

# Intellectual and Developmental Disabilities and Behavioral Health: Leveraging Person-Centered Approaches

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- If you are a social worker in a National Association of Social Workers (NASW) state and would like to receive continuing education credits through NASW for this event, please complete the pre-test posted here: <https://www.surveymonkey.com/r/PPXMXYH>
  - You will also be required to complete a post-test; a link to this test will appear at the end of the presentation.

## Audio and Platform Information

- The audio portion of the presentation will automatically stream through your computer or device speakers. Please make sure that the volume on your speakers is turned up. There is not a phone dial-in option. The webinar will provide real-time captioning (CART Services).

# Webinar Platform Tips



This Event Starts in: 12 D 22 H 47 M 13 S

## Overview

### Intellectual and Developmental Disabilities and Behavioral Health: Leveraging Person-Centered Approaches

This webinar will explore how traditional silos of care can impede a comprehensive approach to care coordination and potential solutions to improve behavioral health condition management in persons with I/DD who are dually eligible for Medicare and Medicaid.

Speakers will share information about prioritizing person-centered, holistic approaches to care coordination and ways health plans can bridge gaps in existing systems to meet the ongoing

## Media

September 27, 2023



### Intellectual and Developmental Disabilities and Behavioral Health: Leveraging Person-Centered Approaches



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Overview



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Question



Presenters



CC

# Intellectual and Developmental Disabilities and Behavioral Health: Leveraging Person-Centered Approaches



## Overview

- This session will include presentations, a moderated panel discussion, and a live question & answer (Q&A) session with panelists and participants.
- Video replay and slide presentation are available after each session at <https://www.resourcesforintegratedcare.com>.

## Accreditation

- **Individuals are strongly encouraged to check with their specific regulatory boards or other agencies to confirm that courses taken from these accrediting bodies will be accepted by that entity.**
- This program is Approved by the NASW (Approval # 886791040-3827) for 1 continuing education contact hour.

# Continuing Education Information

If You Are A:	Credit/Contact Hour Options	Requirements
<b>NASW</b>		
<b>Social Worker</b>	<p>The NASW designates this webinar for a maximum of one (1) continuing education credit hour.</p> <p><b>Please note:</b> New York, Michigan, and West Virginia do not accept National Continuing Education Approval Programs for Social Work. New Jersey, Idaho, and Oregon do not recognize NASW National Approval.</p>	<ol style="list-style-type: none"> <li>1. Complete the pre-test at the beginning of the webinar</li> <li>2. Complete the post-test with a score of 80 percent or higher by 11:59 PM on <b>September 28, 2023</b></li> </ol>

## Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.
- To learn more about current efforts and resources:
  - Visit <https://www.resourcesforintegratedcare.com>
  - Follow us on Twitter [@Integrate\\_Care](https://twitter.com/Integrate_Care)
  - Follow us on LinkedIn at <https://www.linkedin.com/company/resources-for-integrated-care/>

## Webinar Outline

- Welcome and introductions
- Polls
- Revisiting the 2022 Resources for Integrated Care (RIC) webinar on intellectual and developmental disabilities (I/DD) and care coordination and other RIC resources
- *I/DD and Behavioral Health Condition Management Complexity* presented by Dr. Andrea Witwer
- *Supporting the System* presented by Olivia Ayers
- Panelist discussion with the speakers, including reflections from caregiver and advocate, Dr. Patricia Nobbie
- Audience Q&A
- Closing remarks



# Introductions

- **Andrea Witwer, PhD**

Director of Training and Outreach, Nisonger Center  
Associate Professor-Clinical, Departments of Psychiatry and Psychology,  
LEND / Nisonger Center – University Center for Excellence in  
Developmental Disabilities



- **Olivia Ayers, LMHC, LPC**

Clinical Director, Elevate, Certified Community Behavioral Health Clinic  
(CCBHC)



- **Patricia Nobbie, PhD**

Family caregiver; experience in state, congressional, federal, and private  
sectors



# Poll

- Which of the following best describes your professional area?
  - Health Plan Case Manager / Care Coordinator
  - Health Plan Customer Service
  - Health Plan Administration / Management
  - Medicine / Nursing / Physician Assistant / Other Provider
  - Pharmacy
  - Social Work
  - Advocacy
  - Other

# Poll

- In what care setting do you work?
  - Health Plan
  - Ambulatory Care Setting
  - Long-Term Care Facility
  - Home Care Agency
  - Community-Based Organization
  - Consumer Organization
  - Academic / Research
  - Other

## Learning Objectives

- Recognize the impact that siloed systems of care have on efforts to implement effective care coordination and care planning strategies.
- Apply person-centered approaches for identifying behavioral health conditions in individuals with I/DD and understand the lived experience of individuals with both diagnoses.
- Recall holistic care coordination strategies that support the unique needs of and improve outcomes for adults with I/DD and behavioral health conditions.
- Identify the roles that community-based organizations can play to address social determinants of health and strengthen provider networks.

# Background: Best Practices for Supporting Individuals with I/DD

- Effective care coordination and appropriate medication management are two critical levers for improving outcomes for individuals with I/DD and mental health conditions.
- This webinar builds on prior RIC events and resources, including:
  - The 2022 RIC Webinar on [Strategies for Improving Care Coordination for Individuals with I/DD](#) which provides insight into how to improve care coordination, noting that:
    - Care must be inclusive, timely, and community-based.
    - Outcome measures must be clearly defined, and plans must frequently review data.
    - Interdisciplinary care teams are effective in meeting the holistic needs of a person with I/DD.
  - [Addressing Polypharmacy in Dually Eligible Individuals with I/DD: A Spotlight on Partners Health Plan](#) which addresses the scope of the challenge as well as the opportunities provided by effective medication management:
    - Comprehensive reviews of medication allow pharmacists to evaluate all medications a person is prescribed for appropriateness, efficacy, duplication, or potential interactions.
    - Care-coordinator-driven medication review programs can lead to a substantial reduction in hospitalizations and emergency room (ER) visits among dually eligible individuals taking multiple medications.
- Additional RIC resources are located on slide 68.

