

**INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND MENTAL  
ILLNESS/SUBSTANCE USE DISORDER TREATMENT WORK GROUP REPORT  
CONVENED BY THE  
NEW JERSEY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**June, 2013**

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## **Introduction**

As a component of the New Jersey Medicaid Comprehensive Waiver, management of behavioral health services to consumers with mental illness and/or substance abuse and co-occurring intellectual or developmental disabilities for will move from the Medicaid Managed Care Organizations (MCO) to the State's Behavioral Health Administrative Service Organization/Managed Behavioral Health Organization (ASO/MBHO).

In October 2012, under the direction of the ASO/MBHO Steering Committee, the Division of Mental Health and Addiction Services (DMHAS), in collaboration with the Division of Developmental Disabilities (DDD) and Division of Medical Assistance and Health Services (DMAHS), convened the Intellectual/Developmental Disabilities (I/DD) and Mental Illness/Substance Use (MI/SUD) Disorder Treatment Work Group.

The work group met eight times between the dates of October 19, 2012 and February 1, 2013 to form recommendations for the development and implementation of a specialized provider network to improve access, treatment capacity, services, and outcomes for consumers who are dually diagnosed with an intellectual/developmental disability (I/DD )and a mental illness and/or substance use disorder (MI/SUD) The following report is a synthesis of the group's findings and recommendations.

The Divisions of Mental Health and Addiction Services, Developmental Disabilities and Medical Assistance and Health Services would like to thank the work group members for their commitment, valuable input, and time spent to improve services for our dually diagnosed consumers.

### **Network Development/Capacity**

#### Systems Capacity Building Recommendations

It was recommended that behavioral health and developmental disability providers collaborate to build capacity for a full continuum of services for consumers with mild to profound I/DD and-occurring mild to serious MI/SUD. The group envisions that all providers would be licensed, accredited and/or approved by DHS to provide services to individuals with dual disorders. The following is a schematic representing recommendations to build additional capacity for the more comprehensive systems of care:

Developmental Disabilities/Behavioral Health Co-Occurring Quadrant Model

<p align="center">Mild to Moderate Behavioral Health Moderate to Severe I/DD (3)</p> <p align="center"><u>Service Setting:</u> I/DD Provider with appropriately credentialed Mental Health and/or Substance Abuse clinicians</p>	<p align="center">Severe Behavioral Health Severe to Profound I/DD (4)</p> <p align="center"><u>Service Setting:</u> Inpatient/Residential/Day Programs, Programs with Intensive Behavioral Management with appropriate BH credentials and knowledge and competency of behavioral analytics and interventions</p>
<p align="center">Mild Behavioral Health Mild I/DD (1)</p> <p align="center"><u>Service Setting:</u> Primary Care, Outpatient MH or SA setting</p>	<p align="center">Moderate to Severe Behavioral Health Mild to Moderate I/DD (2)</p> <p align="center"><u>Service Setting:</u> Mental Health and/or Substance Abuse Providers with I/DD demonstrated competency</p>

Further refinement to the details for making this quadrant model operational is needed. The work group will continue to meet to address the following issues regarding the identification, placement and appropriate services for consumers based on individual levels of functioning and severity of behavioral health issues:

- Specific clinical and diagnostic characteristics of consumers in each quadrant
- Detailed requirements for the associated service systems and settings

Ultimately, the chart and accompanying guidance can be used by the ASO/MBHO to triage and refer dually diagnosed individuals into the most appropriate treatment setting.

A major goal of the initiatives outlined in the NJ Medicaid Comprehensive Waiver, including the development of the ASO/MBHO, is to decrease institutional care and increase in-home and community-based services.. The Department of Human Services is committed to the use of a continuum of treatment and support services to increase community living and avoid institutionalization in psychiatric hospitals and developmental centers, as mandated by the 1999 U.S. Supreme Court *Olmstead Act*.

The group felt that many of the state additional services and capacity in order for dually diagnosed consumers to achieve this goal.

It was not within the scope of this work group to make recommendations for new services; it charged with developing recommendations for the existing Medicaid State Plan Services.

The Dual Disorder Task Force had recommended service expansion in its final report, which can be found at the following link: <http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/DDTFreport.pdf>

To ensure seamless service delivery the work group recommends that the ASO build and implement the capacity to refer adults with an intellectual/developmental disability to services within the DD system.

