowledge of both IDD and MH, and who can serve as a bridge between systems.

Co-Located or Blended Teams — Placing MH clinicians within IDD settings (or vice versa) reduces referral barriers, builds mutual trust, and facilitates consultation and training between staff from different systems (including formal and informal opportunities).

Integrated Intake Processes — Shared or coordinated intake across LMHA & LIDDA eliminates the need for families to navigate two separate entry points, reducing drop-off/service gaps. Ideally, intakes for both can happen in the same physical space and all intake staff are trained in identification of DD and MH needs.

Formal Structures that Encourage Collaboration — Formalize processes that encourage or even require collaboration (e.g., cross-team staffing and collaborative team meetings; collaboration within billing and documentation systems; warm referral processes when a dual diagnosis is suspected), establish shared protocols, and create accountability for serving people with dual diagnoses.

Discussion: Does your center employ any of these?

Discussion

What other creative ways does your center bridge the divide through staffing and organizational structures?

What ideas do you have or opportunities do you see?

Staff Training

What We Heard: Staff Need Additional Training

“LMHA case managers feel ill equipped to meet needs of people with DD/MH, licensed staff feel more confident but these youth often don’t make it that far into LMHA services.”

“There is no special training to prepare staff for dual-diagnosis needs; many staff rely on special education backgrounds.”

"The LMHA is providing CBT and DBT for example and they must do things in a particular way to maintain fidelity to models."

Transition Support Teams

Provide **educational and training activities** (webinars, videos) quarterly to increase expertise of LIDDAs, providers, and community members. As needed, provide additional **technical assistance** and **case consultation**.

- Alamo
- Behavioral Health Center of Nueces County
- Emergence Health Network
- Integral Care
- Metrocare Services
- My Health My Resources Tarrant County
- StarCare Specialty Health System
- Texana Center

How does your Center benefit from the Transition Support Teams?

Crisis Intervention Specialist

DD/MH Expertise

Very knowledgeable about the co-occurrence of developmental disabilities and mental health.

Training & Education

Training and education is a core part of their role.

Collaboration

Collaborate with service coordinators, service planning team members, and paid providers.

What roles do Crisis Intervention Specialists play at your Center?

Training Resources

NextGen Synergy

Staff Development

Training and professional development resources focused on building capacity in frontline staff to support individuals with co-occurring IDD and mental health needs.

NADD

Certification

Association for persons with I/DD and mental health needs. Provides a nationally recognized competency framework for serving people with co-occurring IDD and MH conditions.

Dual Diagnosis Specialist Certification

Nationally recognized credential — consider offering incentives for staff who obtain this certification.

NATIONAL CENTER FOR START SERVICES

Crisis & Systems Support

Provides training, consultation, and technical assistance to community systems serving individuals with IDD and mental health needs, with a focus on crisis prevention and response.

Resource Library

This resource library is a hub of information for those interested in improving the lives of children and adults with I/DD, brain injuries, and other cognitive disabilities who also have mental health conditions. The materials are intended for a broad audience, including individuals with disabilities and their families, advocates and allies, policymakers, direct support professionals, and clinical professionals. We're continuing to add more, so please check back often.

Browse Original Resources Developed by The Link Center

Featured Resource

Attending to Persons with IDD in Crisis Settings

When someone with both a mental health condition and an intellectual or developmental disability (I/DD) is in crisis, services like 988 Suicide & Crisis Lifeline, mobile crisis teams, and crisis stabilization units can be helpful resources. But to actually help, you need to do more than just show up—you need to truly understand the person you're supporting. This one-page overview of this article breaks down the best ways to provide care that is respectful, effective, and clear.

You may also be interested in:

