# Supporting Youth with Developmental Disabilities in Mental Health Crises Webinar - Q&A Responses

Thank you for your interest in the **Supporting Youth with Developmental Disabilities in Mental Health Crises webinar** hosted by the Meadows Mental Health Policy Institute on Thursday, February 6, 2025.

Below you will find responses to the questions submitted through the Q&A feature. If you have additional questions or would like an introduction to any of the presenters, please email kmitten@mmhpi.org.

You can access a recording of the webinar here: https://us02web.zoom.us/rec/share/\_wBwJ3oHJMh3rGT-Zp2tXhy09pxR1KDYY7LleBwKyYXzaRdtDAIY219KgwlNLQmL.c4q1qkV4oAQIMCR3?startTi me=1738864848000

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If you attended the webinar or watch the recording, we would greatly appreciate if you complete two surveys:

- 1) Brief survey to inform future webinars we hope to offer https://www.surveymonkey.com/r/QWTPW87
- Participant Survey Satisfaction Survey from our funder, Texas Council for Developmental Disabilities -

https://tea.co1.qualtrics.com/jfe/form/SV\_1Lg9ca8olTBHll2

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Below are questions received through the Q&A during the webinar. If you have additional questions, please contact Katie Mitten – <u>kmitten@mmhpi.org</u>. Thank you!

Law Enforcement

- QUESTION: In your opinion, do police officers want more training on this topic, or if it was an optional training would many opt out?
  - ANSWER from Jeff Spivey: Just like all people/employees, the answer is both. There are dedicated individuals who love the profession and will take every opportunity to improve their ability to deliver the highest quality service possible. They love to learn and be challenged and would be excited to

spend time honing their skills. Then there are others who believe they know everything and have nothing to gain by going to training like this. They are perfectly content with who they are and how they police. I think the key is to make training like this mandatory.

- QUESTION: Is there a way that we can make available knowledge to any officers or emergency care professional to let the assisting professional know that an ID individual could be present in the emergency?
  - ANSWER from Jeff Spivey: There are a number of programs out there that help police departments not only with training on how to interact with people who have IDD, but have created additional resources to help officers know where they live, where they like to go when they go missing, what ways work best for them to be approached and the like. Many departments have information contained in their Computer Aided Dispatch Systems (CADS) that can flag and address a specific person and quickly provide officers with a plethora of information to help any encounters go smoothly. I would work with your local police agency to ensure that they know about these programs and have the means to subscribe to them.
- QUESTION: Where to point people who want to know what trainings are already mandatory for law enforcement?
  - ANSWER from Jeff Spivey: Every state has its own training mandates for law enforcement. There are a number of organizations out there doing this kind of training, mostly on grants to help police officers have better training and provide better outcomes for those with IDD. You would need to check with your state's licensing agency to know what training is mandatory and what is optional. For Texas, the Texas Commission on Law Enforcement (TCOLE) oversees licensing and mandatory training for law enforcement -<u>https://www.tcole.texas.gov/content/training-requirements</u>

### School

- QUESTION: Do you see a difference in how families feel on whether they are attending urban or rural schools?
  - ANSWER: Rural schools do tend to have less resources than urban or suburban schools. For more information on the unique challenges facing rural schools, you may check out - Texas Association of Rural Schools <u>https://www.tarsed.org/</u>

### **Emergency Departments**

- QUESTION: According to the prior slide (slide before lessons learned); DD youth have higher rates than who exactly, for ED visits for mental health crisis? Can you clarify?
  - ANSWER: Compared to youth without a developmental disability.
- QUESTIONS: What do you recommend families do when they are being turned away from an emergency room (needing psychiatric assistance) due to their loved one's IDD diagnosis? How should families respond when an emergency room denies psychiatric care for their loved one due to an IDD diagnosis? Curious if anyone might want to try advocacy route on ADA provisions?
  - ANSWER: This is an extremely important question and reflects the challenges that individuals with IDD and co-occurring mental health needs face when they are in crisis or need a higher level of care. There are several factors to consider, including workforce shortage, lack of knowledge of how best to care for individuals with complex needs, and a lack of specialized community resources. Some things to consider:
    - Help families prepare to advocate most effectively for their loved one who has an I/DD.
    - Many families develop a brief, often one page, summary for how to best support your child, specifically in a medical setting.
       Documenting what helps your child feel safe and sharing that with providers can be a helpful tool.
    - Parents Helping Parents Introduction to One-Page Descriptions A Person-Centered Tool is one example. You can google "one-page profiles developmental disabilities" for many more examples.
    - <u>Using Self-Awareness to Advocate for Support Needs in Different</u>
      <u>Environments</u> by Jordan Smelley
    - Make sure families are aware of their rights.
    - ADA National Network
    - Office of the Texas Governor website Intellectual Disabilities
      Protections
    - Try to get as much information as possible about why they are declining to provide psychiatric care and ask about other possible options for care. Ask about care navigation resources to better help to connect to the right type of follow up care. Ask for a written summary of recommendations, when possible.
    - If you feel your child's rights have been violated, you can <u>contact the</u> <u>Office of the Governor of Texas – Committee on People with</u>

<u>Disabilities</u> and/or one of the local chapters for support on what can be done.

