

Enhancing Services for Washingtonians with Co-occurring IDD and Behavioral Health Needs

NATIONAL
LEADERSHIP
CONSORTIUM



ON DEVELOPMENTAL DISABILITIES



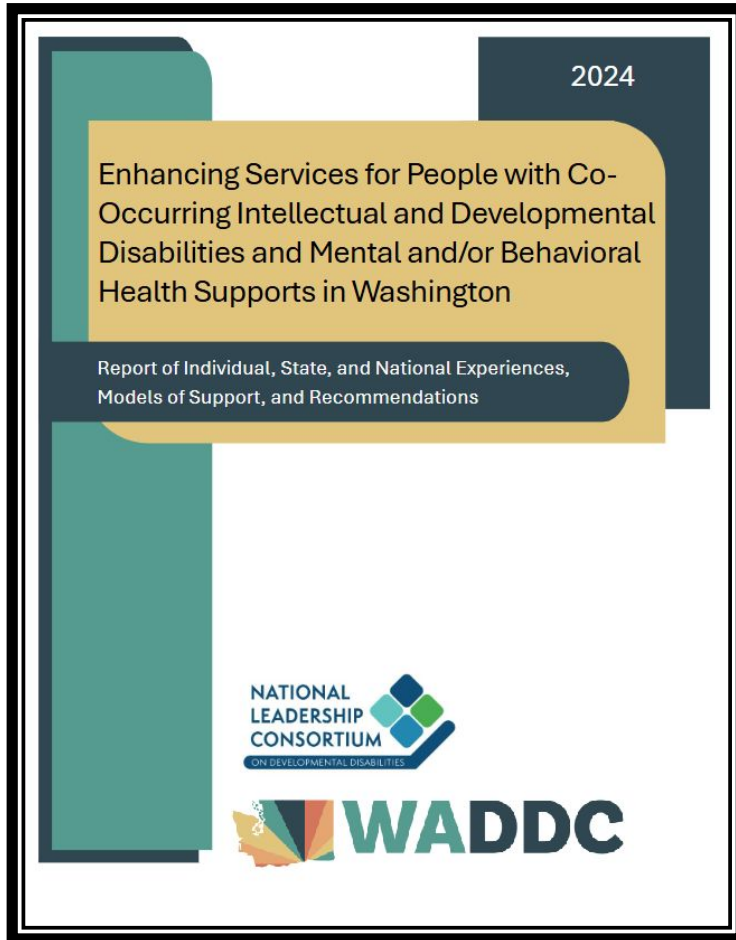
Bridge*Forward*

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Introduction



Goal:

To identify system barriers and promising strategies

Methods:

Mixed methods study (2024)