Guidelines for Child and Youth Behavioral Health Crisis Care

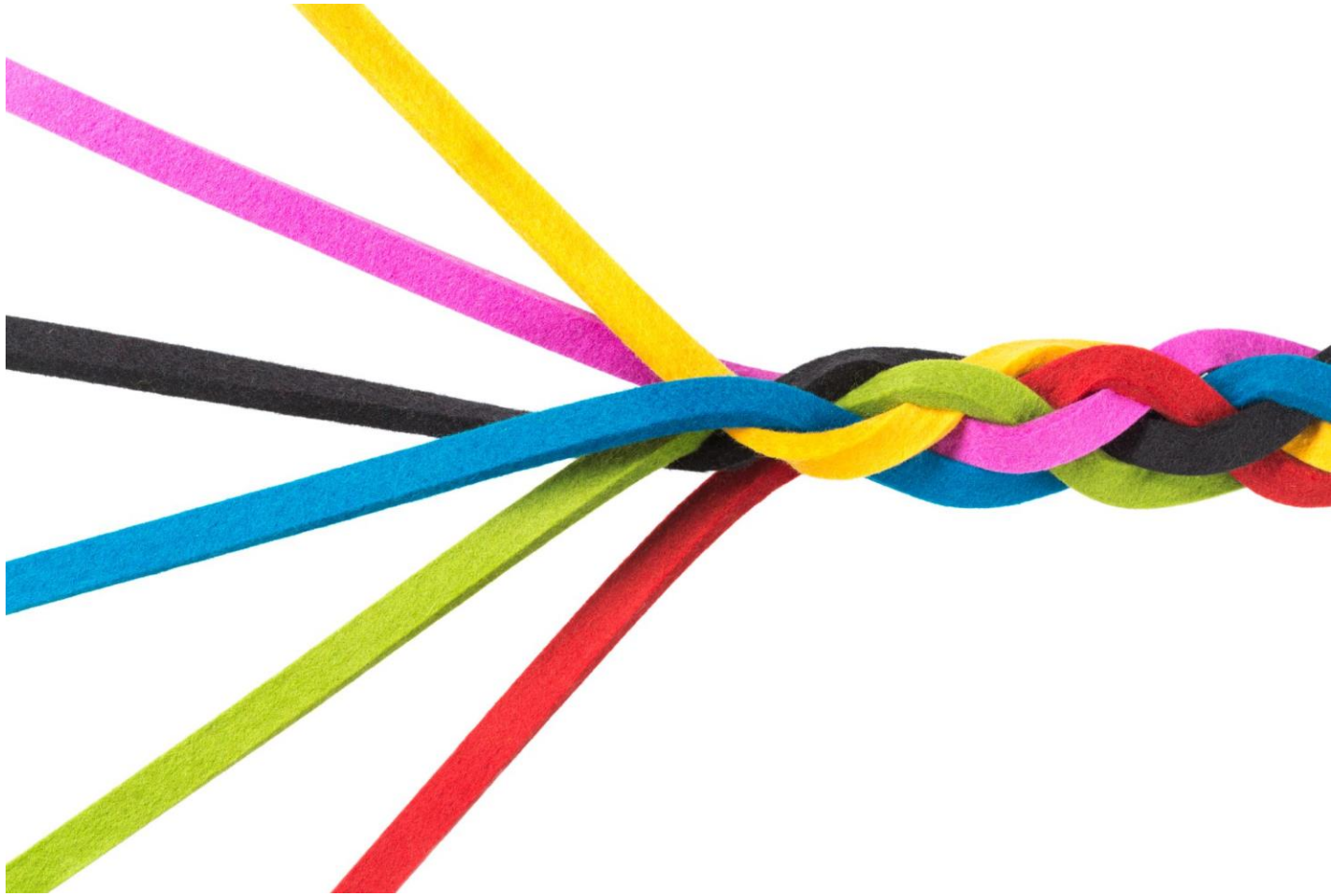
Communicating in Times of Stress

Communities of Practice

Merge Community of Practice in Kentucky strengthens mental health services and supports for people with I/DD.

National Child Traumatic Stress Network – Trauma, Intellectual and Developmental Disabilities (TIDD+) community of practice

What could this look like in Texas?



