

Health Care Alert

A QUARTERLY PUBLICATION PROVIDING HEALTH CARE TIPS FOR PEOPLE WITH
INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES AND THEIR SUPPORT TEAMS



New Director at PCHC

Melissa DiSipio

Melissa A. DiSipio, MSA,
FAAIDD was announced as the

new director of Philadelphia Coordinated Health Care (PCHC) effective May 31, 2017. Melissa has worked at PCHC for 18 years and has been its Assistant Director since 2004. She has been an active participant in many local, state and national organizations and is well qualified to assume this role. Melissa helped to develop the dementia screening tool for people with intellectual disability with the National Task Group on Dementia and Intellectual Disability. She also is a Fellow and Board Member of AAIDD and an instructor for the National Leadership Institute at the University of Delaware. PCHC, Pennsylvania's Southeast Regional Health Care Quality Unit, has been a leader in providing health support for people with intellectual and developmental disabilities for over 25 years and serves Bucks, Chester, Delaware, Montgomery and Philadelphia Counties. Please join PCHC in welcoming Melissa to her new position!

DBHIDS Heat Policy 2017

As warm weather is upon us, please find links below to the DBHIDS Heat Safety Policy and educational materials. Some small updates have been made this year.

The policy contains safety measures for the following Department of Behavioral Health and Intellectual disAbility Services-funded programs: residential programs (includes congregate, individual living arrangements and recovery houses), licensed drug and alcohol facilities, and mental health targeted case management programs. Additionally, the policy applies to certified peer specialist programs. The safety measures entail training, monitoring and mechanical cooling requirements.

To staff who do not work directly with provider agencies – you may find the educational materials (below) of interest in keeping yourself and your loved ones healthy and safe this summer.

- [DBHIDS Heat Safety Policy and Training Materials](#)
- [Health Matters Information Sheet One](#)
- [Health Matters Information Sheet Two](#)
- [Heat Safety Tip Flyers](#)

Please feel free to contact Ann Rudnick at 215-685-4957 or Ann.Rudnick@phila.gov with any questions you may have regarding the linked documents.

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Sleep disorders are a group of conditions that affect a person's ability to sleep well on a regular basis. There are many different types of sleep disorders. Therefore, it is important to receive the correct diagnosis and work with a qualified health care provider to develop an individual and personalized treatment plan.

Most people occasionally experience sleeping problems due to stress, busy schedules, and other outside influences. However, when these issues begin to occur on a regular basis and interfere with daily life, they may indicate a sleeping disorder.

In some cases, sleep disorders can be a symptom of an undiagnosed physical or mental health condition. There are many

Sleep Disorders

conditions, diseases, and disorders that can cause sleep disturbances. The problem may eventually resolve once the underlying cause is diagnosed and treated.

Obstructive sleep apnea (OSA) is an example of a physical condition that causes sleep disturbance. People with Down syndrome have a higher incidence of obstructive sleep apnea (OSA), secondary to differences in the anatomy of the upper airway and other physical health distinctions.

Insomnia is another example of a sleep disorder. Children and adolescents with Autism Spectrum Disorder (ASD) have a higher incidence of insomnia, secondary to individual genetic, environmental, immunological and neurological factors associated with ASD.

A good first step when a sleep disorder is suspected is to meet with your health care provider to discuss your concerns. Your

doctor should first perform a physical exam and gather information about your symptoms and medical history. They may recommend further testing which may include a polysomnography: *a sleep study that evaluates oxygen levels, body movements, and brain waves to determine how they disrupt sleep.*

The treatment of sleep disorders varies depending on the underlying cause. It may involve a combination of medical treatments and lifestyle changes and non-pharmacological interventions. For example, cognitive behavioral therapy (CBT) may help if anxiety is a contributing factor to insomnia.

Sleep plays an important role in a person's overall health. If you, or someone you know, is not sleeping well on a regular basis, it is important to receive an evaluation by a provider specializing in sleep medicine accredited by the American Academy of Sleep Medicine.

References:

- American Academy of Sleep Medicine <http://www.aasmnet.org/>
- National Down Syndrome Society <http://www.ndss.org/Resources/Health-Care/Associated-Conditions/Obstructive-Sleep-Apnea--Down-Syndrome/>
- Autism Speaks <https://www.autismspeaks.org/family-services/health-and-wellness/sleep>
- Sleep and Autism Spectrum Disorder
- National Heart Lung and Blood Institute, What is Insomnia? <https://www.nhlbi.nih.gov/health/health-topics/topics/insom>
- The American Occupational Therapy Association, Occupational Therapy Role in Sleep <https://www.aota.org/About-Occupational-Therapy/Professionals/HW/Sleep.aspx>



BAYADA Home Health Care is a 42 year old, family-owned Home Health company based out of Moorestown, New Jersey. Over the last five years, BAYADA has grown a team of healthcare professionals with a unique skillset to match a unique and historically underserved population- Adults with Intellectual and Developmental Disabilities.