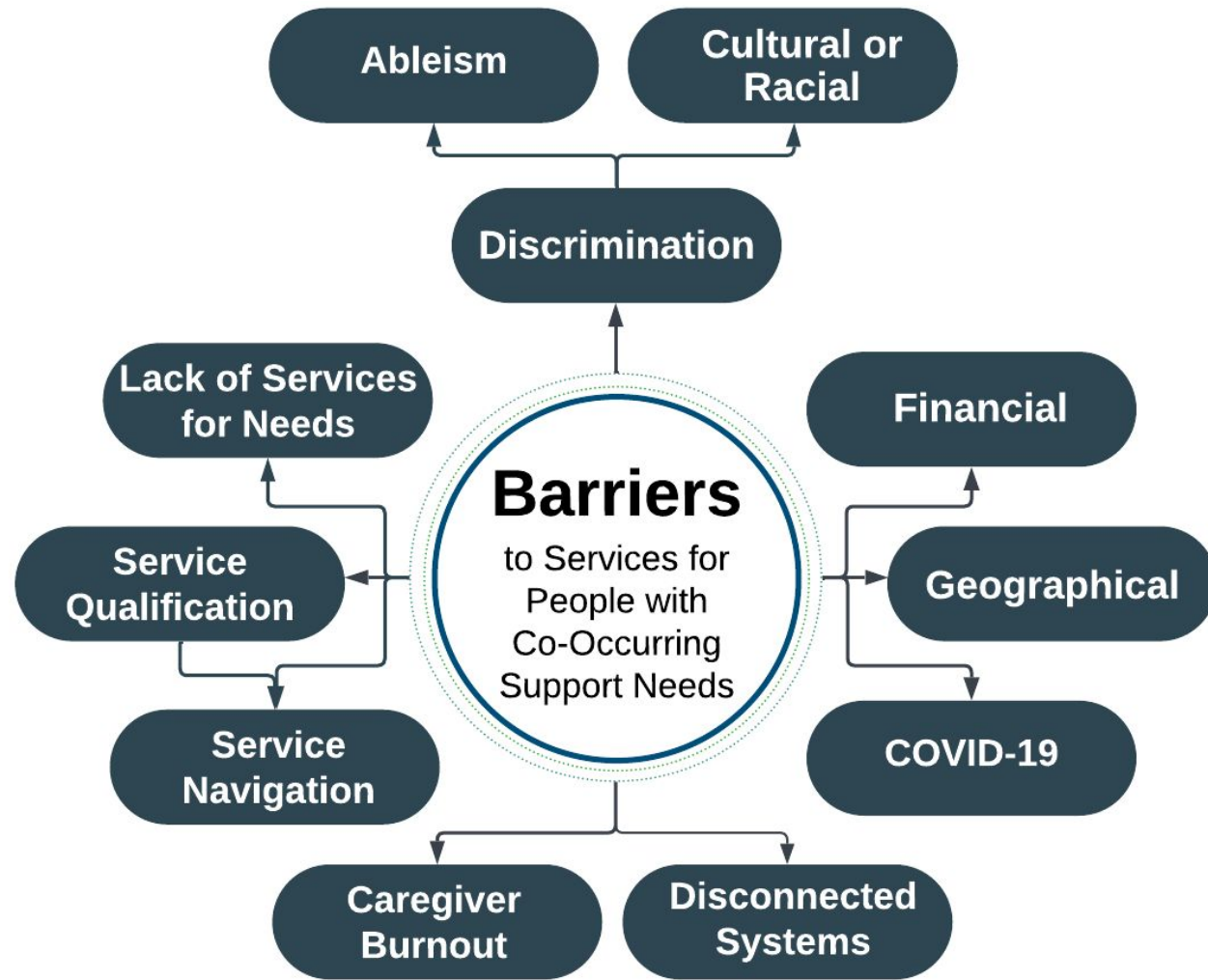
What the Community Shared?



"I have no idea what I can qualify for. Every time I call an agency I hear "oh we don't do that" but then they can't tell me who does. I'm already beyond exhaustion caring for myself and my family, on top of masking to keep my three jobs. I don't have any spare time to research more of this."

"We're taking time off of work to travel to Seattle for different specialists my son sees about every other month. In the month of May this year, we traveled six times to Seattle, and unfortunately, we had to almost max out our credit card to cover expenses."