# I/DD and Behavioral Health Condition Management Complexity



**Andrea Witwer, Ph.D.**

Director of Training and Outreach, Associate Clinical Professor, Department of Psychiatry and Behavioral Health, Nisonger Center



**THE OHIO STATE UNIVERSITY**  
NISONGER CENTER

# Background and Prevalence

## Prevalence of I/DD and Mental Health Conditions

- An estimated 7.39 million people in the United States had I/DD as of 2019, more than 70 percent of whom are children.<sup>1</sup>
- The prevalence of I/DD among adults is estimated at 7.9 per 1,000.<sup>1</sup>
- The prevalence rates of co-occurring I/DD and mental illness vary widely as there has never been a robust dual diagnosis prevalence study in the United States:
  - Rates of mental illness among people with I/DD vary from 10 percent to 60 percent, compared to 8 percent to 18 percent among all adults.<sup>2,3</sup>
- Adults with autism spectrum disorder have 5.2 times greater odds of having at least one psychiatric diagnosis compared to individuals without a developmental disability and 1.89 times greater odds of having at least one psychiatric diagnosis compared to their peers with other developmental disabilities.<sup>4</sup>



# Experience of Individuals with I/DD and Co-occurring Mental Health Conditions

- Individuals with I/DD are more likely than people without disabilities to:
  - Experience life events and circumstances associated with increased risk of mental illness, including but not limited to stressful family experiences and situations, stigma, abuse, neglect, unemployment, and lack of supportive friendships<sup>5</sup>
  - Experience trauma and develop post-traumatic stress disorder symptoms from a traumatic event
  - Have an undiagnosed psychiatric disorder or receive psychiatric medications without diagnosis<sup>6,7</sup>
  - Experience hospitalization for an adverse medication event<sup>8</sup>

# Dually Eligible Individuals With I/DD and a Mental Health Condition

- One study examining dually eligible individuals with I/DD found that almost 59 percent of this population had at least one of the mental health conditions that were analyzed.<sup>9</sup>
- Another study of Medicare data found that *any* primary psychiatric diagnosis in the claim year results in approximately 40 percent greater risk of having an ER visit as compared to those without a primary psychiatric diagnosis.<sup>10</sup>
- One data review found that individuals categorized in the top 10 percent of persistently high health care spending were more likely to have a history of intellectual disabilities (60.3 percent) than individuals who occasionally had high health care spending.<sup>11</sup>
- These data emphasize the importance of ensuring that mental health needs of adults with I/DD are addressed.

# Potential Impacts of Mental Health Conditions

- Increased emergency services use<sup>12</sup>
- Increased parental or caregiver stress<sup>13</sup>
- Increased use of psychotropic medications<sup>14</sup>
- Poorer long-term outcomes and functioning for the individual<sup>15</sup>
- Increased risk of exclusion, which can be compounded for people with behavior labeled as challenging (e.g., self-injury, aggression):<sup>16,17</sup>
  - Individuals may be left out of community services
  - Individuals may be placed in larger scale congregate and secure accommodations
  - Individuals may be subjected to abuse and restrictive practices

# Navigating Systems of Care

## Barriers to Care Within a Siloed System

- The poor integration between behavioral and physical health systems poses major challenges to effectively meet the complex health care needs of individuals with I/DD and co-occurring mental health conditions.
- Poor integration can lead to a lack of awareness among providers within each system:
  - The I/DD system and the mental health system may each perceive that there are more resources available within the other system to support individuals' needs.
  - I/DD providers may lack the mental health knowledge to identify the source of behaviors and treat both conditions.
  - Mental health providers or programs may exclude adults with only an I/DD diagnosis, preventing access to intensive outpatient or group therapies.

## Siloed System: Provider Perspectives

- Providers who treat the individual aspects of I/DD and behavioral health conditions weighed in on their experience with a siloed health care system:
  - “...ways to get the Mental Health system and Developmental Disability system to work together would be useful. It is sad after all these years we still have people who are in the wrong system. Mental Health says their issues are Developmental Disability and Developmental Disability says their issue are Mental Health and they are stuck in the middle with limited help.”<sup>18</sup>
  - “It's hard to find someone who is comfortable with BOTH mental health and I/DD. Usually, it's one or the other. Despite the fact that very little changes in terms of treatment for these individuals. So, I feel it's just training to become comfortable that is necessary.”<sup>18</sup>
  - “Mental Health in my area seems to be unwilling or lack time to work with me or to attend team meetings where their expertise is invaluable to the team as a whole to support the person with dual diagnosis.”
  - “Direct care staff need to have access to behavioral health consultation for specific clients to develop individualized treatment interventions.”<sup>18</sup>

## Siloed System: Lived Experience Perspectives

- Individuals navigating the siloed health care systems provided insights into their experience such as the value of providers collaborating toward common goals and the benefit of inviting family or other supporters to appointments and team meetings:
  - “I think a big thing is like when ...they all talk together. They all know what can be the issue so they can work together on a solution of what's the best way to fix this.”<sup>18</sup>
  - “You know so everybody's not trying to do different things.”<sup>18</sup>

# Identification and Treatment of I/DD and Mental Health Conditions



# Identification and Treatment of Mental Health Conditions

- Prior to initiating treatment, mental health conditions must be properly identified.
- Data and information are necessary from all important people in the individual's life as part of a whole team approach:
  - Individual
  - Parent or caregivers
  - Providers
  - Educators or work staff
  - Other support staff and professionals
- Challenges persist:
  - Diagnostic overshadowing
  - Communication challenges

# Diagnostic Overshadowing

- Diagnostic overshadowing is negative bias impacting a clinician's judgment regarding co-occurring disorders in individuals who have I/DD.<sup>19, 20</sup>
- Diagnostic overshadowing occurs when:
  - A health professional makes an assumption that a person with I/DD's behavior is part of their disability without exploring factors such as mental health or biological determinants.<sup>19, 20</sup>
  - Psychiatric symptoms are all attributed to the developmental disability.<sup>19,20</sup>
- Diagnostic overshadowing can also impact how a case is conceptualized in general.<sup>19, 20</sup>

# Case Example of Diagnostic Overshadowing

- Autism spectrum disorder and schizophrenia
  - Young woman (age 18) referred for diagnostic clarification
    - Previous diagnosis of autism (as a young child)
    - Used short phrase speech to communicate
    - Mild intellectual disability
  - Family were concerned about
    - Increased agitation
    - Disorganized speech (change from baseline)
    - Odd behavior as if she were seeing things that were not there
  - Treating clinician felt that this was all due to the woman's autism spectrum disorder
    - Failure to understand change from baseline and unique symptoms that were actually symptoms of psychosis

# Barriers to Having an Accurate Description of Symptoms

- Individuals with an intellectual disability or language and communication impairments can have:
  - Difficulty interpreting and reporting their internal states
  - Reliance on secondary reporters to communicate their symptoms
  - Self-report biases, which include:
    - Acquiescence (yea-saying), when an individual agrees with everything someone says rather than providing an authentic response<sup>21</sup>
    - Halo responding, when an individual answers one way to all questions just to be done

