



Excellence in Mental Health
Care for Dual Diagnosis:
What to Look For and
How to Get There

Alicia Bazzano, M.D., Ph.D.
Chief Physician, Consulting, Westside Regional Center
Assistant Professor, Department of Pediatrics, David Geffen
School of Medicine at UCLA

Funding Statement & Financial Disclosures



A portion of the work described herein was made possible through a Mental Health Services Act (MHSA) grant administered by the California Department of Developmental Services (DDS).

Authors and their immediate families have no financial interest in the development and results of this study.

Acknowledgements



- Mental Health Services Act grant
- Department of Developmental Services
- Westside Regional Center Clients and Staff
- L.A. MHaDDE Task Force
 - www.reachacrossla.org
- TAQS Project Partners
 - Los Angeles County Department of Mental Health
 - North Los Angeles County Regional Center
 - Westside Family Resource and Empowerment Center

Objectives



- Give an overview of quality of care
- Examine where is dual diagnosis care with regard to quality
- Describe dual diagnosis indicators
- Envision how we could be using dual diagnosis indicators to assist in determining and improving quality of mental health care

Angela's Story



What is Quality of Care? And why do we care about it anyway?



Is it a BIRD?...Is it a PLANE?...No it's another in depth inspection from the Quality care Commission!

Making Progress in Quality



- Every system is perfectly designed to achieve exactly the results it gets.” —Don Berwick, MD, MPP

National Quality Strategy



- Established by the Affordable Care Act to improve the delivery of health care services, patient health outcomes, and population health
- Nationwide effort to improve health and health care across America





The Triple Aim

Principles of Quality of Care



David Ballard, MD, PhD

Quality of Care in Mental Health



How are we doing?

- People with serious mental illness die 25 years earlier than those without.
- Depression and anger increase the risk of angina, heart attacks, and death due to heart disease
- In 2006, cost \$58 billion
- *Mental disorders lead the list of the five most costly conditions overall*

Call to Action

- Make collaboration the norm
 - Information sharing/linkages
 - Valid screening on mental, physical, behavioral, SU
- Transition to full integration of health and well-being across practices and systems
- Payers and accreditors should require EB practices and care coordination, foster leadership in improvement

Is Quality of Care Relevant in Dual Diagnosis?



- Is dual diagnosis an important problem?
- Does measuring quality matter for dual diagnosis?

How common is Dual Diagnosis?



“These coexisting conditions (“dual diagnosis”) are among the most common and least understood aspects of health and MR”

Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation: Report of the Surgeon General's Conference on Health Disparities and Mental Retardation. US Department of Health and Human Services 2001.

How common is Dual Diagnosis?



■ California Data:

- 17% of people served by the Regional Centers listed with co-occurring psychiatric conditions

(Solutions Building Collaborative 2009)

■ U.S. Data:

- Up to 30-35% with better case ascertainment



Do we have room to improve?

MHSA Tools for Assessing Quality of Services (TAQS) Project



- Conduct health services assessment:

Where are we?

- Develop quality assessment tools:

Where should we be?

16

Dual Diagnosis Assessment



- Over 20% of WRC clients had dual diagnoses (N=1,379/6330)

- Top 3 Mental Health Categories (n=361)
 - Attention-Deficit/Hyperactivity Disorder (29%)
 - Psychotic Disorder (28%)
 - Mood Disorder (26%)

- 36% of those with dual dx had >1 mental health diagnosis

17

Treatment: Medication Use in Dual Diagnosis



Percent of clients with dual dx taking any psychotropic medication (n =361):

Medication Use	Percent (%)
Any	78
0	22
1	22
2	24
≥3	31

MH Diagnosis Does NOT Match Medication



- MH Disorders (N =296) and Medication Utilization (N=361)