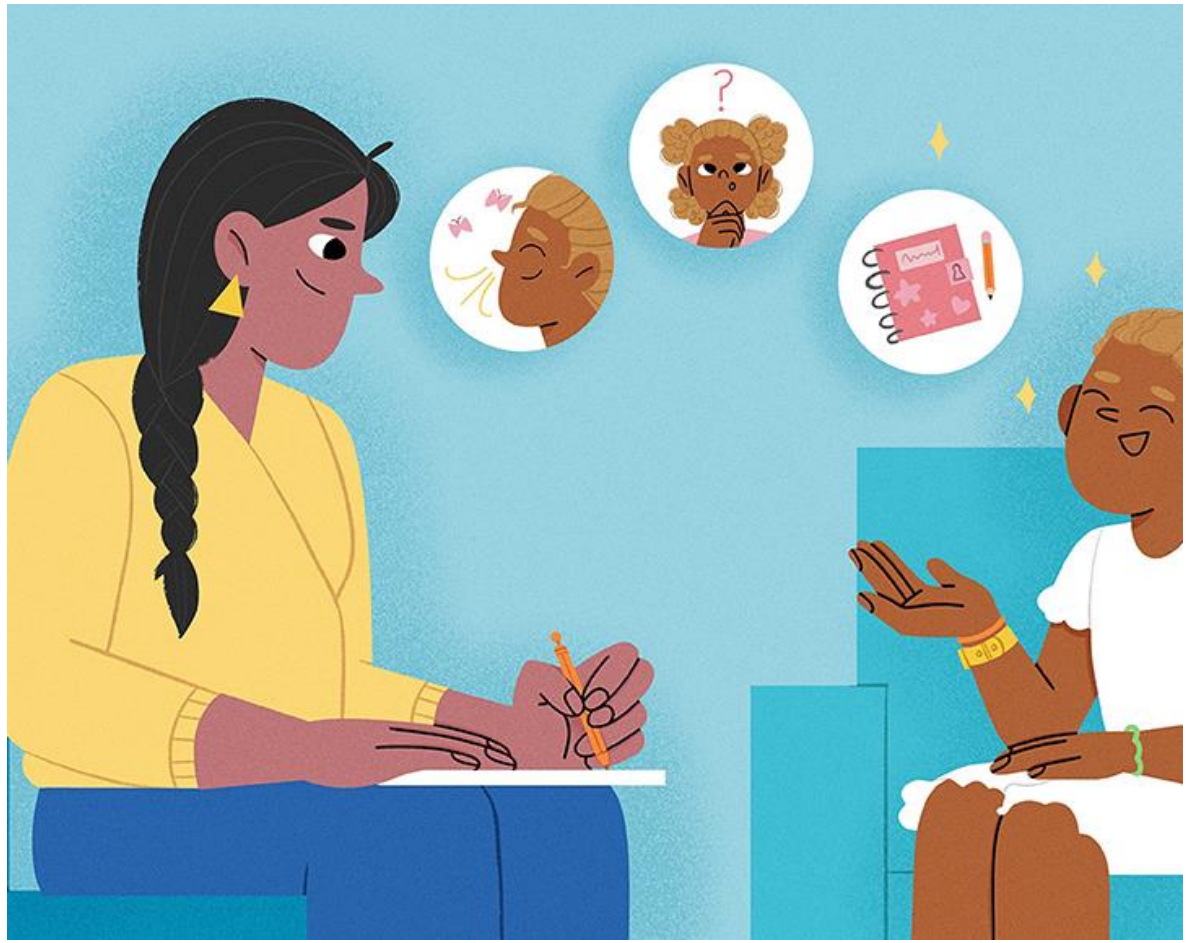
Modalities and Flexibilities

What We Heard: Modalities and Flexibilities

- Assessing for mental health conditions can be complicated when a person has a suspected or diagnosed developmental disability.
- Centers do not have approved mental health treatment modalities that they feel are effective when working with people with DD.
- Some mental health staff feel ill equipped to adapt the way they provide treatment.

Assessing for Mental Health Concerns in Youth and Adults with DD

How does your Center assess for mental health needs if a person has a diagnosed or suspected developmental disability?



Assessing for Mental Health Concerns in Youth with DD

Free Assessments and Screeners Developed or Validated for Youth with DD:

Nisonger Child Behavior Rating Form

Screen for Child Anxiety-Related Emotional Disorders (SCARED)

Child Behavior Checklist (CBCL)

Child and Adolescent Trauma Screen (CATS)

Lancaster and Northgate Trauma Scale (LANTS)

Pediatric Symptom Checklist (PSC)

Strengths and Difficulties Questionnaire (SDQ)

Generalized Anxiety Disorder 7 Item Scale (GAD-7)