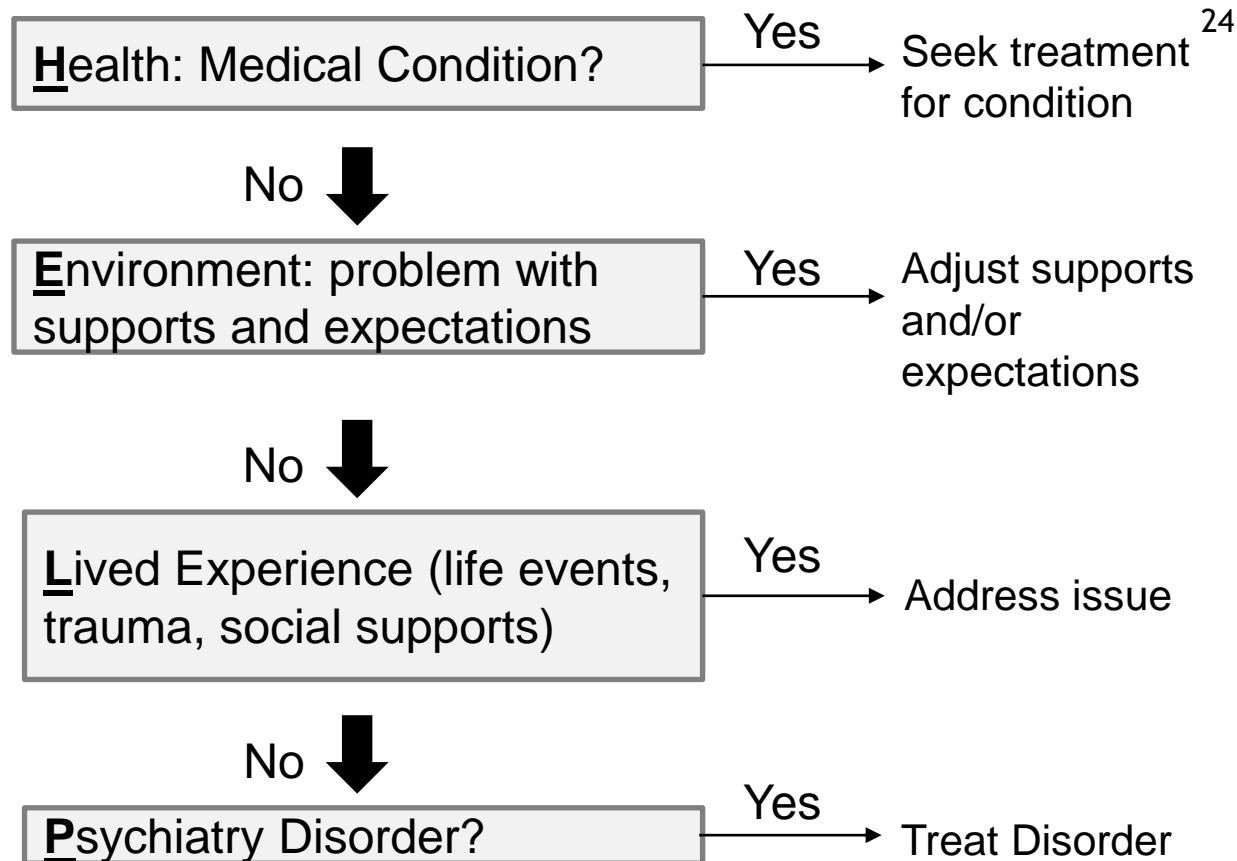
# How to Identify Symptoms of Mental Illness

- Watch the individual for changes in their behavior, such as:
  - Increased agitation or energy level
  - Decreased energy level
  - Loss of interest in activities
  - Problems sleeping
  - Weight loss or gain
- Listen to the individual
  - Are they reporting feelings such as sadness or worry?
- Track the individual's mood
  - Are you seeing patterns to the behavior?
- Speak with the individual's primary care physician or request a referral for mental health evaluation

## Considerations in Symptom Identification

- **Recognition:** It may be difficult for providers and caregivers to recognize the presentation of mental disorder within an I/DD, especially when individuals are not able to advocate for their own needs.<sup>22, 23</sup>
- **Role of Caregivers:** Caregivers and support people play a significant role in the identification of mental health needs in people with I/DD, as they are most aware of the individual's patterns and typical disposition.<sup>22, 23</sup>
- **Timing:** Mental health professionals often report a belief that family members did not seek help until they were unable to manage.<sup>22, 23</sup>

# Applying the HELP Model for Identifying Behavior Changes



## Individual presenting with behavioral or emotional concerns

Individual strengths
Individual vulnerabilities
Precipitating events
Maintaining circumstances

# Considerations for Behavior Changes

## ■ **Physical Health**

- Are medical contributions assessed?
  - Hearing or ear infections
  - Gastrointestinal distress, urinary issues, or menstrual cramps
  - Dental conditions
  - Thyroid dysfunction, seizures, or vitamin D deficiency

## ■ **Environmental Factors and Lived Experience**

- Is there a change in the support system or presence of someone important in their life?
  - A death or separation from a parent, family member, or caregiver
  - A change in support staff or if a long-time support staff is no longer involved
  - A roommate change
- Do family, support staff, or others have appropriate expectations for their support?
- Does the individual have access to adequate activities or social connectedness (e.g., an adult day health program)?



## Considerations for Behavior Changes, cont.

### ■ Trauma

- Research shows that individuals with I/DD are at significantly more risk of Adverse Childhood Experiences and other forms of abuse and neglect as compared to the general population.
- Individuals with a disability are 4 times as likely to be victims of crime and 3.4 times more likely to be neglected.<sup>25, 26</sup>
- Approximately half will experience 10 or more traumatic events.<sup>27</sup>
- Many different types of events can be experienced as traumatic, including:
  - Loss of or moving of staff
  - Undergoing a medical procedure
  - Loss of control in a specific situation or with a specific person

# Vulnerabilities That May Increase Risk for Traumatic Events

- **Systemic** vulnerabilities:<sup>28</sup>
  - High levels of stress within the family
  - Mobility challenges
  - Greater need for reliance from caregivers or significant others
  - Trained compliance to authority figures
- **Personal** vulnerabilities:<sup>27, 28</sup>
  - Restricted ability to communicate
  - Difficulty predicting high-risk situations
  - Difficulty understanding abusive situations as abusive
- **Societal** vulnerabilities:<sup>28</sup>
  - Lower likelihood of education about human sexuality
  - Stigma or societal assumptions about individuals with disabilities

# How Can I/DD Providers and Support Staff Support Mental Health?

- Research suggests that the use of mental health services by individuals with I/DD does not match the prevalence rates of mental illness in this population.<sup>23</sup>
- Providers and support staff can help promote access to care by:
  - Identifying changes in behavior
  - Being supportive of referral seeking
  - Assisting with arranging transportation
  - Being involved in the therapy, as appropriate

