House Memorial 5 Task Force Report

Requiring Mental Health and Developmental Disability Providers to be Trained in the Treatment of People with Developmental Disabilities and Co-Occurring Mental Health Issues

Special Needs Clinic: Dr. Toni Benton, Eric Vescovi, Elizabeth Donsbach

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Background

Jaime Campbell, a resident of Albuquerque, NM experienced a tragic loss when her husband, Jon Peterson, died in March of 2019. Jon grew up in Albuquerque and lived with autism spectrum disorder. He went through the Albuquerque public education system and received special education services. After struggles during his school years, Jon grew up to be an influential advocate for people living with Developmental Disabilities (DD). Jon was the first person with DD to serve as president on the statewide ARC Board of Directors. ARC is a national organization that supports and advocates for people with DD like Jon. Jon traveled around the nation giving educational presentations about disability and advocacy.

Jaime and Jon married in 2013 and enjoyed a healthy, loving, strong relationship. A few years after their marriage, Jon needed treatment for a psychiatric disorder. During the next few years Jon received inadequate support for his mental health condition. He was not treated by providers for both developmental disabilities (DD) and mental health (MH) conditions. Without appropriate support for both autism and mental health conditions, he became dependent on the psychiatric hospital system. Jon had a pattern of frequent and unsuccessful hospitalizations. Jon died within 24 hours of his admission to the last New Mexico psychiatric hospital he was admitted to.

Jon's chart did not indicate that he had a developmental disability. His mother Carol was his court appointed legal guardian. During this final stay in a state psychiatric hospital there was no discussion of Jon's diagnoses, history, or needs with her. Carol felt her guardianship was completely disregarded and ignored. Before his passing, Jon was on "line of sight", meaning he was not to be out of sight of hospital staff at any time. Jon allegedly died from a combination of medications that treated conditions for which he did not have a diagnosis.

Carol, his mother, and Jaime, his widow, worked together to begin a journey of requiring education and training in the treatment of people living with both DD and MH (DDMH). They sought out the support of NM Allies for Advocacy, Inc. and began working to change the system by providing training that overlapped the two worlds, DD and MH. Through this partnership, the Allies Living Legacy committee (ALL) was formed. The ALL committee provided several educational presentations, including a Grand Rounds presentation at the University of New Mexico Psychiatric Hospital. During the development of the materials to be presented, trans-disciplinary care was discussed and the need for DDMH materials became more apparent.

Carol reached out to State Representative, Elizabeth (Liz) Thomson, and House Memorial 5 emerged. Thanks to the sponsors, Representative Kathleen Cates, Representative Tara Jaramillo, and Representative Elizabeth "Liz" Thomson, House Memorial 5 was passed at the 2023 regular legislative session in Santa Fe, New Mexico. Legislators requested a Task Force be convened to study the feasibility of requiring educational credits and training for all providers of services for the DDMH population. As this recognition of the need for DDMH services across the nation becomes an important issue, NM has the opportunity to be on the forefront of developing training and education for this important area of disability services. Our timely discussions have been prompted by nationwide attention on this problem. We have the ability to be on the leading edge of creating change to address this issue in the hopes that this never happens to another New Mexico Family.

According to House Memorial 5, it is estimated that somewhere between forty and seventy-six percent of adults with developmental disabilities suffer from mental illness and that individuals with developmental

disabilities suffer from mental illness at substantially higher rates than the rest of the population. While the information below supports this, it is important to mention that disability information in New Mexico and on a national level rarely has the ability to identify developmental disabilities separately; they are grouped into disabilities as a whole.