BAYADA's Nurses, Physical Therapists, Occupational Therapists and Speech Language Pathologists undergo orientation and complete competencies in the treatment of Intellectual and Developmental Disabilities and are acquainted with the clinical and social intricacies of treating this unique population. All of BAYADA's services are delivered in the comfort and familiarity of our clients' homes, allowing for ease of burden on caregivers and family members. We currently have teams treating Adults with ID/DD in Philadelphia and the surrounding counties including Bucks County and Central Pennsylvania. We are happy to report exceptional results in reducing hospitalizations, at a rate 77% lower than the national average 30-day hospitalization rate with this vulnerable population. We look forward to growing our capability to provide industry-leading Home Health services for this very special population.

Go to www.bayada.com or call (888) 876-0111 for more information

Behavioral Health Promotion Activity Plans

Psychiatric disorders are common in individuals with an intellectual disability (ID), but these disorders are often misdiagnosed because symptoms of mental illness may not be expressed in the same way compared with the general population. The diagnostic system that is currently used to diagnose mental illness is the *Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition* (DSM-5). This diagnostic system is designed for use with the general population. In response to this concern, the National Association for the Dually Diagnosed (NADD) developed the *Diagnostic Manual – Intellectual Disability, Second Edition (DM-ID-2): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability*. (2017). This manual is designed with a developmental perspective to help clinicians to recognize symptom profiles in individuals with ID.

In the development of the **Behavioral Health Promotion Activity Plans (BHPAPs)**, the DSM-5 was used to provide a clear description of each diagnosis or diagnostic category. In addition, the DM-ID 2 was used as the source of behavioral observations for each diagnosis or diagnostic category, since this manual is based on expert consensus, and describes how symptom profiles of mental illness may differ in individuals with ID. Information about evidence-based interventions suggested for each diagnosis or diagnostic category was found on the website of the Society of Clinical Psychology, which is Division 12 of the American Psychology Association.

The purpose of the **BHPAPs** is to assist individuals who are dually diagnosed with a mental illness and ID as well as those involved in his or her care with treatment planning. **It is important to note that psychiatric diagnoses should only be made by qualified medical and/or mental health**

professionals. Currently, a total of six **BHPAPs** have been created, namely:

- Attention-Deficit/Hyperactivity Disorder
- Bipolar Disorders
- Depressive Disorders
- Manic Disorders
- Obsessive-Compulsive and Disorder
- Psychotic Disorders

The **BHPAPs** will assist with understanding what common mental illnesses are by providing clear definitions, as well as a list of possible behaviorally observable symptoms that may be present for each diagnostic category or disorder. The **BHPAPs** also provide information about support strategies and provides examples of psychotropic medications that are commonly prescribed. The goal of the **BHPAP** is to assist with identifying and tracking the symptoms of a given psychiatric disorder. In addition, the **BHPAP** will assist with identifying possible evidence-based strategies to support the individual. Each **BHPAP** has a template that can be used to describe behavioral observations, support strategies, prescribed psychotropic medications, frequency of support, desired outcome(s) specific to the individual. The **BHPAP** also provides a space to list all the individuals responsible for following the plan.

By using the **BHPAP** template it may be discovered that the observed psychiatric symptoms do not match a given diagnosis. In these cases the treatment team should collaborate with the prescribing physician to accurately identify and track psychiatric symptoms. The Behavioral Health Team Review Form of Psychotropic Medications is a useful tool for this and can be found on PCHC's website. To locate these forms go to www.pchc.org> Resources> Behavioral Health Promotion Plans .

References:

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). Washington, DC: Author
- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285. Information retrieved from: https://www.div12.org/psychological_treatments/treatments/
- Fletcher, R., Barnhill, J. & Cooper, S.A (2017). *Diagnostic Manual – Intellectual Disability 2(DM-ID 2): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability*. Kingston, NY: NADD Press.

Education Department Update



Upcoming training dates for the calendar year will be distributed soon. The dates for the Dual Diagnosis Curriculum training and other Regional topics will be provided at that time. Go to www.pchc.org > Education > Training Events for upcoming training dates. If you are interested in a new training topic please contact Bonnie DiRidolfo at bdiridolfo@pmhcc.org.

Announcements

Regional Nurse Network Meetings

An opportunity for developmental disabilities nursing education and discussion.

***If you are not on our e-mail list, or have changed e-mails, please contact Patty Graves at pgraves@pmhcc.org.*

Special Needs Unit (SNU) Meetings

Please contact Briana Downs at bdowns@pmhcc.org for more information about the SNU Meetings or to be added to the SNU Meeting list.

Regional Nurse Network Meetings

To Be Announced



Special Needs Unit Meetings

October 18, 2017
January 17, 2018

 Learn more at www.pchc.org



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