Docket Feedback 11/14/19 from Carol Skelly, CSB Committee on Developmental Disabilities

I am very glad to see that the new draft behavioral health docket appears to include developmental disabilities (DD) as a stand-alone eligibility category. Page 1 of the docket now says that eligible individuals can have a diagnosis of DD or serious mental illness.

While I believe this is the intent, there are several categories of issues that are unclear or unresolved in the docket. I am concerned about this because some individuals with DD, especially high-functioning autism, are likely to become involved with the criminal justice system. At the August public meeting, the Fairfax representative said that, of 7 cases they had to that point on the Fairfax docket, 2 were individuals with autism.

The first category of concern includes some critical omissions and inconsistencies in the documents. Here are some examples:

- on page 3, Attachment G is referenced as "fully" describing the diagnoses that can be served; however, Attachment G appears to be the eligibility criteria for the CSB's behavioral health division and does not contain any mention of developmental disabilities.
- the new draft docket appears to make all individuals with DD eligible; however, the fact sheet still says that DD individuals are only eligible on a case-by-case basis. (It seems to me that all individuals are being considered on a case-by-case basis, subject to their ability and willingness to comply with the requirements, so I see this language as unnecessarily restrictive.)

It's also important to recognize that not all individuals with high-functioning autism are going to have enough cognitive and adaptive impairments to meet the CSB's strict definition of DD. While they are likely to have behavioral health issues, they also probably do not have a diagnosis of mental illness. Are they eligible? The docket is currently unclear on this important point.

The second category of concern is that the treatments referenced are all traditional MH/SUD treatments. While these treatments can be helpful to individuals with DD, behavioral therapy is often the treatment of choice, especially for individuals on the autism spectrum. This could be

easily remedied by including the language "mental health and/or behavioral therapy" throughout the docket wherever treatment plans are discussed. Other language regarding treatment and clinicians should be reviewed to determine whether its MH-centric language is inclusive enough -- for example, the RNR simulator tool, which appears to be the guide for treatment planning, does include any DD-focused programs, all references to are to BHD clinicians and none to DD clinicians, etc.

The third category of concern is the role of families, guardians, or other support networks in the treatment and diversion plans for individuals with DD. (Cherie Takemoto has also submitted comments about this.) The current language of the docket deals exclusively with the individual; however, most individuals with DD need permanent formal and informal supports to function in the community and those supports would have to be an integral part of treatment planning.

I am sending these comments now because I am not clear on the procedures for public comment for this iteration of the docket. I do plan to attend the Nov. 18 meeting. I am asking that these written comments be made part of the public record, as appropriate.

Thank you.

Carol Skelly
Chair, CSB Committee on Developmental Disabilities