Because individual with I/DD and MI/SUD will be served by different systems across their lifespan, the work group also recommended that the [ASO coordinate](#) with the Children's System of Care (CSoC) and the long-term and support services administered by the DHS Division on Aging Services (DoAS).

### Provider Capacity Building Recommendations

Incentives should be created to build the full continuum of services for individuals having both behavioral health and intellectual/developmental disabilities. The purpose of incentives would be to encourage both intellectual and developmental disability and behavioral health providers to serve populations of individuals they would not typically serve using their current capacity.

- Incentives for both Developmental Disability and Behavioral Health Providers
  - Enhanced rates to provide specialized services
  - Streamline paperwork requirements across systems where appropriate
  - Streamline regulatory requirements across systems where appropriate
  - Examination of existing billing codes for the possibility of increasing funding for providers
  - Build coordination and screening for MI/SUD into the DDD support contracts
  - Add Clinical Consultation as a billable service into the new I/DD/MI/SUD Network in order to support collaboration between individual providers
  - Create “*clinical pathways*” that can be utilized by providers as a map to appropriately develop treatment plans that can be individualized on an as-needed basis
  
- Incentives for Intellectual/Developmental Disability Providers
  - Decrease administrative burden on I/DD providers who want to provide MH/SUD services to their consumers; such that I/DD programs are not required to have a Mental Health or Substance Abuse Treatment license in order to provide BH services for their existing consumers. Instead, require clinicians at I/DD agency to be properly credentialed to treat MH/SUD within the scope of their respective licenses.
    - Provide training for I/DD provider staff in BH issues\*
    - Provide training for I/DD provider staff in the BH service system to allow the I/DD Case Manager/Supports Coordinator to make appropriate BH referrals
    - Develop Programs of Assertive Community Treatment (PACT) like programs for individuals with I/DD who would otherwise not meet criteria for a BH PACT program

\*All training should be delivered using evidence- based education methods.

- Incentives for Behavioral Health Providers
  - Incorporate a clinical model to include a behavioral supports component so that the BH provider has the resources of a trained I/DD staff to support and reinforce gains made in BH treatment
  - Provide BH providers with training and education on I/DD, including strategies for specialized communication and instruction
  - Develop PACT-like programs that serve individuals with I/DD
  
- Building improved collaborations
  - Agencies collaborate/unite to increase capacity and services necessary for consumers identified as I/DD/MI/SUD. This would include an affiliation of providers that could share resources and work together to better service the consumer.
  - Implement a forum with the central focus of discussing the needs of the DD consumer, much like the current county Systems Review Committees in the mental health system or the Consortiums used by substance abuse for child welfare. This would allow providers to work together to solve difficult issues, collaborate and facilitate referrals to each other.

## Recommended Service Array

The chart below lists the current behavioral health service categories along with proposed enhancements and agency requirements that are recommended by the work group to better service individuals who have a co-occurring intellectual/developmental disability and mental health/substance use disorder.

Service Category	Changes/Enhancements to Service Descriptions Recommended for I/DD/MI/SUD Consumers	Program Requirements
<p><b>Case Management Services</b> (Including Supportive Housing Program)</p>	<ul style="list-style-type: none"> <li>• Customized housing for I/DD</li> <li>• Inclusion of Behavioral Management services</li> <li>• Offer case management to BH services, I/DD services and other generic support services</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD</li> <li>• Policies and procedures for case managing to both I/DD and BH service network</li> <li>• Demonstrate environmental changes conducive to the I/DD/MI/SUD individual</li> <li>• Submission of a Quality Assurance plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency, including staff training</li> <li>• Policies and procedures that identify how an agency will include family/caregiver/staff involvement as part of “team” approach</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will utilize BH resources to increase clinical capacity to serve the population</li> </ul>
<p><b>Certified Nurse Practitioner Psychiatrist</b></p>	<ul style="list-style-type: none"> <li>• Additional time allotted for provision of services and for assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD</li> <li>• Submission of a Quality</li> </ul>

