THE STATE OF SERVICES FOR DUALLY DIAGNOSED TEXANS

Over the past two decades, states have been challenged to find the most efficient and effective ways to provide integrated services for individuals with a dual diagnosis of ID/MH. The State of Texas is no exception. The challenge is compounded in states like Texas which have geographically large, rural areas where trained service professionals are scarce. To know "The State of Services for Dually Diagnosed Texans," a look back at the history of how services have been provided is required.

Over the past 20 years, the State of Texas has made some changes in ways it provides services to individuals with a dual diagnosis of ID/MH. Some state residential facilities have been closed. Some state agencies have been re-organized. Community based services have been expanded. But expansion and integration of services for individuals with a dual diagnosis of ID/MH have consistently lagged behind, and are critically scarce in rural service areas.

Since 2001, the Texas Legislature has reviewed the issue of providing services to individuals with a dual diagnosis of ID/MH. During the 77th Session, legislators required the Texas Department of Mental Health and Mental Retardation (TDMHMR) to develop a plan to improve service delivery to individuals with a dual diagnosis (SB 1, 2001). The completed plan was presented to lawmakers during the 78th Legislative Session (Texas Department of Mental Health and Mental Retardation, 2002), however, at the same time, lawmakers split the agency and placed agency services under two others. MH programs were placed with the Texas Department of Health Services (DSHS). ID programs were placed with the Texas Department of Aging and Disability Services (DADS). Since the separation, little progress has been made toward implementation of the recommendations in the report.

In 2005, the 79th Legislature funded a grant for development of a pilot project model for serving individuals with a dual diagnosis of ID/MH (HB 1, 2005). The grant was awarded to Project Janus, a non-profit organization dedicated to enhancing services for people with a dual diagnosis of ID/MH. Located in San Angelo, Project Janus was selected because of its geographic proximity to both state and community based services and because the service area is rural (16,000 square miles, population density of 9.4 per square mile).

Under this grant, Project Janus developed an end-user model for serving individuals with a dual diagnosis of ID/MH in a rural area. The proposed model could provide more seamless integration of ongoing and crisis intervention services, if access to qualified professional service providers were available. In its report, Project Janus (2007) highlighted that successful implementation would require changes to the state's funding methodology. State law would also require changes to open access to effective available service providers.

In 2007, the 80th Legislature did not increase funding levels or implement the proposed pilot model.

Legislators did, however, renew the grant to Project Janus through the Texas Health and Human Services Commission (HHSC) budget for the FY '08-'09 biennium (SB 1, 2007). Grant focus was expanded to include identifying barriers to service access for individuals with a dual diagnosis of ID/MH, especially in rural areas. Identifying best practices in other states that might be adapted for use in Texas was also added to the mission. Project Janus will report proposed solutions for existing barriers and possible adaptations of best practices from other states (HHSC Amendment 529-06-0409-0001A, 2007). Proposed solutions could ease service access for individuals with a dual diagnosis of ID/MH and create a more integrated structure between public and private providers.

WHAT IS PROJECT JANUS?

Project Janus, Inc. is a community driven non-profit dedicated to finding the most effective/efficient methods for providing comprehensive services to individuals with a dual diagnosis of ID/MH. The organization was created over five years ago by area representatives from health service providers (public and private), law enforcement, educational systems, and community leaders. These individuals recognized that persons with a dual diagnosis of ID/MH were the most difficult to effectively serve in this predominantly rural area. They also believed that through a unified effort, individuals with a dual diagnosis of ID/MH could receive all of the services to which they were entitled.

Since its inception, Project Janus has developed a training program for individuals who work directly with individuals with a dual diagnosis of ID/MH, formulated a model for day-habilitation which includes specialized services that best meet the needs of individuals with a dual diagnosis, and served as a liaison between state, regional and private providers throughout the area.

During the past year, Project Janus has concentrated its work in researching existing law for barriers to service for individuals with a diagnosis of ID/MH and investigating best practices in other states for adaptation to the Texas system. This work was based on four specific premises:

1) **Individuals with a dual diagnosis of ID/MH should receive all of the support services to which they are entitled.**
2) **Individuals with a dual diagnosis of ID/MH should be able to access their needed services within the communities where they live**
3) **There will always be a need for state operated facilities within the State of Texas, particularly in rural areas.**
4) **Texas can learn from other states.**

CURRENT TEXAS STRUCTURE FOR PROVIDING ID/MH SERVICES

Texans with a dual diagnosis of ID/MH currently access services through a variety of venues. Some receive them through state facilities, some through regional MHMR Centers and some through private providers. Many receive services under the Medicaid Waiver programs, but waiting lists of qualifying individuals remain long.

