

Final Training and Consultation Report

State of Washington, DDD and DASA

Consultant:

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Statement of Problem:

As the result of recent audit results on program services, officials in the DDD are interested in better serving the needs of persons with DD relative to substance abuse prevention and treatment. Lyle Romer, Ph.D., from the DDD contacted Dennis Moore to discuss training and consultation on this topic. On 10/29/01 a meeting was held in Olympia among administrators from DDD and DASA. A series of training events were conceptualized, and CSAT State Technical Assistance funding was applied for by DASA in order to support training efforts.

Background/potential scope of problem:

- A recent DDD survey indicated that 0.65% of clients in DDD in WA state experience a substance abuse problem (equivalent N=111 persons if all 17,000 DD clients over 21 years are considered). A recent survey of adults with DD in Montana indicated that 2.5% have a substance abuse problem as identified by 3rd party reporters such as family members (RRTC on Rural Rehabilitation, June, 2001). Both of these estimates appear to be low based on the information provided below.
- Treatment episode data from WA DASA in 1999 indicate that 234 persons with DD were served statewide out of a total caseload of over 30,000 individuals. This number of DD clients is likely to be under-reported due to the procedures for recording this information in DASA-funded agencies and the tendency for clients to not self-report this disability especially when cognitive deficits are in the "mild" range.
- A conservative estimate may be that 5% of the DD adult population may have a substance use disorder. Based on the estimated prevalence of MR/DD in the general population of WA state, and the current census of DDD (currently serving perhaps one third of all DD adults in the state), it is extrapolated that there may be over 2,500 persons in WA state with DD who may require SA treatment, many of whom are not clients of DDD. Survey results obtained from DDD and DASA personnel (N = 75) indicate the percent of DD clients with substance abuse issues may be in excess of the above numbers. For example, 41 DD providers in the state estimated that over 19% of their adult caseloads have a problem with substance abuse, and in the majority of cases it has not been officially diagnosed.
- The extent to which youth with DD are provided substance abuse prevention services in the state is not known, but it is assumed that only limited information is provided to these youth or their families. Recent research indicates that youth in special education tend to use significantly more nicotine and illicit drugs by their senior year in high school

than the general school population (Hollar, 2002). It is believed that DD youth learn patterns of substance use from family members more often than from other sources. Consequently, effective prevention strategies may need to differ from approaches for other youth. This also applies to the need to address medication use/abuse risks, which are appreciably higher for DD youth.

Summary of Consultation/Trainings Provided:

Date	Location	N¹	Description
10/29/01	Olympia	12	Meeting with DDD/DASA administrators to review issues and approaches
10/30/01	Seattle	60 ²	Cross training for DDD/DASA personnel coordinated by Lyle Romer
2/11/02	Seattle	40	Cross training for DDD region 4 coordinated by Gene McConnachie
9/26/02	Olympia	45	Cross training (CSAT TA funded) coordinated by Ruth Leonard
9/29/02	Yakima	30	Cross training (CSAT TA funded) coordinated by Ruth Leonard
12/12/02	Olympia	14	Planning session (CSAT TA funded) DDD/DASA to plan future efforts

¹ Approximate number of attendees by both agencies combined

² Evaluations of trainings were maintained by DDD and DASA staff

Identified Systems Barriers and Assets:

Barriers	
	<p>The two agencies, although similar in central office staff number and budget, have very different mandates and timeframes for delivery of service. DDD serves clients for an extended time, often for a person’s lifetime, whereas DASA is intended to provide more specific and short term support.</p> <p>Washington State government is in a period of change, as evidenced by DDD’s recent move into another department of state government.</p> <p>Persons with DD and substance use disorders may be difficult to identify by DDD staff due to large case loads and manner in which services are delivered.</p> <p>The “lower incidence” nature of substance abuse among persons on DDD caseloads mean that protocols for screening, assessment, and treatment are not routine, and every case is like “starting from scratch” to find appropriate resources.</p> <p>Substance abuse treatment providers are limited by low funding levels, limited staff training in disability, and a need to deliver cost-effective group-oriented services to all clients.</p> <p>“Client choice” issues may make it more difficult for DDD personnel to know when and how to make an alcohol or drug referral.</p> <p>Case management resources to address the unique problems associated with the dual disability of DD and substance dependence are virtually non-existent on a state-wide basis.</p>

Assets	<p>This issue has been identified by DDD as needing attention, and DASA has interest in identifying resources that might be used by DDD case managers to assist with identified cases.</p> <p>Both DDD and DASA Directors are interested in finding additional solutions for improved services delivery.</p> <p>Cognitive impairments negatively impact many clients in substance abuse treatment (due to substance misuse, brain injury, mental illness, or other factors), and addressing this issue will make the DASA system more responsive to this pervasive barrier to recovery for other clients as well.</p> <p>A willingness to collaborate exists in both agencies, and there is little negative history of interaction or territoriality issues to overcome from a bureaucratic perspective.</p> <p>This effort is not bounded by strict or unrealistic timelines, and therefore it can progress at a rate that is conducive to long-term change.</p> <p>The only research center in the U.S. focused on substance abuse and disability is committed to assisting with this statewide endeavor. This research center also runs one of the only chemical dependency treatment programs in the U.S. that is specifically designed to serve persons with DD and other disabilities.</p>
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Recommendations:

Based on a planning/brainstorming session conducted on 12/12/02 with 14 personnel from DDD and DASA, as well as notes of previous meetings and telephone conversations, the following recommendations are provided to the DDD and DASA Administration. The recommendations are predicated on the assumption that regular dialogue will continue between DDD and DASA, either via assigned personal contacts or through a standing committee or task force. A combination of the two approaches may be best, especially if one person from DDD and DASA is assigned primary liaison responsibility for their respective agencies. The recommended goals have been conceptualized so that funding requirements for the activities would in all likelihood be minimal.