## State of Mental Health Treatment and Research for the I/DD Population

- There is a growing body of literature supporting the benefits of psychotherapy for adults with I/DD, including:
  - Dialectical Behavioral Therapy<sup>29, 30</sup>
  - Cognitive Behavioral Therapy<sup>31</sup>
  - Mindfulness<sup>31, 32, 33</sup>
- Overall, the research base for the treatment of mental health conditions is rapidly expanding, with an ever-increasing realization that individuals with I/DD benefit from psychotherapy.<sup>31, 34, 35</sup>
- The World Health Organization reviewed 92 studies on the topic. Nine of these studies met criteria for inclusion in their meta-analysis. The results of their expert consensus rating system suggested that for the average study, psychotherapy produced significant change in at least two-thirds of measures included.<sup>34</sup>

## What Next?

- Clinicians should make recommendations specific to the individual and their mental health needs.
  - Treatment should be multifaceted, including:
    - Medication
    - Therapy
    - Behavioral support as needed
  - Recommendations on environmental, educational, and work supports can be highly impactful and reduce relapse.
  - Having a plan in place for emergency situations can help all team members meet the mental health needs of individuals when they are in crisis.

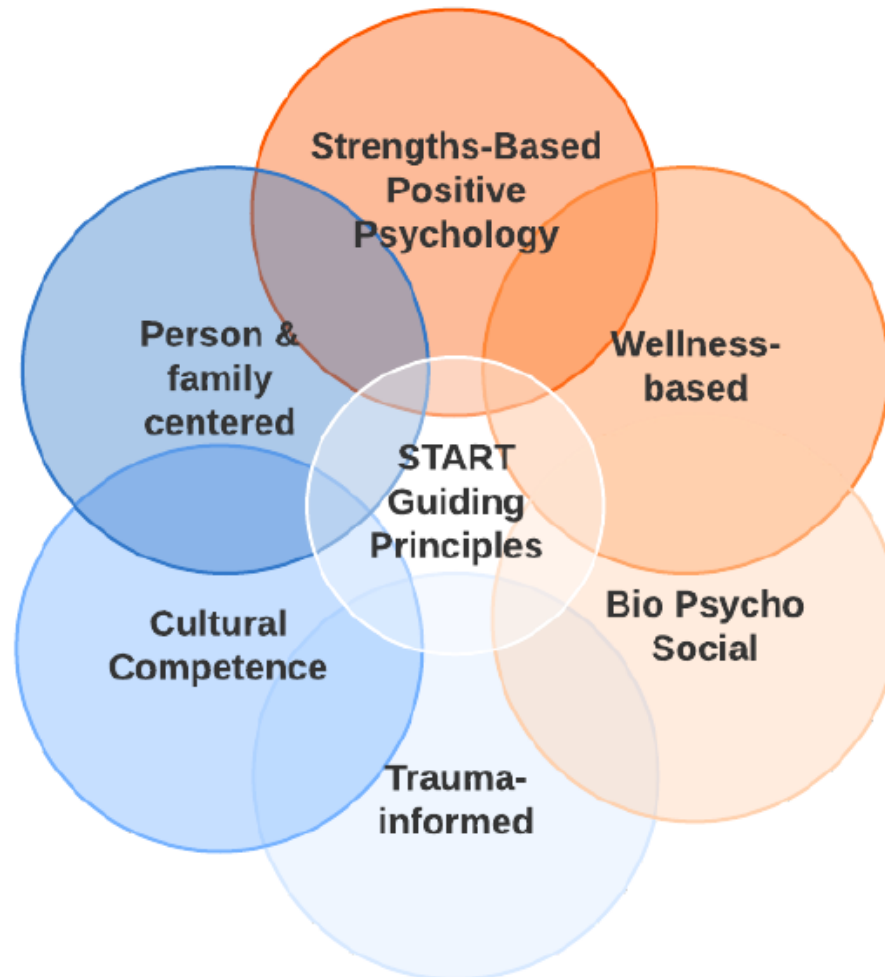
# Supporting the System



**Olivia Ayers, LMHC,  
LPC**  
Clinical Director, Elevate,  
CCBHC



# START Guiding Principles

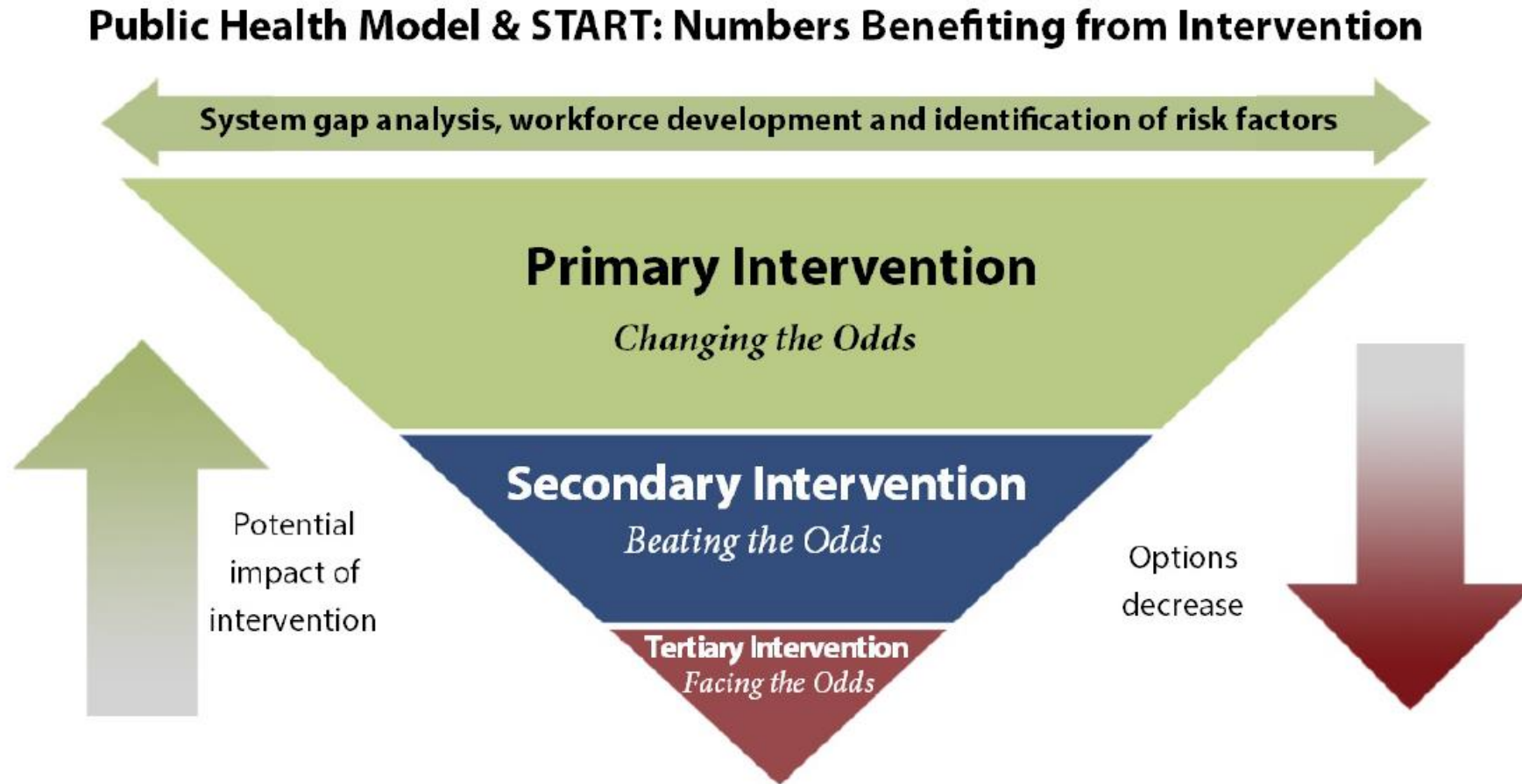


# The Public Health Model

- **Primary**
  - Services provided to the community to build capacity to serve persons with intellectual disabilities and co-occurring mental health concerns.
- **Secondary**
  - This is the area we spend most of our time. This includes services provided to the system and individual directly that either supports the individual themselves or supports their system in supporting the individual served.
- **Tertiary**
  - These are emergency services, emergency department, hospitalization, ambulance, law enforcement, etc. These are reactive services that are typically very costly.