Disability Status

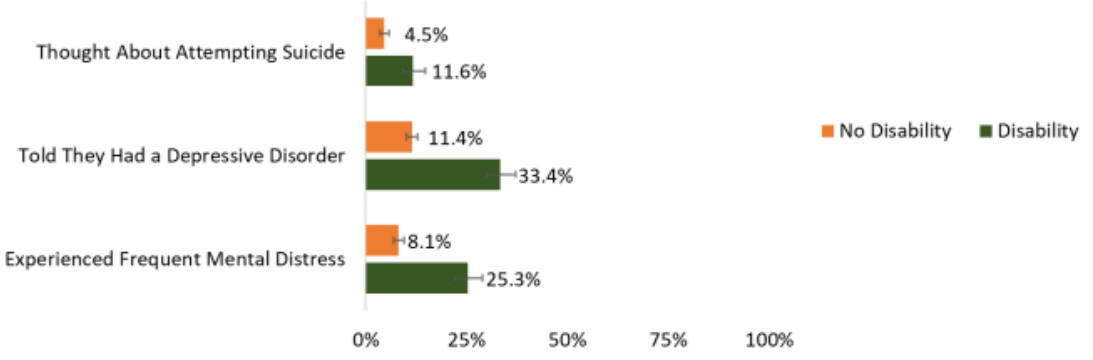
Disability Status*
Age 18+, New Mexico, 2020

*At least one of the following health issues: Serious difficulty hearing; seeing; doing errands alone; concentrating, remembering, or making decisions; walking or climbing stairs; and/or dressing or bathing.
Source: 2020 NM BRFSS

Adults with disabilities are substantially more likely to experience frequent mental distress than those with no disability. Approaches to help people with disabilities feel connected and included in their community include promoting the importance of mental health screenings and health promotion especially among persons with cognitive disabilities is recommended.[1]

In 2020, 27.8% of New Mexican adults had a disability. Adults with a disability were more than twice as likely to have thought about suicide and more than three times as likely to experience frequent mental distress than those with no disability.

Mental Health Indicators by Disability Status*
Age 18+, New Mexico, 2020



*At least one of the following health issues: Serious difficulty hearing; seeing; doing errands alone; concentrating, remembering, or making decisions; walking or climbing stairs; and/or dressing or bathing.
Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

Table C.9: Suicide Related Behaviors by Disability Status, Age 18+, New Mexico, 2018-2020

	No Disability		Has a Disability		Total		Sample Size
	%	95% CI	%	95% CI	%	95% CI	
Thought About Attempting Suicide							
No Suicide Thoughts	95.9	[95.3-96.5]	86.7	[85.2-88.1]	93.3	[92.7-93.8]	15,932
Thought About Attempting Suicide	4.1	[3.5-4.7]	13.3	[11.9-14.8]	6.7	[6.2-7.3]	999
Ever Attempted Suicide							
Never Attempted Suicide	98.8	[98.4-99.0]	94.1	[93.0-95.0]	97.4	[97.0-97.8]	16,566
Attempted Suicide	1.2	[1.0-1.6]	5.9	[5.0-7.0]	2.6	[2.2-3.0]	361
Attempted Suicide in the Past Year							
Did Not Attempt Suicide	99.7	[99.6-99.8]	97.9	[97.1-98.5]	99.2	[99.0-99.4]	16,830
Attempted Suicide	0.3	[0.2-0.4]	2.1	[1.5-2.9]	0.8	[0.6-1.0]	95

*At least one of the following health issues: Serious difficulty hearing; serious difficulty seeing; difficulty doing errands alone; difficulty concentrating, remembering, or making decisions; serious difficulty walking or climbing stairs; and/or serious difficulty dressing or bathing
Source: 2018-2020 NM BRFSS

Charge of Task Force

House Memorial 5, passed by the New Mexico House of Representatives in the 2023 session of the state legislature resulted in a passage of a memorial plan to create a Task Force to study the feasibility of requiring various mental health and developmental disability providers to be trained in the treatment of co-occurring mental health issues to ensure the health and safety of this very vulnerable population.

The Task Force agreed to the concerns and risk present for individuals with developmental disabilities while under the care of providers and staff that are inexperienced when those individuals have both a developmental disability and co-occurring mental health challenges.

The Task Force recognized the need to ensure that providers of health and related services to people with developmental disabilities and co-occurring mental health conditions have the knowledge and skills necessary to provide effective treatment.

The Task Force developed a plan to identify the groups of mental health providers and other developmental disability providers, identify relevant training topics that would need to be developed, and determine a potential pathway for training to be mandated.

