Out of Options: Addressing Inequities in Care for Texans with Dual Diagnosis of IDD and Mental Health

The Arc of Texas

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The amount of Texans will IDD who have a co-occuring mental health condition.

But most behavioral health services do not cater to people with IDD.

The Whole Person Project

Established to eliminate the barriers to care for Texans with IDD and co-occurring MH conditions.

Focused on creating and enhancing supports and services through evidence-based, long term training and technical assistance for healthcare providers that want to provide mental health services to people with IDD.

This project is supported by the Texas Council for Developmental Disabilities (TCDD) through a grant from the U.S. Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C., 20201.



We spent 6 months identifying key system gaps for people with dual diagnosis:

- Lack of comprehensive mental health screenings at LIDDAs.
- County jail screenings do not capture everyone with mental health/IDD.
- Years-long waitlists for Medicaid waivers and general revenue services.
- Years-long waitlists at state psychiatric hospitals.
- Limited diversion centers across the state.

- Problematic State Supported Living Centers.
- Exclusionary criteria at private psychiatric hospitals.
- Shortage of personal care attendants.
- Lack of higher education programs to train psychologists to work with people with IDD.
- No required IDD training for jailers.

There is one bright spot: The Outpatient Biopsychosocial Approach to IDD services (OBI)

LIDDAs do not conduct a formal behavioral health assessment

"We ask those questions not so much to screen their mental health status today ... but it's to try and determine, 'Are they at the right door?"

> Shena Ureste, CEO of the Texana Center in Rosenberg

Recommendations

LIDDAs should enhance screenings for mental health during intake and

assessment.

→ This was also suggested in the January 2022 Statewide Intellectual and Developmental Disabilities Strategic Plan as a way to identify mental health issues early.

County jail screenings do not capture everyone with mental health and/or IDD

The Continuity of Care Query (CCQ) only: -Looks at the previous 3 years. -Looks at public health services.

Recommendations

Increase the number of years searched by the CCQ

→ Texas HHSC says the 3-year time frame was based on the technical complexities of the data-matching methodology and its operationalization in the field.

Look beyond publicly funded services to increase private.

→ Additional data points—such as Individualized Education Programs (IEPs) provided in school settings—could help identify inmates with IDD.

The waitlist for Texas' six **Medicaid** waiver programs grew 73% in a decade

In that time, enrollment increased by just one-third

Recommendations

-Increase funding for Medicaid waiver programs to keep pace with demand.

-Increase funding for stop-gap services provided by LIDDAs.

-Revise how the Medicaid waiver program waitlist is managed using input from stakeholders, including individuals with IDD, their families, service providers, and advocacy organizations.

The waitlist for state psychiatric hospitals has increased 500% in a decade

Almost all are waiting for a competency restoration bed.
 Only 27 percent of the state's counties have access to competency restoration alternatives

Recommendations

-Increase funding for LMHAs/LIDDAs to provide services pre-crisis. -Increase funding for state psychiatric hospitals and wages for state psychiatric hospital workers. -Fund more competency restoration alternatives -Invest in Coordinated Specialty Care (CSC) teams, designed to catch someone within the first two years of their first episode of psychosis (FEP)

Only 62 counties have access to jail diversion centers or drop off centers

Some centers are severely underutilized, stemming from lack of law enforcement training

Recommendations

-Require more mental health/IDD training for law enforcement through **TCOLE**/agencies -For counties with centers, build-in training for law enforcement on how and when to use the center -Increase the number of diversion centers across the state, with buy-in from local law enforcement.

State Supported Living Centers continue to underperform and be underutilized

All 13 still have not come into compliance with the 2009 DOJ settlement requirements

Recommendations

Begin closing underperforming and underutilized SSLCs in phases.
Redirect that money saved to expand community-based programs such as crisis services, day habilitation, and intensive residential support options for people transitioning out of institutional care.

At least 10 private psychiatric hospitals do not admit people with IQs <70

Even more will deny people who cannot complete daily living tasks or participate in group therapy

Recommendations

-Change admission criteria for privatepsychiatric treatment-Add IDD units to private psychiatrichospitals

→ Rio Vista Behavioral Health Hospital in El Paso is building a 20-bed unit for people with dual diagnosis.

At \$10.60/hr, only Louisiana pays their personal care attendants less than Texas

Providers are experiencing a 30 percent vacancy rate in group homes.
7 ICF providers and 27 group home providers have had to shut their doors.

Recommendations

-Increase pay for personal care attendants on par with SSLC workers.

→ Texas has increased pay for SSLC attendants faster than the pay at group homes, making it harder to keep attendants in group homes

-Require mental health and

de-escalation training for attendants.

→ HHSC does not require this kind of training for attendants and group home providers say they are losing attendants because of it.

Only two schools with clinical psychology programs offer IDD training beyond assessment and diagnostic services

> -Abilene Christian University -Texas A&M University

Recommendations

-Build master's programs across the state that focus on IDD and mental health.

County jailers are not required to complete training on identifying and interacting with inmates with IDD

A 4-hour training program was created under a 2021 bill, but it is not required.

Recommendations

-Require all county jailers to take at least 4 hours of IDD training.
-Make that training available to other members of the judicial system, such as judges, magistrates, and public defenders.

-Update IDD training to include suggestions from IDD experts

Outpatient Biopsychosocial Approach to IDD services (OBI)

-Focuses on helping individuals with dual diagnoses overcome crises and gain skills to be successful in their community.

-Five LIDDAs have OBI programs and serve around 25 people per month.

-In the program's first year across all five LIDDAs, 132 people received services– and 87 percent avoided hospitalization and incarceration in a 12-month period.

But at least 3 sites have waitlists and cannot meet the demand for services.

Recommendations

-Increase funding for existing sites.

-Add more OBI sites.

→ Only 23 of the state's 254 counties are being served. That means 20.1 million people cannot access it.

-Collect more meaningful data.

https://www.thearcoftexas.org/resources/whole-person-project/



Investigative Report and Recommendations

The Arc of Texas is uniquely positioned to help identify and address mental health care disparities experienced by Texans with IDD. Following months of research and conversations with people living and working at the intersection of this co-occurrence, we invite you to read our in-depth, investigative report, "Out of Options: Addressing Inequities in Care for Texans with IDD and Mental Illness." The report, authored by Pulitzer Prize investigative journalist Alex Stuckey, includes our proposed recommendations.

We invite media to view the press release here.

Recommendations Summary