Treatment and Prevention Models

Developmental Disability Psychiatric Hospitalizations in Los Angeles Using Treatment and Prevention Models

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Abstract

Los Angeles County developed its own network of specialized resources, liaisons and protocols to increase the probability of successful mental health treatment and meaningful psychiatric hospitalizations through collaborative efforts and unique service provisions. Detailed discussion of the population, statistics and models are presented.

Background

California's population with a developmental disability and mental illness diagnosis are served separately by the State Department of Mental Health (DMH) and the 21 non-profit Regional Centers for Developmental Disabilities (Regional Centers) located throughout California and created by California's Lanterman Act. According to the Department of Developmental Services website, the 2006-2007 California budget for Regional Centers was $3,194,268,000

The Los Angeles County Department of Mental Health (DMH) serves approximately one-quarter of a million residents each year, making it the largest mental health service system in the nation (www.dmh.lacounty.gov). Los Angeles County is one of the nation's largest counties, with over 4,000 square miles, 88 different cities, and over 130 unincorporated communities, containing over 10 million residents.

In May of 2007, California Health and Human Services Agency, Department of Mental Health released the FY 2004-2005 involuntary detention statistics. California assessed 142,737 adults who were placed on a 72-hour involuntary hold (W.I.C. 5150) in California psychiatric hospitals. Los Angeles County had 48,473 adults (34% of the California detention total.) California psychiatric hospitals also detained 20,284 children on 72-hour involuntary holds. Los Angeles County detained 6,058 children (30% of the state detention total).

California and Los Angeles County have difficulty serving individuals with developmental disability and mental illness needs because of issues about funding from state budgets, separation of service delivery protocols, and a lack of educated and experienced professionals available at service delivery sites who understand the special needs of individuals with a dual diagnosis (developmental disability and mental illness).

In June, 2007, California had over 225,000 individuals who qualified for regional center services because of a diagnosis defined in the Lanterman Act. 55,807 regional center clients reside in Los Angeles County. Julie Jackson, Acting Deputy Director of D.D.S., presented data at the National Association of State Developmental Disability Directors Bi-Annual Meeting in June, 2005, indicating that over 33,713 regional center clients receive medications for behaviors (approximately 16%), 14,785 clients have severe behavior problems (approximately 7%), and 20,106 had been identified with a dual diagnosis (approximately 10%), using the statewide statistical data maintained by individual regional centers.

Using state percentiles of 16% for medications for behaviors, Los Angeles County's regional center population would have approximately 8,929 clients with behavioral needs, 7% with severe behavior problems (3,906), and 10% (5,580) with an established dual diagnosis.

Factors Leading to Psychiatric Hospitalization

Los Angeles County has a memorandum of understanding (MOU) with DMH and the 7 Los Angeles County Regional Centers to provide services for commonly served clients. Los Angeles County DMH and Regional Centers meet every two months to discuss improvements in service delivery, share resources, and discuss policy to better serve the mutually served clients. The California Mental Health Task Force, which meets quarterly in Sacramento, conducted surveys with regional centers and psychiatric hospitals in 2005-2006 and identified the factors of physical aggression (towards others/self) and property

damage as the two most common factors involved with involuntary psychiatric hospitalization of clients with a dual diagnosis of mental illness and a developmental disability.

Additionally, multiple psychiatric hospitalizations have other factors which facilitate the learned aggressive behaviors and property damage including: inappropriate medication, overmedication, residential issues, inappropriate staffing levels, personality dynamics, lack of therapeutic follow up, and day program issues which may not be resolved upon discharge from the hospital.

Traditional involuntary hospitalization involves transportation to a psychiatric hospital following an assessment by law enforcement or a psychiatric evaluation team (PET). Services for developmentally disabled clients with a mental illness usually consist of heavy medication (to reduce symptoms) and group therapy, followed by discharge within 72 hours. Low functioning individuals, individuals with a diagnosis of autism, and individuals with sensory impairments receive a band-aid approach to the symptoms due to the ineffectiveness, and often inability, to participate in "talk" therapy as a primary non-medication intervention, and are discharged back to the community with a few days supply of freshly dispensed psychiatric medication, which often masks the underlying symptoms which resulted in hospitalization.

In response to the lack of appropriate psychiatric hospital resources, California Regional Centers have developed a psychiatric wing (DDMI wing) at College Hospital in Cerritos, California to provide exclusive services for individuals with a dual diagnosis using non-verbal therapies, a team of consulting psychiatrists, and using a behavior modification approach to therapeutic intervention. Hospitalizations are paid for exclusively by the Regional Center and do not have a time limitation for therapeutic intervention and treatment.

Additionally, Regional Centers have developed hospitalization reduction models which include contracting with specialized psychiatrists to provide short-term out-patient treatment to dually diagnosed individuals with special medication needs. San Gabriel Pomona Regional Center uses a Bio-Behavioral Team which includes a specialized psychiatrist, behavioral psychologist, and pharmacologist to review medications, behavior, and treatment services for the at-risk for hospitalization population. Pharmacy reviews are part of case consultations with nurses and a pharmacologist. The Behavior and Intervention Team consists of two senior psychiatric technicians formerly employed by the Developmental Disability State Hospital (Lanterman Developmental Center) who travel to clients' residence or work place to obtain a functional analysis of presenting problems and make sophisticated recommendations about how to decrease the probability of a client losing their preferred living arrangement or day program. Telepsychiatry has been used to facilitate access to appropriate psychiatrists and medications. The mental health pilot project consists of local mental health providers who hear individual cases presented by regional center service coordinators and expedite the intake and delivery of mental health services for individuals with a dual diagnosis. The mental health pilot project is being replicated by other regional centers as a way of providing applied education about differential diagnosis of commonly served clients and better understanding each other's systems.

As a result of regional centers and Department of Mental Health collaborations, more clients are being deflected from public and private hospitals, identified earlier for more sophisticated interventions, and are benefiting from new and innovative resources which have been developed to improve the outcomes of psychiatric hospitalizations and decrease the probability of multiple hospitalizations.

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California Welfare and Institutions Code, W.I.C. 5150