Current Texas law separates service providers. MH services are located in one agency (DSHS). ID services are located in another agency (DADS). Community MHMR Service Centers operate independently from state facilities and are charged with qualifying individuals for services/waivers and coordinating with private providers to provide information about where services can be obtained. Private providers operate independently from each other and from MHMR Centers. Neither MHMR Service Centers nor private providers can directly access the specialized services available at state residential facilities (L. Rutland, personal communication, 10/10/2007).

This current system/structure for providing services to individuals with a dual diagnosis of ID/MH presents unique problems.

First, the current system is one of barriers, rather than walkways. The barriers are especially high for those with a dual diagnosis of ID/MH who either receive services based on their diagnosis of ID through DADS, or services based on their MH diagnosis through DSHS. They cannot receive both (A. Khalsa, personal communication, 8/8/2007).

The present system/structure creates gaps in services which cannot be addressed under existing law. Uniquely qualified professionals with expertise in serving individuals with a dual diagnosis of ID/MH may live in a community, but if these professionals are employed by state facilities, their expertise and services are unavailable to community service providers. Because of this separation, individuals residing in state operated ICF/MR facilities may successfully transition to community placement. However, if later, the individual experiences a crisis, he/she no longer has access to the specialized services provided only at state facilities. In addition, no formal crisis intervention program is established by the State of Texas. Many times the result is individuals in crisis giving up community placements and being re-admitted to state facilities to receive the specialized services they require.

There is a severe shortage of service providers for individuals with ID/MH throughout the state, and the problem is critical in rural areas. In the Concho Valley, where Project Janus is located, the service area covers 16,000 sq. mi., and the population is approximately 150,000. With a low population density of 9.4 persons per square mile, it is the norm for professionals with expertise in serving individuals with a dual diagnosis of ID/MH to be

employed at a state facility, rather than operate a private practice in the community (P. Baugh, personal communication, 8/6/2007)

The result is that individuals with a dual diagnosis of ID/MH who require specialized services but live in the community must go without, or settle for community treatment alternatives targeted for individuals with a single diagnosis of ID or MH, but not both. When this happens, individuals with a dual diagnosis of ID/MH are unable to access the services in the community where they live and do not receive the support services to which they are entitled.

Finally, individuals with a dual diagnosis of ID/MH are always at risk of losing their community placements. Individuals with a diagnosis of ID/MH will have ID all their lives, but they may only experience MH issues periodically. When they are not experiencing MH issues, they may function similarly to others with a single diagnosis of ID and do well in the community. But when these individuals are also experiencing symptoms of MH, the ID supportive service model is not enough. Instead, additional MH treatment approaches designed specifically for individuals with ID must be incorporated into the person's supported living model of services. In most communities, and almost all rural areas, professionals with experience in providing these additional MH treatment approaches have limited or no availability, and families and/or group homes are not prepared or qualified to provide the services directly (P. Baugh, 8/2007).

Consequently, individuals with a dual diagnosis of ID/MH live "on the edge" of losing community placements all the time. In other words, they can live in the community when mental illness issues are not "actively in play." However, if these individuals develop MH issues, more often than not, they return to a state facility. If they are re-admitted to a state facility, the group home will fill the bed with someone from the lengthy waiting list. Once individuals in crisis stabilize and are ready to return to live in the community, they find no home to go back to, because someone else is now living there. This puts significant strain on both providers and individuals with a dual diagnosis of ID/MH (L. Rutland, 10/2007). All know that this cycle exists. All want it to be different. Under current Texas law, little can be done to change it.

WHAT DO OTHER STATES DO?

The current HHSC grant to Project Janus includes the mission to study ways other states provide services to individuals with a dual diagnosis of ID/MH and to identify best practices that might be incorporated into the Texas model. For the past year, Project Janus has researched best practices in other states, and while there many different "best practices" across the nation, there seem to be four basic types that Texas should review in its effort to modify the

state's plan for serving individuals with the dual diagnosis ID/MH.

The first best practice is the inclusion of crisis intervention services in the service array offered to constituents with a dual diagnosis of ID/MH. Crisis intervention services are provided in many states and in various forms from the START Model in Boston (Bridgewell Counseling Services website, , 7/2008) to the area services model in Ohio (L. Ferrell, personal communication, 5/28/2008). Regardless of methods used, these services address the crisis situation at its onset and include strategies designed specifically for assisting individuals with this dual diagnosis. Access to these services is essential to insuring that these individuals have the greatest opportunity to continue to live in their community based settings rather than in large state facilities.