		<p>Assurance plan for the I/DD/MI/SUD services</p> <ul style="list-style-type: none"> <li>• Cultural Competence plan for the agency, including staff training</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> </ul>
<p><b>Outpatient Mental Health Services</b>  <b>Hospital-Based Outpatient</b>  <b>Outpatient Substance Abuse Services</b>  <b>Substance Abuse Intensive Outpatient</b>  <b>Methodone Maintenance</b>  <b>Substance Abuse Day Treatment</b></p>	<ul style="list-style-type: none"> <li>• Openness to consultation on I/DD issues</li> <li>• Inclusion of family/caregiver/staff (part of “team” approach)</li> <li>• Mobile services</li> <li>• Lessen “group” requirements</li> <li>• Provision of services with an emphasis on life and coping skills building</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD</li> <li>• Demonstrate environmental changes conducive to the I/DD/MI/SUD individual</li> <li>• Submission of a QA plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency which includes staff training</li> <li>• Policies and procedures that identify how agency will include family/caregiver/staff involvement as part of “team” approach</li> <li>• Policies and procedures for assessing the ability of a consumer to participate in group</li> <li>• Accommodations and/or develop other services for those individuals unable to participate in group</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will utilize BH resources to increase clinical capacity to serve the population</li> </ul>



<p><b>Short-Term Care Facilities</b>  <b>Mental Health Inpatient- Acute Care</b>  <b>Psychiatric Hospital Inpatient</b>  <b>Substance AbuseLong-Term Residential</b>  <b>Substance AbuseShort-Term Residential</b></p>	<ul style="list-style-type: none"> <li>• Inclusion of family/caregiver/staff in treatment process (from assessment to discharge)</li> <li>• Inclusion of Behavioral Management services</li> <li>• Discharge planning should commence at time of admission</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD and BH service network</li> <li>• Demonstrate environmental changes conducive to the I/DD/MI/SUD individual</li> <li>• Submission of a QA plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency, including staff training</li> <li>• Policies and procedures that identify how agency will include family/caregiver/staff involvement as part of “team” approach</li> <li>• Policies and procedures for assessing the ability of a consumer to participate in group</li> <li>• Accommodations and/or development of other services for those individuals unable to participate in group</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will utilize BH resources to increase clinical capacity to serve the population</li> </ul>
<p><b>Mental Health Rehabilitation Adult (Group Homes)</b></p>		<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD and BH service network</li> <li>• Demonstrate environmental changes conducive to the I/DD/MI/SUD individual</li> <li>• Submission of a Quality Assurance plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency, including staff training</li> </ul>

		<ul style="list-style-type: none"> <li>• Policies and procedures that identify how agency will include family/caregiver/staff involvement as part of “team” approach</li> <li>• Policies and procedures for assessing the ability of a consumer to participate in group</li> <li>• Accommodations and/or develop other services for those individuals unable to participate in group</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will utilize BH resources to increase clinical capacity to serve the population</li> </ul>
<p align="center"><b>Partial Care Partial Hospital Acute Care Hospital</b></p>	<ul style="list-style-type: none"> <li>• Inclusion of enhancements to address I/DD behavioral and other issues such as an individual’s inability to read, process information, learn and any other communication concerns</li> <li>• Include and pay for increasing staff-to-consumer ratios for serving the I/DD/MI/SUD individual</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD and BH service network</li> <li>• Demonstrate environmental changes conducive to the I/DD/MI/SUD individual</li> <li>• Submission of a Quality Assurance plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency which includes staff training</li> <li>• Policies and procedures that identify how agency will include family/caregiver/staff involvement as part of “team” approach</li> <li>• Policies and procedures for assessing the ability of a consumer to participate in group</li> <li>• Accommodations and/or develop other services for those individuals unable to participate in group</li> <li>• Consultation or any affiliation</li> </ul>