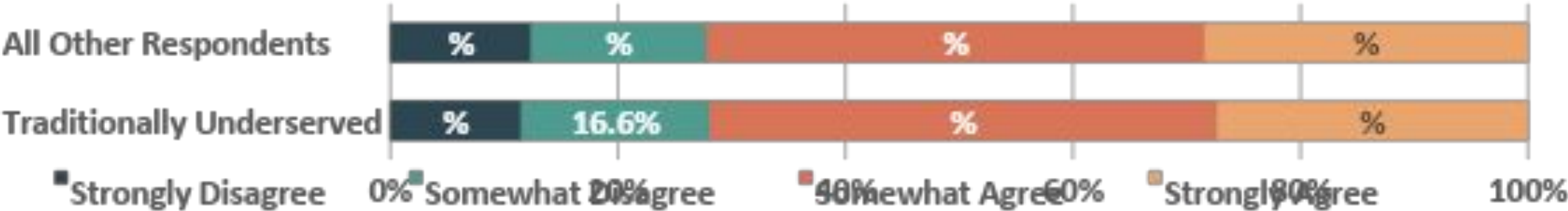
Service Barriers



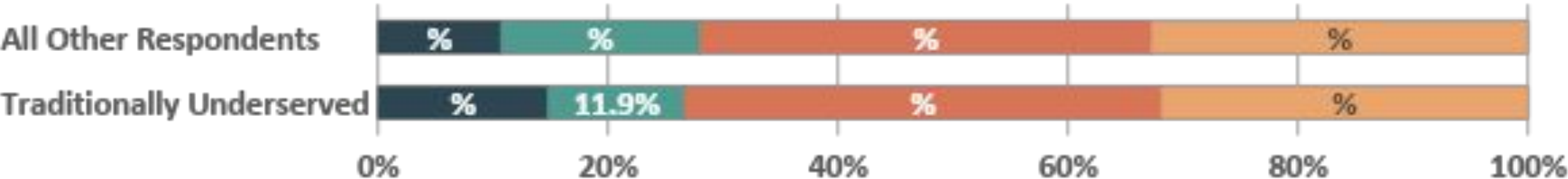
“Not one time have I been able to get the correct help and been shuffled along to no real solutions and support.”

Lack of Appropriate Services

In general, are DISABILITY service providers accommodating to your mental and/or behavioral health support needs?



In general, are MENTAL and/or BEHAVIORAL HEALTH service providers accommodating to your disability support needs?



Accessibility of Services

Disparities for Historically Underserved Populations



About 2.8 times more likely to say that IDD services are “Somewhat” or “Very Expensive”



Only about 16% said their services were a “Very Easy” distance away



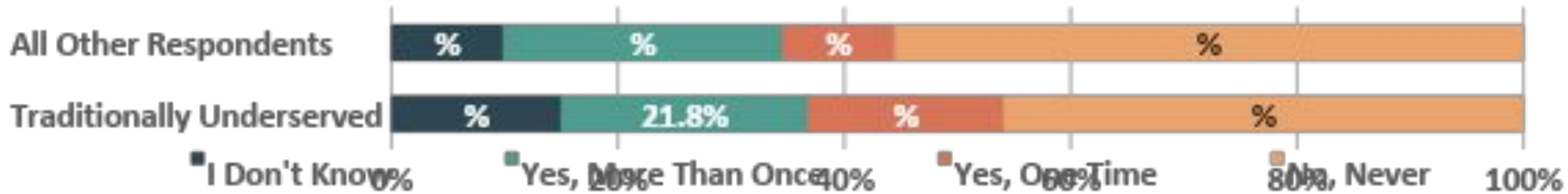
About 2 times more likely to say that scheduling IDD/MBH appointments was “Somewhat” or “Very Hard”



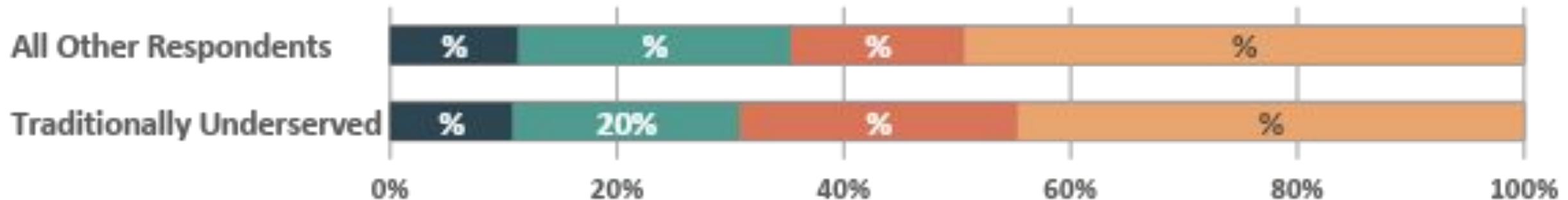
Only 20% said it was “Very Easy” to get transportation to their services

What We Have Learned

Have you ever experienced a DISABILITY service provider denying or removing you from services because of mental and/or behavioral health support needs?