Counseling and Skills Training - Interventions Currently Approved Under TRR

Intervention Name in TRR UM	Category	Notes
Aggression Preplacement Techniques - Skillstreaming	Skill Training	Modified training for youth with autism level 1
Nurturing Parenting	Skills Training	Modified training program for youth with special needs and health challenges, including developmental or neurological differences.
Seeking Safety	Skills Training	Used by dual diagnosis training initiative in Illinois
Preparing Adolescents for Young Adulthood (PAYA)	Skills Training	Has been adapted and widely acknowledged to be applicable for youth with IDD
Cognitive Behavioral Therapy (CBT)	Counseling	CBT has been successfully adapted for autistic children and adults, and people with mild and moderate intellectual disabilities.
Trauma Focused CBT (TF-CBT)	Counseling	This intervention has been successfully adapted for use with children and caregivers with limitations in cognitive, language and other executive functions. National Child Traumatic Stress Network has great resources on adapted TF-CBT.
Parent-Child Psychotherapy and Parent Child Interaction Therapy (PCIT)	Counseling	Uses structured routines, special interests, visual supports, simplified language, and sensory supports. It includes modified discipline strategies, interactive play, parent training, and coordination with other services such as speech and occupational therapy. Research supports use with parents with ID and with youth with Autism.

Mental Health Treatment for People with DD

Youth with Developmental Disabilities may benefit from many types of therapeutic interventions and approaches. Here are a few to consider:

Parent-Child Interaction Therapy (PCIT) for Children (specifically children with ADHD or Autism)

Facing Your Fears Program IDD (FYF IDD)

Experiential Therapies

Neurodiversity-Affirming Approach

The National Center for START Services - Applied Positive Psychology

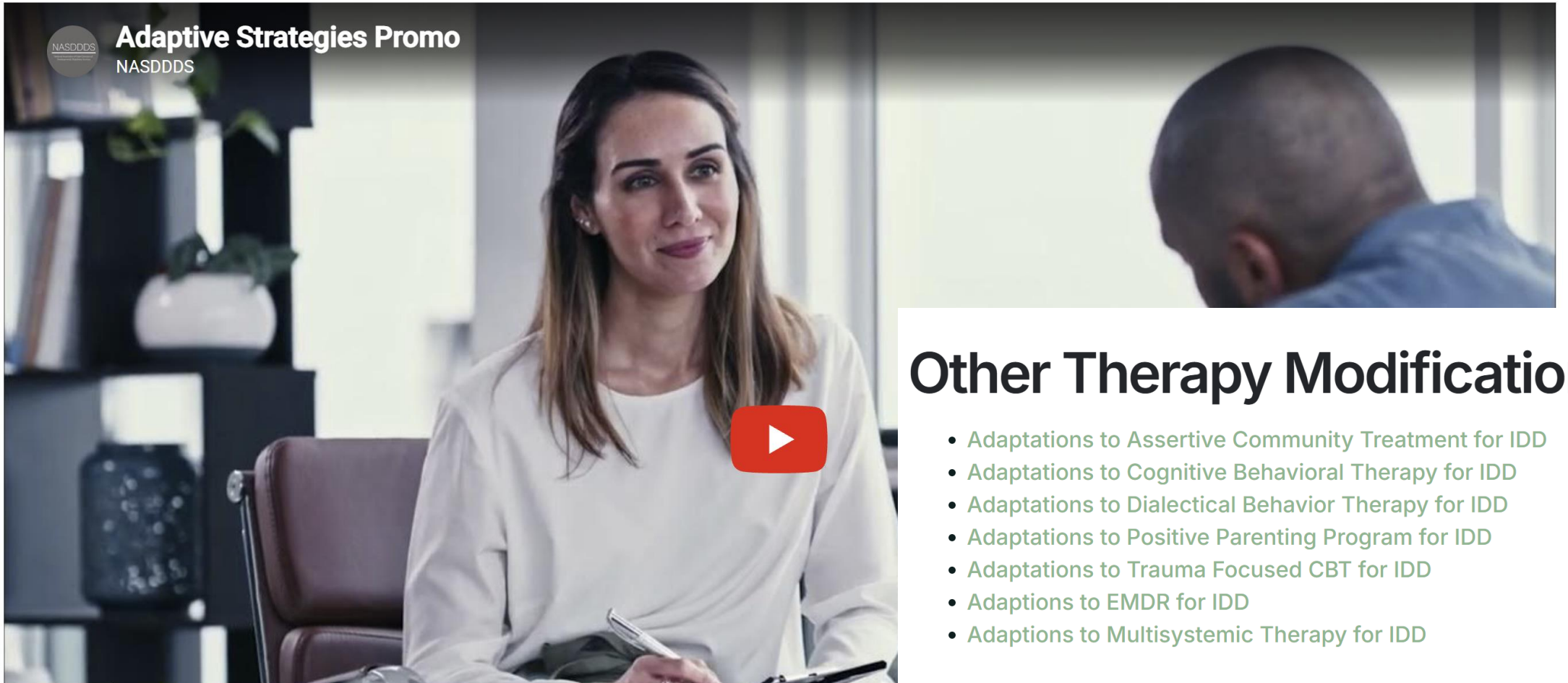
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children with IDD