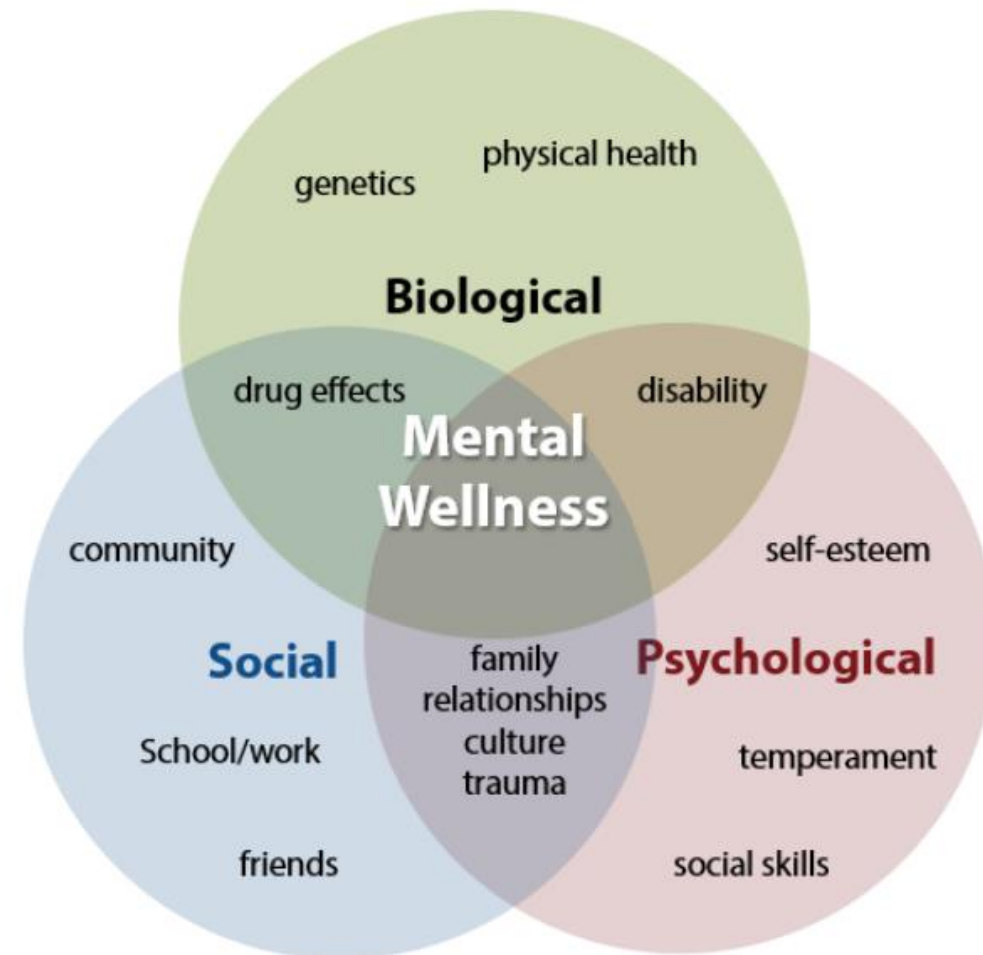


# Public Health Model



# Biopsychosocial

- Biological, psychological and social/environmental factors are considered.
- This is a holistic approach to problem solving and prompts wellness.
- Know/learn the individual's baseline functioning so you can assess for changes.



## Biopsychosocial, cont.

- Assessing biopsychosocial factors ensures we catch what we might have otherwise missed.
- A biopsychosocial lens helps to prevent unnecessary interventions and guides us to the best intervention possible.
  - Example: We served an individual that began hitting his head on walls, he started hitting staff and yelling, declining to engage in activities and was non-verbal. This individual was taken to the emergency department (many times), psychiatrically hospitalized (multiple times) and was given antipsychotic medications after many months of this behavior. We later found he was having severe migraines and need a PRN medication offered when he began to pace and hit his head.
- Behavior is a primary mode of communication, and a biopsychosocial lens helps us to think outside our expertise and instead explore holistically what this behavior might be communicating.

# START's Three As

- **Access**
  - Access to care means providing inclusive, timely, and community-based services.
- **Appropriateness**
  - Appropriateness of care is reflected in the ability of providers to meet the needs of an individual. This requires linkages to service providers who are trained and supported due to the complexity of needs.
- **Accountability**
  - Service systems must be accountable to everyone involved in a person's care. There must be an understanding of each partner's role and responsibilities. Outcome measures must be clearly defined, and review of data must be frequent and ongoing. Accountability also means providing cost effective services. Finally, accountability is a measure of the ability of a system to adapt to change in individual service needs.

