



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Assembly Human Services Committee

Testimony on A3675

Respectfully Submitted, June 9, 2022

Good day, Chairperson Jimenez, and members of the Assembly Human Services Committee. Thank you for the opportunity to testify in support of A3675 and to publicly express our gratitude to the bill's sponsors, Assemblymen Verrelli, Mukherji and Benson.

The incidence and prevalence of mental health conditions for individuals with intellectual and developmental disabilities is typically two to three times that of the public.¹ This supports the estimate that between 30-57% of people with intellectual and developmental disabilities also experience mental health challenges.² Despite the frequency of individuals with intellectual and developmental disabilities having mental health conditions, this concurrence has often been misdiagnosed, understudied, and undertreated leading one industry expert to name this population as “the last and the least served.”³ Possible explanations for this include:

- For years the common thought was that you had to have a certain intelligence level to have a mental illness; that individuals with intellectual and developmental disabilities didn't have a high enough IQ to get depressed or to experience trauma.⁴
- Behavioral issues in people with intellectual disabilities were most often viewed as a function of their cognitive impairment rather than a symptom of an underlying mental health problem. It did not occur to clinicians that there might be an additional diagnosis, so they did not think to look for other explanations for behaviors.⁵
- A diagnosis of intellectual or developmental disability often overshadows the mental health issues so that the condition goes unrecognized.⁶

¹ Beasley, Joan B. *An Overview of START with Dr. Joan B. Beasley*, Institute on Disability/UCED, University of New Hampshire, 2016.) Webinar at www.centerforstartservices.org.

² Nicholson, D., Calhoun, A., McLaughlin, A., et al. *Care Experiences of Adults with Dual Diagnosis and the Family Caregivers*. (Global Qualities Nursing Research, 2017) *Jan-Dec: 4:2333393617721646*, 1-2.

³ Beasley, *Overview of START*.

⁴ Ibid.

⁵ Solomon, Andrew. *The Reckoning. The Father of Sandy Hook Killer Searches for Answers*. (The New Yorker Magazine, March 17, 2014) www.newyorker.com/magazine/2014/3/17/the-reckoning.

⁶ Evans, Ike. *Trauma Informed Care and Intellectual and Developmental Disabilities*. (Hogg Foundation for Mental Health, 2017). www.hogg.utexas.edu/trauma-and-idd?

- People with intellectual and developmental disabilities experience trauma, including abuse and neglect, at higher rates than the general population and are at increased risk of developing more severe post-traumatic stress symptoms than people without intellectual and developmental disabilities when exposed to the same traumatic event (Texas Health and Human Services). Trauma responses are often mistaken for willful noncompliance or lack of motivation.⁷
- Mental and substance use disorder treatment providers may underestimate the barriers of accessibility to their program or they may have specific exclusion criteria for some people with disabilities.⁸

“Immune,” unnoticed, overlooked, minimized, and excluded; whatever the reason(s) the personal, familial, and societal suffering and loss is immeasurable.

Recently, DDD approved an RFP which will create a total of 12 crisis stabilization beds in 3 Behavioral Health Homes across the state. To the extent that the intervention process differs from, and any incompatibilities can be cleared up with the START model outlined in A3675, it would be valuable to analyze and compare outcomes. In addition to creating more opportunities in the community for assessment, stabilization, and choice for our population, A3675 emphasizes prevention and respite. We support this bill which combined with actions undertaken by the Division may help create diverse models of care from which to choose and a broader service continuum to prevent emergent and acute care crises in our population.

⁷ *Mental and Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities.* (SAMSA Advisory, 2019). HHS Publication No. PEP19-02-00-002.

⁸ *Ibid.*