		<p>agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</p> <ul style="list-style-type: none"> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will utilize BH resources to increase clinical capacity to serve the population</li> </ul>
<p><b>Programs in Assertive Community Treatment (PACT)</b></p>	<ul style="list-style-type: none"> <li>• Inclusion of I/DD services</li> <li>• Inclusion of family/caregiver</li> <li>• Incorporate consumer navigators</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD</li> <li>• Demonstrate environmental changes conducive to the I/DD/MI/SUD individual and BH service network</li> <li>• Submission of a Quality Assurance plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency which includes staff training</li> <li>• Policies and procedures that identify how agency will include family/caregiver/staff involvement as part of “team” approach</li> <li>• Policies and procedures that identify how agency will provide mobile service when required in service description</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will</li> </ul>

		utilize BH resources to increase clinical capacity to serve the population
<b>Psychiatric Emergency Services (PES)</b>	<ul style="list-style-type: none"> <li>• Mobile Response Team Crisis Housing (respite) expansion for I/DD population</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD and BH service network</li> <li>• Submission of a Quality Assurance plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency which includes staff training</li> <li>• Policies and procedures that identify how agency will provide mobile service when required in service description</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Policies and Procedures that incorporate the I/DD providers in treatment admissions, planning and discharge</li> <li>• Identify how I/DD agency will utilize BH resources to increase clinical capacity to serve the population</li> </ul>
<b>Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>• Simple and concrete means for instruction and provision of information</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures that ensure access to services for individuals with I/DD and BH service network</li> <li>• Submission of a Quality Assurance plan for the I/DD/MI/SUD services</li> <li>• Cultural Competence plan for the agency which includes staff training</li> <li>• Consultation or any affiliation agreement for clinical services that include requirements that consultant is properly trained and an expert in the care of an individual with I/DD</li> <li>• Provide curriculum and other documents that identify specific programming and services for I/DD/MI/SUD individual</li> </ul>

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Recommendation that Policies and Procedures for I/DD-friendly environment include:

- Incorporation of small, quiet waiting rooms
- Requirement of wheelchair accessibility
- Requirement of accessible parking areas
- Incorporation of sound-proof, dimly lit counseling offices (offices designed to be most conducive to serving the I/DD population)

Recommendation that Policies and Procedures ensure access include requirements to: Make warm hand-off referrals if the agency is unable to provide

- Ensure communication accessibility services- language, deaf, hard of hearing, blind, visually impaired, etc.
- Coordinate of transportation services
- Offer off-hour appointments
- Decrease wait times for appointments
- Increase length of time for appointments
- Provide flexibility with scheduled appointments to accommodate consumers who may arrive late due to unanticipated delays associated with consumer's diagnosis(es)
- Increase the cap for number of appointments (more frequent appointments)

Recommendation that Policies and Procedures for Cases Management include:

- Concierge level services, i.e. 24-hour accessibility
- Requirement that the I/DD/MI/SUD Network use a common assessment tool
- Consumer navigators to work with the consumer, family/caregiver and providers

Recommendation that Curriculum, Policies and Procedures for Cultural Competence include:

- The creation of a "welcoming" organization- compliant with both the Americans with Disabilities Act and culturally competency standards
- Requiring cultural competency training for all agency staff
- Ensuring an understanding of the Wellness and Recovery Model for I/DD versus MI/SUD populations (cross-training)

Recommendation that Oversight and Quality Management include:

- Implementation of appropriate survey instruments to measure consumer satisfaction
- Development of an advisory group (made up of providers, consumers, family members and caregivers) to provide on-going recommendations to improve quality of care
- Establishment of outcome measures specific to I/DD population
- Requirement of provider self-studies
- Develop a mechanism for consumer (family/caregiver) complaints
- Develop a system for tracking complaints
- Extending the intake/assessment process to ensure information is understood by consumer, family and/or caregiver

Recommendation that training plans include:

- Demonstrated ability to provide or coordinate with behavioral supports
- Training specific to working with population of I/DD/MI/SUD individuals
- Submit training plans and assessment of staff competencies in Intellectual/Developmental Disabilities

- Policies and procedures for evaluation of staff competence
- Ensuring expertise of psychiatrist
- Identify how BH agency will utilize I/DD resources to increase clinical capacity to serve population

### **Ongoing Collaboration**

The work group recommended that it periodically convene to work toward the following goals to ensure improved access to services:

- Development of “clinical pathways” for the purpose of ensuring triage amongst consumers identified as I/DD/MI/SUD into most appropriate levels of care
- Create service packages that are most appropriate to serving the population of individuals who are identified as I/DD/MI/SUD
- Provide further detail and workability for the I/DD/MI/SUD Quadrant Model and include models to be utilized for appropriate triage and placement to the most appropriate services