	Percent (%)
Top MH Diagnoses	
Attention Deficit Disorder	29
Psychotic Disorder	28
Mood Disorder	26
Medication Categories	
Anti-Psychotic	35
Anti-Depressant	23
Anti-Epileptic	22
Sedative	2
Stimulant	8
Other Medication	23

*Categories are not mutual exclusive. Individuals may have more than one MH diagnosis and/or take more than one medication

MH Diagnoses and Medication Use



- National Core Indicators Data Set
 - Very limited interpretation due to very poor methodology
- 2010-11, CA (n = 2217), total US (n=3630):

Taking Medication for	% of pt with dual dx in CA	% of pt with dual dx in US
Psychotic disorder	54%	43%
Mood disorders	41%	73%
Anxiety	26%	51%
Behavior problem*	19%	46%

*This question not asked on CA state database. May have been asked directly to clients.

20

Low MH Therapist Use & High Hospitalization



Mental Health (MH) Professional and Hospitalization (N=361)

Seeing a MH Professional	Percent (%)
Neither	27
Psychiatrist	46
Therapist/Other	10
Both	17
Psychiatric Hospital Use	
Any Hospitalization Past 3 Years	12
Past Year	8

How are we doing in mental health for dual diagnosis?



- The vast majority of people with dual diagnoses took medications and/or had a mental health professional.
- People living in group homes were more likely to have a mental health provider (psychiatrist).
- Polypharmacy in over half of people with dual diagnosis.
- More likely to have psychotropic medications if
 - TAY/young adult
 - Group home
 - Having a mental health provider
- Less likely to have psychotropic medications if
 - Living at home
 - Non-white race/ethnicity



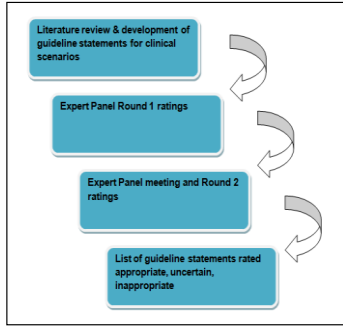
What do we measure?

Developing Quality of Care Indicators



- Access
- Assessment
- Treatment

RAND/UCLA Appropriateness Method



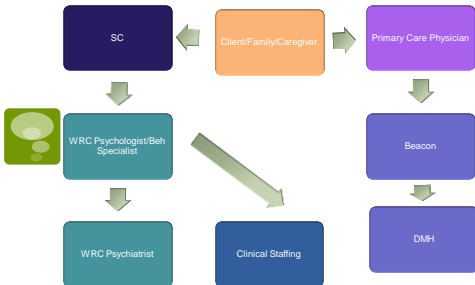
25

Access to Mental Health Care

64% of people with challenging behaviors persisting from childhood through adulthood had never received mental health care



Access to Mental Health through WRC



Dual Diagnosis: Assessment and Screening

- Barriers to understanding symptoms:
 - Memory, attention-span, sensory issues
 - Limited verbal communication
 - Awareness of social stigma and bias



Dual Diagnosis: Assessment Challenges

- Lack of diagnostic tools for developmental disabilities:
Beck vs Zung vs PAS-DD vs ABC vs Reiss Screen



Dual Diagnosis: Challenges in Diagnosis

- Stress or mental illness can worsen existing behaviors/thoughts
- Diagnostic overshadowing—everything is attributed to the developmental disability
- Developmentally appropriate vs psychiatric symptoms
 - For example, imaginary friends, self-talk, rituals vs repetitive behaviors

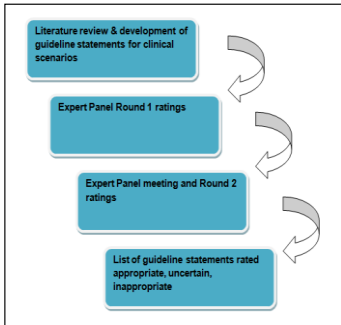


Dual Diagnosis: Challenges in Treatment



- Lack of inclusion in studies
- "Off-label prescribing"
- Unusual side effects/reactions
- Lack of therapies adapted for people with dual diagnosis
- Lack of fidelity to evidence-based practices
- Lack of an understanding of what is success from person's view or professional's
- **Lack of coordination and simultaneously addressing multiple aspects of life**