- If you are a leader in an emergency department you should consider ways to implement <u>Supporting Access for Everyone (SAFE) care</u>, developed by Developmental Behavioral Pediatric Research Network.
- If you work in an emergency department there are resources to improve your ability to best serve people with I/DD. <u>Toolkit for</u> <u>Emergency Room Doctors and Personnel</u> from The Arc of Massachusetts.

### Training

- QUESTION: Where would the training for working with IDD youth be obtained?
  - ANSWERS: Jordan Smelley People Planning Together Trainer https://www.jordansmelleyprss.com/connect
  - Here is a list that is included in the Community Action Guide, a resource developed by the Meadows Institute with support from the Texas Council on Developmental Disabilities - <u>https://mmhpi.org/project/tcdd-community-action-guide/</u>
    - The following organizations were identified through conversations with professionals with expertise providing mental health services to people with DD. The Meadows Institute has not vetted these organizations, but we are providing links to their websites as many offer training resources specific to people with DD and mental health concerns:
      - The Link Center
      - National Association of State Directors of Developmental
        Disabilities Services
      - The National Association for the Dually Diagnosed
      - <u>The Ohio State University Nisonger Center (Rehabilitation</u> <u>Research and Training Center on Health and Function for</u> <u>People with Intellectual and Developmental Disabilities)</u>
      - <u>National Center for START Services</u>

## YCOT

- QUESTION: What would be the process to get YCOT in more locations?
  - ANSWER: Currently the Texas House base budget (HB 1) provides \$72.8 M for YCOT expansion, a \$58.8 increase over last biennium's funding. The Texas Senate base budget (SB 1) provides \$54 M for YCOT, a \$40M increase. This funding is expected to fund at least eight new YCOTs. The House and Senate will iron out differences in these numbers between now and the end of

legislative session (May 2025). Following that, we expect HHSC to issue a Needs and Capacity Assessment to receive applications from communities for YCOTs.

- QUESTION: Is there a way to blend the YCOT and MCOT teams together?
  - ANSWER: YCOT funding is distinct from MCOT because YCOT has a unique focus and requirements. Although MCOTs serve adults and children, these teams are not trained or resourced to address the unique needs of children, youth, and families. MCOTs primarily focus on behavioral health and risk assessment to evaluate the potential for self-harm as well as identify and develop a plan for what triggered the crisis. YCOT is considered the bestpractice model for addressing immediate and crisis-level mental health needs among children, youth, and families and more robust follow up practices. Programs similar to YCOT have been shown to reduce mental health related hospitalization and involvement in foster care in other states.
- QUESTION: What resource can I connect to know where to direct advocacy efforts to support YCOT expansion?
  - ANSWER: The <u>Texas Council of Community Centers</u> is actively involved in YCOT implementation and can help guide efforts to advocate for the program. Another way to champion the growth of YCOT is through constituent outreach to one's State Senator and Texas House member. You can find out who represents you at the Legislature through this <u>link</u>.

#### Other

- QUESTION: How about another emergency line, like 911 for mental crises?
  - <u>https://988lifeline.org/</u> 988 is the national suicide and crisis lifeline. It functions differently from 911 as it is specifically intended for individuals experiencing mental health crisis, including suicidal thoughts. In many areas of Texas, 988 connects to the Local Mental Health Authority (LMHA). In areas where 988 does not route to the LMHA, the LMHA will have it's own hotline number. Your LMHA can be found at this <u>link</u>.
- QUESTION/REQUEST: I would love the reference on 20% DD youth missed on suicide assessment.
  - ANSWER: Schwartzman, J. M., Muscatello, R. A., & Corbett, B. A. (2023). Assessing suicidal thoughts and behaviors and nonsuicidal self-injury in autistic and non-autistic early adolescents using the Columbia Suicide Severity Rating Scale. Autism : the international journal of research and practice, 27(8), 2310– 2323. <u>https://doi.org/10.1177/13623613231162154</u>
- QUESTION: Point me toward more resources on a "family safety plan" please
  - ANSWER: The <u>Stanley-Brown Safety Plan</u> is the most widely used safety plan, but it has not specifically been adapted to use with youth with DD. The Safety Planning Intervention for Autistic Individuals (SPI-A) has adapted the Stanley Brown Safety Plan, and information and guidance on how to use it can be

found <u>here</u>. There are also a number of tools for safety planning that can be found via the <u>Zero Suicide initiative</u>. The following article does have an example of an adapted safety plan as well: Earixson, D. Q., Hall, K. C., Marraccini, M. E., & Calhoun, C. D. (2024). Adapting suicide safety plans for youth with intellectual and developmental disabilities. Journal of Applied Research in Intellectual Disabilities, 37(2), e13198. <u>https://doi.org/10.1111/jar.13198</u>

### **RESOURCES SHARED BY PARTICIPANTS**

Debra Brune - Highly recommend Persona Medicine with Pat Deegan. For mental health parents and child. <u>www.patdeegan.com</u>

The following "Guide for the First Listener" was developed by working groups in Montgomery County, Texas, with credit to Gayle Fisher and Dr. Maria Quintero-Conk.