Have you ever experienced a MENTAL and/or BEHAVIORAL HEALTH service provider denying or removing you from services because of disability support needs?



Cultural Competency

Disparities for Historically Underserved Populations



3.1 times more likely to say that IDD providers only respect their culture, religion, and values “A Little Bit”

3.5 times more likely to say that MBH providers only respect their culture, religion, and values “A Little Bit”

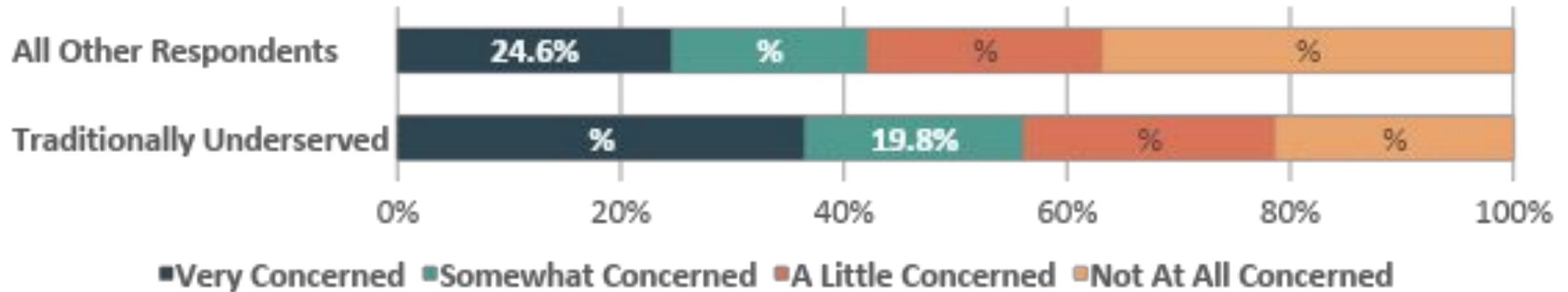


2.2 times more likely to say that IDD services are only “Sometimes” available in their preferred language

4.9 times more likely to say that MBH services are only “Sometimes” in their preferred language

What We Have Learned

How concerned are you that you may be institutionalized due to mental and/or behavioral health support needs because community-based supports were not available?



3.0 times more likely to experience institutionalization **once** because community-based supports were not available

2.6 times more likely to experience institutionalization **more than once** because community based supports were not available

2.6 times more likely to be “**Very Concerned**” about institutionalization because community-based supports were not available

Service Quality

Disparities for Historically Underserved Populations



42% less likely to rate their IDD services as “Excellent”