# Positive Psychology

- Positive psychology is a wellness and strength-based approach.
  - The absence of crisis is not wellness.
- Person/family/system-centered language is important to creating an environment of solution-focused positive outlook within a team.
  - Complaints vs Reports
  - Attention Seeking vs Seeking Connections
  - Non-complaint vs their choice is...
  - Difficult family member vs a strong advocate or invested in the individual's wellbeing

**P**



POSITIVE  
EMOTIONS

**E**



ENGAGEMENT

**R**



RELATIONSHIPS

**M**



MEANING

**A**



ACCOMPLISHMENT

**+**



PLUS

# VIA Character strengths



## Systems Functioning

- Every system has or is looking for homeostasis, this is achieved through the system's unspoken rules (group norms). Each system you support will have its own set of unspoken rules, part of what you are doing in care coordination is learning those rules so you can join the system and make small shifts in thinking.
- Resistance is a common reported concern for individuals within a system. Change (good or bad) shakes up the homeostasis. Resistance comes from a place of stress and anxiety, and we need to understand where that resistance is coming from, validate it, and support the system to make changes.



## Care Coordination

- Develop a common goal with the system. This can be very general at first but having a common goal gives your system something to come back to when needed.
  - Example goal: “We want Suzie to be healthy and happy.”
- Join the system, understand the unspoken rules and join with them in the system’s common goal. Once you have joined the system, you can find opportunities to bring new ideas to the team that shift their thinking and intervention.

# Active Listening

- Paraphrasing
  - Saying the same thing back with different words
  - Allows the person to really hear what they are saying and process
- Summarizing
  - Reiterate the highlights
  - Keeps focus
- Clarification
  - Additional explanation
  - Develop (a common goal, crisis plan, future interventions, etc.)
- Reflection
  - Rephrase
  - Allows the person hear their thoughts in a new light

## Interdisciplinary Consultation

Consultation is a fantastic tool to support a system in next steps. The biopsychosocial model calls for an interdisciplinary team including medical (nurse, primary care, neurologist, gastroenterologist, nurse practitioner, etc.) psychological (therapist, psychologist, psychiatrist, etc.) and social. Many times, social is filled by all members who are a part of the interdisciplinary team, but various paid supports can also represent this role (residential staff, host home provider, case manager, job coach, etc.). One or more of a system's biopsychosocial representatives collaborate and explore the challenges experienced by the individual from their different areas of expertise to provide biopsychosocial recommendations.

# Polypharmacy

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“The simultaneous use of multiple drugs to treat a single ailment or condition.”<sup>37</sup>

# Polypharmacy

- Missing biopsychosocial factors greatly contribute to polypharmacy. High levels of physical aggression, property destruction, suicidal ideations and attempts, etc. can result in polypharmacy in hopes of decreasing the behavior and the need for tertiary services.
- Polypharmacy does not treat the root cause, if we are treating depression with multiple antidepressant medications but missing the root cause of low vitamin D levels, we are not going to see the improvement we want to see in depression symptoms and we will likely see undesired side effects from the medications.

# Intellectual Disabilities and Polypharmacy

- O'dwyer et al. (2016) completed a study that showed most adults with intellectual disabilities over the age of 40 were experiencing “excessive” (10 or more medications) polypharmacy.
- Individuals with intellectual disabilities are 3x more likely to experience polypharmacy than the neurotypical population.<sup>38, 39</sup>
- Medications are often being used “off-label” (or not for its intended purpose). For example, a person with intellectual disability may be on multiple antipsychotic medications without any diagnosis or symptoms of psychosis. Medications are prescribed “off-label” typically to decrease unwanted challenges (physical aggression being the most common). Prescribing off-label medications is not FDA approved because the effects are unknown.<sup>40</sup>

## Impact of Polypharmacy

- Polypharmacy is correlated with falling, adverse drug interactions, mortality, use of hospitalizations with an increased length of stay and readmission to the hospital sooner after the original discharge.<sup>41, 42</sup>
- Polypharmacy is associated with increased health care costs and impairing the individual's overall functioning.<sup>41</sup>
- Polypharmacy can lead to very complex drug interactions that can be fatal in nature.<sup>40</sup>
- Polypharmacy is not only decreasing life expectancy, but it is decreasing the quality of life.<sup>40</sup>

# Sedation

- Many medications that cause sedation are used in the intellectual disability population. Sedation is effective in decreasing crisis, although the absence of crisis is not wellness and sedation through medications often leads to other costs such as the decline in quality of life and increased hospitalizations with longer hospital stays.<sup>40, 41, 42</sup>



# Knowledge is Power!

- Encourage the system to know why medications are being prescribed.
  - Watch for side effects of the medications; medical (constipation), psychological (depression), and social (sedation) are just one example of a common side effect to watch for and report to the physician.
  - Assess if the medication is working. If the medication was given to decrease physical aggression and physical aggression has not decreased, report this to the physician so this medication can be removed and something else is tried rather than adding another medication.
- Take what you know to an interdisciplinary team for review.

# Knowledge is Power!

- Medications That Cause Sedation
  - Antidepressants
    - Tricyclic Antidepressants: All medications in this class
    - Trazodone
    - Remeron (mirtazapine)
  - Antipsychotics
    - Thorazine (chlorpromazine)
    - Mellaril (thioridazine)
    - Clozaril (clozapine)
    - Zyprexa (olanzapine)
    - Seroquel (quetiapine)
    - Risperdal (risperidone)
    - Geodon (ziprasidone)
  - Anticonvulsants:
    - Tegretol (carbamazepine)
    - Ethosuximide, Keppra (levetiracetam)
    - Trileptal (oxcarbazepine)
    - Phenobarbital
    - Dilantin (phenytoin)
    - Depakene (valproic acid)
  - Benzodiazepines: All medications in this class

# Poll

- Would you be interested in a follow-up webinar related to the topic of I/DD and behavioral health?
  - No, this is not a priority for our organization
  - Yes, pertaining to polypharmacy
  - Yes, pertaining to integrated care
  - Yes, pertaining to care management
  - Yes, pertaining to \_\_\_\_\_ (open text, please use the Q&A function to capture your response)

## Discussion Panel



**Pat Nobbie, Ph.D.**  
Family Caregiver; experience  
in state, congressional, federal,  
and private sectors



**Andrea Witwer, Ph.D.**  
Director of Training and  
Outreach, Assistant Clinical  
Professor, Department of  
Psychiatry and Behavioral  
Health, Nisonger Center



**Olivia Ayers, LMHC, LPC**  
Clinical Director, Elevate CCBHC

## What kind of support do family members or caregivers who support an individual with I/DD and a behavioral health condition need?