Key Organizing Principles

In 2005 the US Surgeon General issued a “Call to Action to Improve the Health and Wellness of Persons with Disabilities” (Office of the Surgeon General, 2005). There were deficiencies cited regarding education and training for health care professionals as it relates to the needs of persons with disabilities. Despite the increase in the prevalence of individuals with developmental disabilities, there have been minimal improvements in the training of healthcare professionals to care for those with developmental disabilities, especially as it pertains to adults.

Activity to convene a Task Force occurred in July with the first Task Force meeting occurring in August. The Task Force and other stakeholders met in August, September, October and November. Given the magnitude of the charge, the Task Force established four work groups to focus on the key areas agreed

upon. The groups consisted of Provider Definitions, Curriculum Definitions-Development Considerations, Regulatory, and Report Finalization. The workgroups met multiple times to bring back information to the larger Task Force for discussion and consensus of how to move forward with the recommendations.

Recommendations

1. Co-occurring Developmental Disability Mental Health (DDMH) training should be mandatory for all mental health and other developmental disability providers that provide services to individuals with developmental disabilities.
    a. Some of the more common types of providers who offer mental health services include psychiatrists, who are medical doctors that specialize in diagnosing and treating individuals with mental, emotional, behavioral, and developmental disabilities. clinical psychologists, who have doctorates in psychology; clinical social workers, who have master's or doctoral degrees in clinical social work; marriage and family therapists, who have master's or doctoral degrees in marriage and family therapy; and professional counselors, who have masters (or doctoral degrees) in counseling, clinical psychology, or school psychology.
    b. Other developmental disability providers include any licensed or certified discipline that provides services to individuals with developmental disabilities. Training considerations should include but not be limited to college curricula professional license paths, CEUs/CMEs for those already licensed, and CEUs for other certified professionals.
    c. The Developmental Disabilities Supports Division (DDSD) should ensure that Co-occurring Developmental Disability Mental Health training is available and required for all DDSD staff, DHI staff, and all DDSD waiver provider staff.
2. Curricula should be developed and assessed to support mandated training for all mental health and intellectual/developmental disability (IDD) providers that provide services to individuals with developmental disabilities.
    a. Curriculum development should consider but not be limited to the following subjects: behavioral signs of pain, medical causes of challenging behaviors, reduction of polypharmacy; alternatives to psychopharmacology; differential diagnosis in IDD; diagnostic uncertainty in IDD; atypical signs of mental illness in IDD, communication in IDD; de-escalation in IDD; developmental supports/accommodations in social and clinical settings; death, dying and grief; guardianship; reproductive health in IDD; sex/sexuality in IDD; with an emphasis on cultural awareness, diversity, equity & inclusion and its impact on access.
3. Colleges and universities should consider developing curriculum to include similar subjects for individuals pursing degrees in Health Sciences & Allied Health Professions such as Doctors of Medicine (MD), Doctors of Osteopathic Medicine (DO), Physician Assistants (PA), Nurse Practitioners (NP), Respiratory Therapists, Nurse Anesthetists, PharmDs, Psychologist, Registered Nurses, Bachelor of Science Nurses (BSN), Licensed Practical Nurses (LPN), Physical Therapists, Occupational Therapists, Speech-Language Pathologists, Licensed Clinical Social Workers, Master's Level Social Workers, Podiatrists, and Dentists. The Regulation and Licensing Division should require existing professionals to obtain CEU/CME training in topics related to IDD. Certification programs should develop trainings to add to their current certification processes including but not limited to: Emergency Medical Technician (EMT), Certified Patient Care Technician (CPCT), Certified Phlebotomy Technician (CPT), Certified EKG Technician, Certified Clinical Medical Assistant (CCMA), Certified Medical Assistant (CMA), Certified Nursing Assistant (CNA), Registered Behavior Technician (RBT), Certified Pharmacy Technician (CPhT), Dental

Assistant, Certified Peer Support Workers. The Developmental Disabilities Supports Division (DDSD) should develop and maintain Co-occurring Developmental Disability Mental Health (DDMH) Training for all DDSD staff, DDSD Provider Administration and Direct Support Personal (DSPs).