Solution-Focused Brief Therapy Pilot (for Autistic adults) – happening now through UT Austin School of Social Work

Cognitive Behavioral Therapy

Dialectical Behavior Therapy

Video: What Is The Adaptive Strategies Resource Library?



Other Therapy Modification Briefs

- Adaptations to Assertive Community Treatment for IDD
- Adaptations to Cognitive Behavioral Therapy for IDD
- Adaptations to Dialectical Behavior Therapy for IDD
- Adaptations to Positive Parenting Program for IDD
- Adaptations to Trauma Focused CBT for IDD
- Adaptions to EMDR for IDD
- Adaptions to Multisystemic Therapy for IDD

Integral Care

Tunisia Smith

What is Outpatient Biopsychosocial Approach for IDD Services (OBI)?

The OBI Program is a collaborative care initiative which provides holistic support to children and adults with dual diagnosis of an intellectual or developmental disability and a co-occurring mental health or substance use condition or behavioral challenges.

The program brings together a multidisciplinary team of professionals who work together to provide coordinated, person-centered care that addresses the individual's medical, behavioral, cultural and social needs.

More about OBI

- The OBI program is a one-year program which provides intensive supports and services with a minimum of two visits per month. OBI Case Managers have lower caseloads to focus on their cases.
- Persons in the OBI program are encouraged to maintain their services with Mental Health and IDD Service Coordination.
- OBI Case Managers provide referrals and resources to meet client needs.
- OBI Case Managers attend
  - Psychiatric appointments
  - School ARD's and CRCG's
  - Court hearings

Goals of the OBI Program

The Goals of the OBI Program are to:

- Improve emotional and behavioral functioning
- Provide skills training and development
- Reduce psychiatric hospitalizations & incarcerations
- Prevent placement disruption
- Support independence
- Strengthen caregiver capacity to keep individuals in their current living environment

Services Provided

The OBI Program offers the following services:

Collaborative Case Management: coordination with medical and behavioral health providers, school personnel, IDD Service Coordinators, justice staff, and many others.

Skills Training: hands on training on a large variety of skills, including independent living skills, social skills, communication skills, desensitization training, employment preparation, and much more.

Behavioral Supports and Strategies: teaching coping skills, emotional regulation, anger management, harm reduction, and anxiety reduction.

Family/Caregiver Training: understanding that caregiver support is critical for long-term success.

Crisis Prevention Strategies: safety planning, higher levels of care, and referrals to substance use rehabilitation as needed.

Community Education: educating the community, internal and external partners, on working with persons with dual diagnosis.

OBI Stats Based on the Last 12 Months

Population served:

- **51.2% male** and **48.8% female**
- **55.8%** identified as **BIPOC**
- Smaller proportions identified as LGBTQIA, veterans, experiencing homelessness, or new to the agency (each approximately **2.3%**).

High Service Delivery Program, with clients receiving an average of **22.4 program services per client**.

The population nearly **79% identified as high service users,** and an average of **16.2 emergency encounters per person** prior to intervention.

The average client age was **34.9 years**.

OBI Stats Based on the Last 12 Months cont.

Several key utilization indicators improved during the intervention period:

- **20.8% decrease in ER visits**
- **11.8% decrease in EMS/911 calls**
- **56.3% decrease in arrests**
- **13.8% decrease in medical hospital bed days**

There is a reduction in crisis-system involvement and lower reliance on emergency and public safety resources after engagement with services.

OBI Stats Based on the Last 12 Months cont.

However, some hospital-based utilization measures increased, including:

- **11.1% increase in private psychiatric hospital admissions**
- **111.1% increase in private psychiatric hospital bed days**
- **25% increase in medical hospital admissions**

Overall, the findings suggest that intensive service engagement was associated with reductions in emergency utilization and measurable cost savings, alongside substantial reductions in arrests, ER visits, and EMS/911 involvement.

Poll

Questions?

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Please share your feedback!

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Thank You!

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