### **Pat Nobbie, Ph.D.**

Family Caregiver; experience  
in state, congressional, federal,  
and private sectors

## How can a plan integrate family and caregivers into an individual's care team and also support the entire care team?



**Pat Nobbie, Ph.D.**

Family Caregiver; experience  
in state, congressional, federal,  
and private sectors

## In your experience, what is the most helpful action a health plan can take to support individuals with I/DD and a behavioral health condition and their support network?



**Pat Nobbie, Ph.D.**  
Family Caregiver; experience  
in state, congressional, federal,  
and private sectors



**Andrea Witwer, Ph.D.**  
Director of Training and  
Outreach, Assistant Clinical  
Professor, Department of  
Psychiatry and Behavioral  
Health, Nisonger Center



**Olivia Ayers, LMHC, LPC**  
Clinical Director, Elevate CCBHC

## What are the key indicators (e.g., environmental, physical, behavioral) that could prompt action to:

- Prevent adverse outcomes?
- Prevent ER utilization or inpatient hospitalizations?
- Make changes in medication?
- Address social determinants of health?



**Pat Nobbie, Ph.D.**

Family Caregiver; experience in state, congressional, federal, and private sectors



**Andrea Witwer, Ph.D.**

Director of Training and Outreach, Assistant Clinical Professor, Department of Psychiatry and Behavioral Health, Nisonger Center



**Olivia Ayers, LMHC, LPC**

Clinical Director, Elevate CCBHC



## Can you talk about how community-based organizations support meeting the needs of individuals with I/DD and a behavioral health diagnosis?



**Pat Nobbie, Ph.D.**  
Family Caregiver; experience  
in state, congressional, federal,  
and private sectors



**Andrea Witwer, Ph.D.**  
Director of Training and  
Outreach, Assistant Clinical  
Professor, Department of  
Psychiatry and Behavioral  
Health, Nisonger Center



**Olivia Ayers, LMHC, LPC**  
Clinical Director, Elevate CCBHC

# Audience Q&A



## **Pat Nobbie, Ph.D.**

Family Caregiver; experience in state, congressional, federal, and private sectors



## **Andrea Witwer, Ph.D.**

Director of Training and Outreach, Assistant Clinical Professor, Department of Psychiatry and Behavioral Health, Nisonger Center



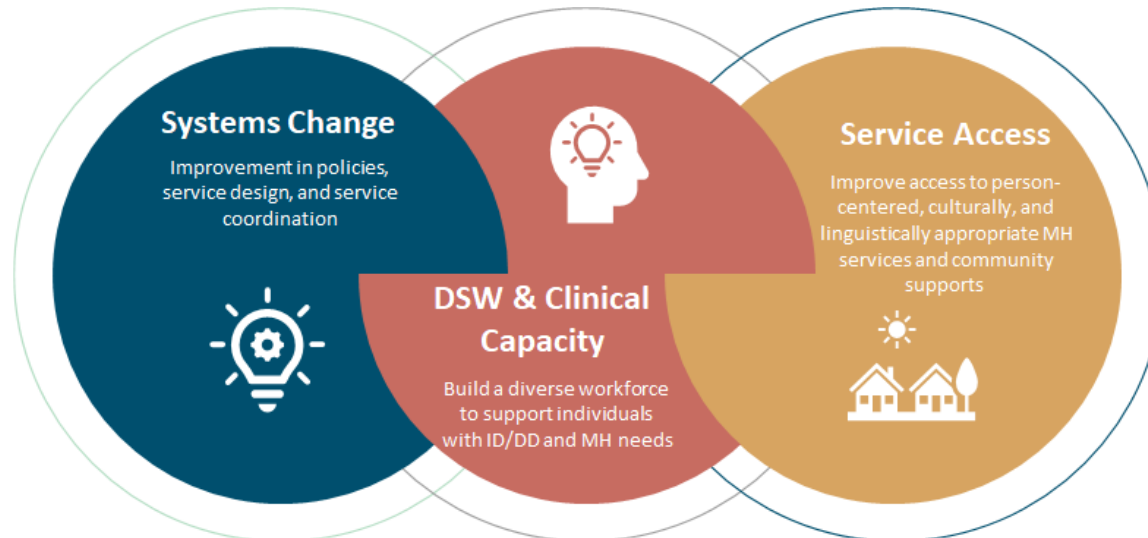
## **Olivia Ayers, LMHC, LPC**

Clinical Director, Elevate CCBHC



Administration for Community Living  
National Center for People  
Experiencing I/DD and Mental Health  
Support Needs

**A national training center for building capacity in state and local service systems to support individuals with co-occurring intellectual and developmental disabilities.**





Led by

- ❑ The National Association of State Directors of Developmental Disabilities Services - NASDDDS

In collaboration with

- ❑ The National Association of State Mental Health Program Directors - NASMHPD
- ❑ NADD formerly The National Association for the Dually Diagnosed - NADD

For More Information Contact: [TheLinkCenter@nasddd.org](mailto:TheLinkCenter@nasddd.org)  
The Link Center Website Coming Soon!

## Project Components

Steering Committee  
Comprised of  
Individuals  
with Lived  
Experiences

Shared Learning  
Groups  
(Communities  
of Practice)

- Individuals
- Families
- Direct Support Professionals
- Clinical Professionals
- Policy makers

Availability of  
Subject Matter  
Experts -  
Including  
Federal  
Partners

# Thank You for Attending!

- The video replay and slide presentation will be available at <https://www.resourcesforintegratedcare.com>
- If you are applying for NASW continuing education, you must complete the post-test in order to receive credit:
  - NASW continuing education: <https://www.surveymonkey.com/r/KPCLX3P>
  - You must earn a score of 80 percent or higher on the post-test to receive NASW continuing education credit. You may take the post-test multiple times.
  - If you complete the requirements to earn NASW continuing education credit, we will email you a certificate of achievement.
- Questions? Please email [RIC@lewin.com](mailto:RIC@lewin.com)
- Follow us on Twitter at [@Integrate\\_Care](https://twitter.com/Integrate_Care) to learn about upcoming webinars and new products!

## Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar:  
<https://www.surveymonkey.com/r/9YP9B7T>
- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources:  
<https://www.surveymonkey.com/r/BW2H79Y>

## Upcoming Webinar – Link coming soon!

- **Title:** Addressing Menopause and Health Across the Life Course for Dually Eligible Women with Disability Webinar
- **Date:** October 16, 2023, from 3:00-4:30 pm ET
- **Learning Objectives:** By the end of this webinar, participants should be able to:
  1. Identify the unique challenges experienced by dually eligible women living with disability with a particular focus on preventive health and health equity.
  2. Describe actionable strategies that providers or health plans can use to enhance DCC for women living with disability pre-menopause and post-menopause.
  3. Discuss approaches that support health promotion for women with disability during and after the menopausal transition.