4. The addition of continuing education courses will be most effective in ensuring that specific professionals obtain the training required under House Memorial 5. The Regulation and Licensing Department (RLD) has determined that the Boards which will be impacted are: (1) The Board of Social Work Examiners; (2) The Board of Counseling and Therapy Practice; and (3) The Board of Psychology. In addition, outside of RLD, licensees with the Nursing Board and Medical Board would also be impacted.
5. To implement these continuing education courses, each of the boards would be required to determine which continuing education courses would be most beneficial for the licensees, as well as the patients being treated by the licensees.
    i. Upon approval of the applicable continuing education course by each Board, the Regulation and Licensing Department will revise each Board's rules to incorporate the additional continuing education course and hold a rule hearing to ensure that the continuing education course is included in each Board's rule regarding continuing education.
    ii. Upon renewal of a license, the licensee would be required to provide proof that they have obtained credit from an approved continuing education provider who has provided the required training.
6. Each Board's authority needs to remain as broad as possible in the type of continuing education course permitted to satisfy the requirements of House Memorial 5 given the aforementioned Boards vary significantly in the scope of practice for each license type the Board issues.

Considerations for Implementation

1. Further research needs to be conducted on existing curricula nationwide. The integration of a comprehensive research phase focused on the assessment of existing mental health education curriculums nationwide is an essential component. This research endeavor will serve as the bedrock for the development of a highly effective and tailored curriculum by identifying strengths and weaknesses in current curriculums, evaluating their alignment with the latest mental healthcare guidelines, and gathering insights into the unique needs of this population.
2. Further research needs to be conducted on certification program requirements and their implementation. This research will involve a detailed examination of existing certification programs, both within New Mexico and across the nation, to identify best practices and potential areas for improvement. This research should aim to shed light on various facets, including the effectiveness of existing criteria, the potential barriers and challenges faced during program implementation, and the impact of certifications on individuals and industries. By conducting in-depth research, we can refine and adapt certification program requirements to ensure they align with evolving industry needs, promote inclusivity, and maintain relevance in NM.
3. Ensure that NM's Developmental Disability definition is transparent and encompasses those with intellectual disabilities as well as physical, neurological, and sensory deficits. Intellectual disabilities include those who have cognitive difficulties such as problem-solving and memory.
4. Determine the appropriate number of minimum required continuing education hours by discipline based on the research above.

5. Further research is needed on the feasibility of including hospital staff. This research should delve into the potential challenges, resource requirements, and benefits associated with the inclusion of hospital personnel, such as nurses, technicians, and support staff.
6. Funding needs to be established for additional research, cost of curricula development, cost of licensing platforms, rule hearings, and technology needs. Funding is essential to support additional research, curriculum development, licensing platform costs, and technology requirements. These vital components are integral to advancing educational and regulatory initiatives, ensuring they remain current and effective. Adequate financial resources are crucial for conducting in-depth research, developing relevant and up-to-date curricula, implementing licensing platforms, and facilitating the necessary rule hearings to maintain compliance and quality standards.
7. Assign to the new Health Care Authority (HCA) or develop an Advisory Council to ensure ongoing progress and accountability with regular reports to legislators. HCA or Advisory Council members should consist of state agencies, CDD programs such as NM START and others. that could assign an entity to oversee the implementation process and monitoring of progress. The HCA or Advisory Council can provide valuable insights, guidance, and expertise. Regular reports to legislators will serve as a transparent and structured mechanism for accountability, enabling lawmakers to remain informed about the initiative's status and make informed decisions. Through the collaborative efforts of this HCA or Advisory Council, the initiative can maintain a robust framework for ongoing success, improved coordination, and a more effective response to evolving needs and challenges.
8. Consider mandating phases by discipline. Implementing a phased approach by discipline is a strategic model that can ensure a systematic and effective rollout of initiatives.
9. The Task Force recommends beginning with both mental health and developmental disability waiver providers as the initial phase due to the critical nature of their services. This approach allows for focused attention on disciplines that often have a direct and profound impact on an individual’s well-being. By starting with these key sectors, policymakers can develop and refine implementation strategies and address any challenges that may arise before expanding the initiative to other disciplines. This phased approach can contribute to a smoother transition, better resource allocation, and ultimately enhance the overall success of the initiative.