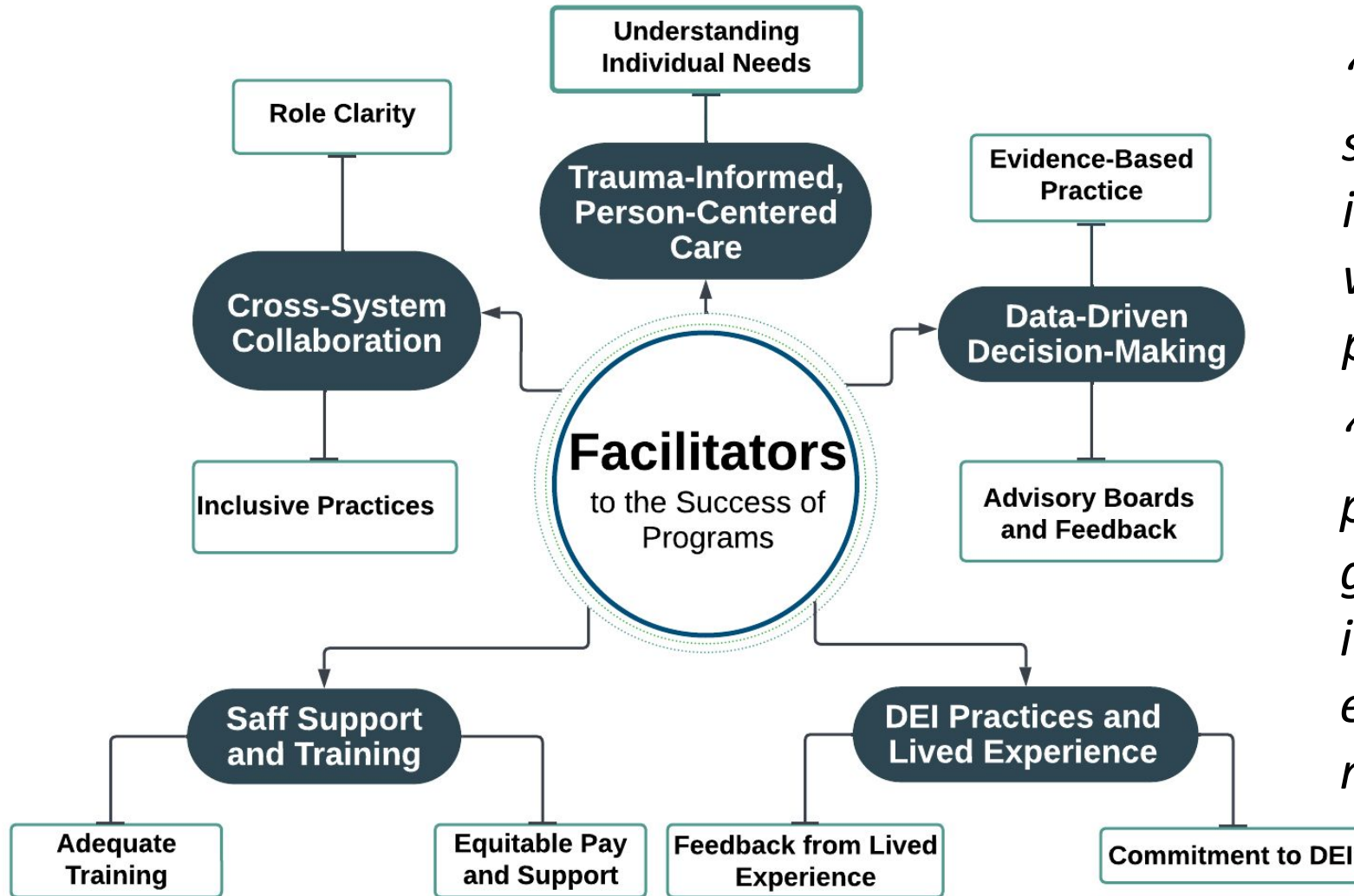
51% less likely to rate their Mental Health services as “Excellent”

“A lot of families just don’t have the ability, knowledge, or those advocacy skills to [navigate these systems]. That’s where a lot of people fall through the cracks; that’s the biggest challenge.”

Pick the things that make it harder to access your current or most recent services



Promising Practices



“Embedding behavioral health services within primary care, including staff in-services around working with ‘special populations.’”

“[It is] important to include the perspective and voices of these groups in service development and implementation planning to ensure accessibility and meaningful care.”

Report Recommendations

1. Expand Access to DDA and Flexible Funding

“We could not access services... because they only contract with DDA. We couldn’t even private pay. That’s my biggest beef, we need to open up the system.”

2. Invest in Consistent and Comprehensive Funding

“We need policies in place that provide the care they need... year after year, not one year we have the money, and one year we don’t.”

3. Expand Crisis Support Options

“There is not a place in Washington state you can put a child with behavioral issues except the emergency room. That’s not a solution.”

4. Implement Trauma-Informed and Extended Services

“To think someone with DD and mental health needs can be ‘turned around’ in 90 days is ridiculous.”

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