RAND/UCLA Appropriateness Method



32

Panelists



- Lauren Charlot, LICSW, PhD, U of Massachusetts, Dir of ID/MH Clinical Services
- Carol Eisen, MD, MS, LAC Dept of Mental Health, Regional Medical Director
- Robert J. Fletcher, DSW, ACSW, National Association for Dual Diagnosis, CEO and Founder
- Fran Goldfarb, MA, MCHES, CPSP, USC UCEDD Parent Advocate and Director of Family Support
- Thompson Kelly, PhD, WRC Chief Psychologist
- Bryan King, MD, U of Washington, Prof of Psychiatry and Behavioral Sciences
- Clarissa Kripke, MD, UCSF Director of Office of Developmental Medicine
- Savannah Logsdon-Breakstone, Client Self-Advocate, Autistic Self Advocacy Network and Self Advocates United as 1
- Mayra Mendez, PhD, LMFT, St. John's Family Center, Program Coordinator for Developmental Disabilities/Mental Health
- Andrew Russell, MD, UCLA Prof of Psychiatry, Former Chief of Clinical Svc
- Peggine Webb, MA, San Diego Regional Center Program Manager
- Moderator: Bonnie Zima, MD, MPH, UCLA Semel Institute, Prof of Child & Adolescent Psychiatry, Associate Director, Center for Health Services and Society

33

Quality Indicator Rating Process



Read → Rate → Meet → Re-rate

	Validity	Feasibility	Room for Improvement	Plausibility	Overall Utility
QI 45(1)	164	13214	2 513	2234	47
During a medication visit during which a new atypical antipsychotic medication is prescribed, baseline assessment for extrapyramidal symptoms or signs should be documented	123456789 (MEAN=8.3)	123456789 (MEAN=7.4)	123456789 (MEAN=7.3)	123456789 (MEAN=7.8)	1234 (MEAN=3.6)

34

Mental Health Intake & Assessment Quality Indicators



Did you document...

- means of communication?
- strengths AND difficulties in functioning?
- psychosocial stressors?
- impact of the mental health symptom on life functioning?
- prior history of mental health care?
- prior strategies/approaches to help deal with mental health and behavioral problems?
- environmental changes?
- history of prior ST, OT, PT, behavior?
- prior psychotropic medications?
- medical, developmental, medication history?
- abuse history (physical, sexual)?
- aggression? SIB? SI/SA?

Mental Health Intake & Assessment Quality Indicators



Within the first 90 days of intake evaluation:

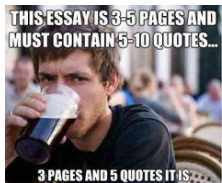
- administration of ≥1 well established standardized measure for use with developmental disabilities to evaluate mental health symptom
- a mental status examination?
- a physical examination (if not obtained previously) or referral for PE or rationale for foregoing PE?
- a follow-up plan/disposition?

Mental Health Assessment Quality Indicators

- During the first 6 months:
 - ≥1 treatment goal?
 - progress toward goal?



- Bare Minimum!



Quality Indicators: Family/Caregiver

- Mental Health Guidebook for clients, families and caregivers
- Adapted quality indicators checklist for Clients/Families/Caregivers
 - To help navigate services & improve communication with mental health providers



Mental Health Treatment Quality Indicators

- During the first 6 months of mental health visits, did the doctor or mental health professional tell you about...?
 - At least one treatment goal for your family member/client?
 - Your family member/client's progress in meeting that goal?



- Prior to starting any new psychiatric medication, were you or your family member/client asked for "informed consent"?