Appendix I Task Force Members

José A. Acosta MD, MBA, MPH
Director, Developmental Disabilities Supports Division
Albuquerque, NM

Toni Benton, MD
Medical Director, Transdisciplinary Evaluation & Support Clinic (TEASC) Project
Professor, UNM Health Science Center School of Medicine
Department of Family and Community Medicine
Albuquerque, NM

Melanie Buenviaje
Bureau Chief, Exempt Services & Programs Bureau
Medical Assistance Division/Human Services Department
Santa Fe, NM

Anthony Cahill, PhD
Center Evaluation Director and Director, Division of Disability and Health Policy
Center for Development and Disability, UNM School of Medicine
Albuquerque, NM

Jaime Campbell, CPSW
Mental Health Professional, Family Member
New Mexico Allies for Advocacy, Inc,
Albuquerque, NM

Melissa Charlie, PhD, RN
Director of Education and Practice, NM Board of Nursing
Albuquerque NM

Heather Clark, LPCC
Statewide Clinical Director, Bureau of Behavioral Support
Developmental Disabilities Supports Division/Department of Health
Albuquerque, NM

Joan Curtiss
Senior Advocate, Disability Rights New Mexico
Albuquerque, NM

Joel Davis Esq.
Vice President, Policy Chair; Elevate the Spectrum
Rio Rancho, NM

Gabrielle Dietrich
Executive Director, National Alliance on Mental Illness (NAMI) NM
Albuquerque, NM

Liz Donsbach
Senior Program Manager
Transdisciplinary Evaluation & Support Clinic (TEASC) Project
Albuquerque, NM

Martin B. Gonzales, MD
Medical Director Jail Diversion & Transition Services UNMH Community Based Services
Department of Psychiatry & Behavioral Sciences COPE Clinic
Department of Family & Community Medicine
Transdisciplinary Evaluation & Support Clinic (TEASC) Project
UNM School of Medicine
Albuquerque, New Mexico

Barbara Ibanez, CPSW
Retired Developmental Disabilities and Mental Health Professional
New Mexico Allies for Advocacy, Inc.
Albuquerque, NM

Leah Johnson
Parents Reaching Out
Albuquerque, NM

Jewel Kessler
Program Manager, Native American/Veteran's Services
Behavioral Health Services Division/Human Services Department
Santa Fe, NM

M. Shelly Marek, MBA, MA, LPCC
Transdisciplinary Evaluation & Support Clinic (TEASC) Project
Albuquerque, NM

Pat Osbourn
Center for Development & Disability
Albuquerque, NM

Carol Peterson
Advocate, Family Member, Guardian
New Mexico Allies for Advocacy, Inc
Albuquerque, NM

Amira Rasheed
NM Allies President
NM Attorney General Office Staff
Albuquerque, NM

Jen Rodgers
Senior Board Administrator for the Counseling and Therapy Practice Board
Board of Psychologist Examiners in Boards and Commissions
Regulations & Licensing Department
Santa Fe, NM

Patricia D. Romero
Intermediate Care Facility (ICF) Task Force Chair
Legislative Advocacy Co-Chair, National Alliance on Mental Illness (NAMI) NM
President CEO, Santa Maria El Mirador
Santa Fe, NM

Melissa D. Salazar
Director of Boards and Commissions
Office of Governor Michelle Lujan Grisham
Santa Fe, NM

Jennifer Sanchez, CFPSW
Policy Co-Chair, Elevate the Spectrum
Rio Rancho, NM

Susan Seefeldt
Bureau Chief, Bureau of Behavioral Support
Developmental Disabilities Supports Division/Department of Health
Albuquerque, NM

Christine Wester, LBSW, MPA
Health Educator/Social Worker, UNM Continuum of Care
Albuquerque, NM