Another successful best practice is the use of a "step-down" and/or "step-up" residential program. This type of program serves as a transitional housing alternative for individuals in danger of losing their community placements, and for those exiting a state institution who are not fully ready to live in the community. The Woodbridge Center, funded by the State of Connecticut, is a 6-bed short term residential unit, serving the entire state. Woodbridge provides residents with a full battery of services to help individuals with a diagnosis of ID/MH make a successful transition from the state hospital to community life. It also provides services to individuals living in the community who are at risk for being re-admitted to a state psychiatric hospital. For these residents, in addition to the their treatment services, Woodbridge offers support services and training to family members and/or private provider staff to aid the individuals to successfully transition back to the community, rather than being readmitted to a state hospital (S. Robson, personal communication, 5/12/2008).

The third best practice is a combination of the best parts of the first two, namely, state institutions providing some specialized resource services (crisis intervention, day-habilitation, step-up, step-down, etc.) for local communities on an "as needed" basis. This model from the State of Iowa recognizes that at times, professionals at state institutions can provide higher levels of expertise in meeting the needs of individuals with a dual diagnosis of ID/MH than may be available in the community. It also recognizes that gaps in service in one community may differ from gaps in service in another community and gives state and private providers the flexibility to do what is needed, where it is needed. In addition, this type of system is particularly advantageous to individuals with a dual diagnosis of ID/MH who live in rural areas, where easy access to specialized community services is extremely low (R. Shannon, personal communication, 5/27/2008).

The final best practice involves using the Medicaid waiver system to enhance services for individuals

with a dual diagnosis of ID/MH. Some states include crisis intervention services in their HCBS waivers. Some states are implementing the "money follows the person" model for waiver services (D. Johnson, personal communication, 5/29/2008). Some states, including Texas, are researching ways to create a specific waiver for individuals with a dual diagnosis of ID/MH to meet the unique and complicated needs of these specific individuals.

The above list does not provide the full menu of "best practices" being used across our nation. Instead, these four were chosen because they are the primary ones that could immediately fill the most critical gaps in service for constituents with a dual diagnosis of ID/MH living in the State of Texas.

WHAT SHOULD TEXAS DO?

The State of Texas has a long road ahead if it is to fill all of the gaps in services provided to individuals with a dual diagnosis of ID/MH. Initial steps the state should take include:

Texas needs to open walkways between the different levels of service providers, particularly in the rural areas. Services for ID/MH constituents are scarce in all areas of the state, and the problem is critical in rural areas. It is not to anyone's benefit to totally deny these individuals access to the professionals they need.

Texas needs to encourage specializations at state facilities, both for residents and community members needing specialized short term treatment. A few years ago, the San Angelo State School (ID facility) in Carlsbad, Texas began developing a specialized program for serving individuals with a dual diagnosis of ID/MH. Today, over half of the residents have moved out of the facility, and approximately 90% of its remaining residents are in this specialized program. Not only has this program assisted individuals with a dual diagnosis of ID/MH become successful community residents, it has also reduced transfers from the San Angelo State School to the Big Spring State Hospital (MH facility) to less than 1 per year (P. Baugh, personal communication, 6/10/2008).

State Schools could also provide these specialized services to individuals with a diagnosis of ID/MH living in the community on an "as needed" basis. This would reduce admissions to state hospitals and allow constituents to continue to live in the community, rather than lose their home because unique services are required.

The State of Texas should add crisis intervention services to its array of services provided by the State. Crisis intervention services can help constituents, their families and group home staff, address the crisis situation at its onset. This increases the probability that the crisis will not escalate. These services also offer a more direct approach to the presenting situation, rather than relying on law enforcement and/or state hospital commitments to address the problems a few days, or many days, later. Crisis intervention services can also interrupt the degrading of an individual's

ability to function within the community before that individual is no longer able to remain in his/her current home.

The state needs to address the funding reimbursement rates for services provided to individuals with a dual diagnosis of ID/MH. Individuals with a dual diagnosis of ID/MH receive reimbursement at the same rate as individuals with a single diagnosis of ID. No additional funds are made available for the second diagnosis of MH. Project Janus recommends that a new reimbursement rate be established for these individuals to insure that they receive all of the services they require and deserve.

The State of Texas has taken the initial steps toward improving its ability to effectively and efficiently provide ID/MH services, but there is still a long way to go. Minor changes to existing laws would open many doors for those seeking services, even in rural areas. Adding crisis intervention services would positively affect the individual constituent's quality of life and the state's bottom line. Increasing reimbursement rates to reflect ID/MH dual diagnosis needs would allow individuals to finally receive all of the services to which they are entitled. These proposals are supported by public and private providers alike, and all hope the Texas Legislature will agree.

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