- When prescribing a new psychiatric medication, did the doctor...?
 - Tell you or your family member/client about the target symptom(s) that medication is supposed to help?
 - Explain the reason for the medication and possible side effects?

Final Quality Indicators Tool: Availability & Use

- Please see handout for complete QOC indicators or www.reachacrossla.org and view TAQS program or go directly to



www.reachacrossla.org/NewPDF/Mental%20Health%20Care%20for%20Developmental%20Disability%20Quality%20Indicator%20Checklist.pdf

- Requesting pilot participants to test indicators
 - aliciab@westsiderc.org

How do we improve mental health care for people with developmental disabilities?



“If improvement is the plan, then we own the plan. Government can’t do it. Payers can’t do it. Regulators can’t do it. Only the people who give the care can improve the care.”

—Don Berwick

Mental Health Provider Survey



- Providers asked directly about mental health service use and need
- Most frequently used services
 - 1st Case management
 - 2nd Medication evaluation and management
- Largest area of need for services
 - Service coordination
 - **Coordination of care between county DMH and RCs**
- Most beneficial therapeutic model
 - Cognitive Behavioral Therapy

How do we get to STEEEP™ improvement?



- Timely, integrated care
 - DMH Practice Parameters on ID
 - Inland Health Plan
 - Live Well San Diego! program
 - Achievable Clinic
- Effective and Efficient care
 - Evidence-based practices
- Equitable care
 - ARCA State Equity Committee
- Patient-Centered care
 - CAPHS
 - HCBS Rules, "Person-centered planning"
 - NCI

Mental Health and Developmental Disabilities Education and Trainings



- 2009-11 Trainings for professional cohorts
 - Early recognition of mental health conditions in children and adolescents with developmental disabilities
 - Medication management in developmental disabilities: review of the evidence
- 2011 Seeking Success Building Bridges: Best Practices in Assessment, Management and Intervention for Developmental Disabilities and Mental Health
 - Dx and Assessment: differential diagnosis; behavioral phenotypes and genetic syndromes; using DM-ID; understanding challenging behaviors in TAY
 - Intervention and Management: behavioral and cognitive interventions; adaptive communication; dialectical behavioral therapy; sensory processing approaches and augmentative and alternative communication; EBPs in developmental disabilities;
 - Cross Systems collaboration: ethical decision making; special education collaboration and supports; SIB in TAY; criminal justice system; optimizing pharmacologic management across the lifespan

44

Mental Health and Developmental Disabilities Education and Trainings



- 2013-14: Motivational interviewing trainings
 - Increase engagement and shared agenda
- 2014-15: Evidence based practices relevant to developmental disabilities
 - TF-CBT
 - DBT
 - Seeking Safety
- 2015-16 EBPs with adaptations for developmental disabilities
 - Seeking Safety
 - CBT
 - Triple P (Positive Parenting Practices)

45

Mental Health and Developmental Disabilities Collaborations



- 2005-current: Autism collaborative
- 2007-current: Multi-disciplinary clinical staffing
- 2009-2014: LA MHaDDE Task Force
- 2014-current: Transition Age Youth Collaborative
 - Mental Health Screenings for TAY
 - Shared TAY Staffings
 - Members of team from DMH, school district, autism resources, behavioral therapists, RC, primary care
 - TAY Drop-in Center

46



Angela's Story

Top 5 Easy Ways to Collaborate on Dual Diagnosis



5. Find out what resources are available, and who and how to refer.
4. Get to know people at the other agencies.
3. Join a Mental Health Collaborative.
2. Continue education on dual diagnosis and collaboration
1. Ask a person with a dual diagnosis or a family member

Westside Regional Center
Contact Info



- Main number: 310-258-4000
- Referrals:
 - 310-258-4096
- Health and Medical
 - Alicia Bazzano, M.D., Ph.D.
310-258-4213, aliciab@westsiderc.org

www.reachacrossla.org

Welcome to our world!