Primary Goals Identified By DDD/DASA Workgroup:

1. Implement plans over next two years for resource sharing between DDD and DASA

- a. At the **STATE LEVEL**, create committee or task force to establish better exchange and outreach between the two agencies.
 - i. Collaboratively draft agreement for sharing educational opportunities for training and cross training (e.g., cross-posting of all training opportunities in state and professional educational units offered in both disciplines).
 1. Modify DASA case manager training institute to include topics of working with clients with cognitive disabilities including DD.
 2. Invite DDD personnel to attend DASA case manager training institute, and devise strategies for promoting attendance by DDD personnel.
 - ii. Distribute literature describing personnel, programs, and program eligibility to the other agency.
 1. Distribute existing literature to other agency's staff, including use of websites and brochures.
 2. Select and condense most critical literature or materials to one or two page "field guides" for personnel from other agency (e.g., "ABC's of

- ADATSA", "DDD 2002 Overview", DDD eligibility criteria, referral procedures and funding sources for DASA-credentialed programs).
3. Distribute lists of staff and their respective responsibilities and geographic areas to other agency in order to assist with questions about referral, funding, eligibility, etc.
 4. Place DDD staff phone numbers and responsibilities on website.
 5. Make DDD personnel more aware of DASA clearinghouse information.
- b. At the **COUNTY LEVEL**, share information across agencies on how to effect timely and successful referrals.
 - i. Alcohol and drug system providers share information on contact persons in SA field responsible for intakes, coordination of fiscal responsibilities, troubleshooting difficult situations, and selection of appropriate treatment programs.
 - ii. DD system identify county-based resources for providing consultation or advice to treatment providers about clients with DD needs or those in treatment.
 - c. At the **PROGRAM LEVEL**, providers share expertise in addressing needs of DD clients with DDD system.
 - i. Providers are polled for updates of provider directory about their expertise/experience in addressing disability issues in their treatment setting.
 - ii. DDD generates list of personnel knowledgeable in DD and willing to speak with local programs on DDD services and needs of clients with DD.
- 2. Include DD and other cognitive disability treatment information in curriculum revision of DASA counselor requirements.**
- a. Form a committee or workgroup to identify curriculum material included in the DASA curriculum to address working with clients with cognitive disabilities, including DD.
 - b. With future funding, RRTC on Drugs and Disability will develop screening tool for DDD to use for identification of potential substance use disorders among clients of DDD services.
- 3. When drafting DDD biennium goals, strategies, objectives, initiatives, and performance measures for 2003-2006, include strategic initiatives which address substance abuse prevention and treatment needs.**
- a. DASA investigate a similar action involving services to DD clients when drafting its biennium goals.
- 4. Seek additional resources and/or funding to assist with further development of alcohol and drug prevention and treatment services for persons with DD.**
- a. It may be possible to solicit a "Phase II" CSAT state technical assistance grant to continue work on mutually identified goals.
 - b. With approval from DDD and DASA, Dennis Moore will attempt to secure National Institute on Disability and Rehabilitation Research funding for the Rehabilitation Research and Training Center on Drugs and Disability that can also be used to support specific activities and end products (e.g., "tool kits" for DD or SA providers in how to address SA among persons with DD).
 - c. Investigate ways in which Olmstead related decisions or funding for "dangerously mentally ill" can support development of SA resources specific to persons with DD.
 - i. Investigate establishing residential SA program specific to clients with DD.
 - ii. Investigate methods for augmenting existing treatment program to better address needs of DD clients (e.g., Pathways Program).

- d. Develop informational materials for DD clients and their families about substance abuse and DD, and services available in the state.

Secondary Goals Identified By DDD/DASA Workgroup or Consultant:

- 5. Investigate methods for sharing client database information to better serve persons in both systems**
 - a. Investigate HIPAA-compliant methods for sharing data about clients dually enrolled in both departments
 - b. Establish method for creating baseline data on number or percent of DDD clients who need or utilize substance abuse services.
- 6. Hold meetings with DASA prevention staff, Drug Free Schools Staff, and DDD officials to determine best approaches for addressing substance abuse prevention needs of youth with DD.**
- 7. Investigate efficacy of and support for following New York State or other models for regular information exchange between the two departments.**

Conclusion:

A documented and specific need for accessible and appropriate alcohol and drug services for persons with developmental disabilities exists in Washington State. Although the actual number of persons in need of treatment services can only be speculated, the total number of persons requiring alcohol and drug treatment who have cognitive disabilities is likely very high. Moreover, DDD personnel wish to identify methods for assisting DD clients who experience substance abuse problems, including access to treatment providers willing and able to serve this population. Given the preliminary work already accomplished, the possibility exists that Washington State can establish a national model for addressing substance abuse prevention and treatment for persons with developmental disabilities.

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