# RIC Resources

1. RIC Behavioral Health & I/DD page: <https://www.resourcesforintegratedcare.com/behavioral-health-idd/?csrt=8505406441638526710>.
2. Addressing Polypharmacy in Dually Eligible Individuals with I/DD: A Spotlight on Partners Health Plan: <https://resourcesforintegratedcare.com/wp-content/uploads/2022/08/Addressing-Polypharmacy-in-Dually-Eligible-Individuals-with-IDD-A-Spotlight-on-Partners-Health-Plan.pdf>.
3. Strategies For Improving Care Coordination For Individuals With Intellectual And Developmental Disabilities (I/DD) Webinar: [https://www.resourcesforintegratedcare.com/2022\\_ric\\_webinar\\_strategies\\_improving\\_care\\_coordination\\_individuals\\_intellectual\\_and\\_developmental\\_disabilities/?csrt=8505406441638526710](https://www.resourcesforintegratedcare.com/2022_ric_webinar_strategies_improving_care_coordination_individuals_intellectual_and_developmental_disabilities/?csrt=8505406441638526710).
4. Promising Practices For Utilizing Motivational Interviewing (MI) To Improve Care Coordination And Address Social Determinants Of Health (SDOH) Webinar: [https://www.resourcesforintegratedcare.com/2023\\_ric\\_webinar\\_promising\\_practices\\_for\\_utilizing\\_motivational\\_interviewing\\_mi\\_to\\_improve\\_care\\_coordination\\_and\\_address\\_social\\_determinants\\_of\\_health\\_sdo/](https://www.resourcesforintegratedcare.com/2023_ric_webinar_promising_practices_for_utilizing_motivational_interviewing_mi_to_improve_care_coordination_and_address_social_determinants_of_health_sdo/).
5. Promising Practices For Promoting Person-Centered Communication And Care Coordination webinar: [https://www.resourcesforintegratedcare.com/2023\\_ric\\_webinar\\_promising-practices-for-promoting-person-centered-communication-and-care-coordination/](https://www.resourcesforintegratedcare.com/2023_ric_webinar_promising-practices-for-promoting-person-centered-communication-and-care-coordination/).
6. Supporting Individuals With Intellectual And Developmental Disabilities (I/DD) As They Age: [https://www.resourcesforintegratedcare.com/supporting\\_individuals\\_with\\_idd\\_as\\_they\\_age/?csrt=8444292617610763720](https://www.resourcesforintegratedcare.com/supporting_individuals_with_idd_as_they_age/?csrt=8444292617610763720).
7. Professional Development Webinar Series: Pharmacology and Developmental Disabilities: <https://www.resourcesforintegratedcare.com/pharm-and-dd-tax/?csrt=14091385738077370062>.
8. Care Transition Toolkit For Persons With Mental Health & Co-Occurring Conditions: <https://www.resourcesforintegratedcare.com/overview/>.
  - a) Medication Record: <https://www.resourcesforintegratedcare.com/wp-content/uploads/2015/09/4-Medication-Records.pdf?csrt=4122150973600638175>



## RIC Resources, cont.

9. Disability-Competent Care Self-Paced Training Assessment Review Tool (DCC-START):  
<https://www.resourcesforintegratedcare.com/wp-content/uploads/2023/07/DCC-START-Resource-Guide-508.pdf?csrt=13091845035842300086>.
10. Disability-Competent Care: <https://www.resourcesforintegratedcare.com/disability-competent-care/?csrt=8050070988180217778>.
11. Disability-Competent Care Self-Assessment Tool: <https://www.resourcesforintegratedcare.com/disability-competent-care-self-assessment-tool/?csrt=12508593988040527902>.
12. Updated [DCC-START Resource Guide](#) – now available!
  - The [Disability-Competent Care Self-paced Training Assessment Review Tool](#) (DCC-START) is intended to assist health plans, health systems, and health care provider organizations with strengthening their efforts to provide integrated, coordinated care to their members with disability. The DCC-START assesses an organization's [Disability-Competent Care](#) training materials and identifies opportunities for augmentation and enhancement.
  - The DCC-START complements the [Disability-Competent Care Self-Assessment Tool](#) (DCCAT), which is used by health plans and organizations to evaluate their disability-competent care capabilities.
  - The updated DCC-START Resource Guide provides a detailed list of resources that can be used to address the opportunity areas identified by the DCC-START.

## Additional Resources

1. Mental Illness/Intellectual Disability Coordinating Center of Excellence: <https://dodd.ohio.gov/about-us/MIID/MIDD>.
2. Resources for People with Developmental Disabilities: <https://www.porticonetwork.ca/web/hcardd/healthcareresources/people-with-developmental-disabilities-and-caregivers>.
3. Sample Medical Summary and Emergency Care Plan: <https://www.gottransition.org/6ce/?leaving-medical-summary-emergency-plan>.
4. OCALI Autism Internet Modules: <https://autisminternetmodules.org/>.
5. Bridging Mental Health and ID/DD: An Interdisciplinary Approach to Meeting Mental Health Needs in ID: [https://www.youtube.com/watch?v=4iFRLYz3JY8&list=PLm6qH9PB5cC\\_XYshLDswcl0UVy4JPu6JF](https://www.youtube.com/watch?v=4iFRLYz3JY8&list=PLm6qH9PB5cC_XYshLDswcl0UVy4JPu6JF).
6. National Center for START Services™ Program Resources: <https://centerforstartservices.org/resources>.
7. American Family Physician: Polypharmacy: Evaluating Risks and Deprescribing: <https://www.aafp.org/pubs/afp/issues/2019/0701/p32.html>.
8. National Association of State Directors of Developmental Disability Services: <https://www.nasdds.org/nasdds-knowledge-center/>.
9. SNP Alliance: Changing Policy and Practices for High-Risk Beneficiaries: <https://snpalliance.org/>.
10. Charting the LifeCourse: <https://www.lifecoursetools.com/>
11. The Ohio State University, Nisonger Center, Rehabilitation Research and Training Center on Health and Function for People with Intellectual and Development Disabilities: <https://www.rtcnisonger.org/>

## Additional Resources, cont.

12. National Center for START Services™: Institute on Disability University of New Hampshire. (2022). *I/DD-MH Prescriber Guidelines: Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities*. Retrieved from <https://centerforstartservices.org/IDD-MH-Prescribing-Guidelines>.
  - This resource can be shared with all system members and includes information for:
    - Prescribing medications
    - The environment
    - Persons with I/DD-MH lived experience and expressed desires
    - Sensory considerations
    - Consideration of triggers
    - Cultural competence and more!

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