

# INTRODUCTION TO THE SPECIAL ISSUE

## U.S. PUBLIC POLICY: ASSESSMENT OF SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH NEEDS

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It is an honor to have collaborated with the contributors to this special edition on U.S. public policy. It is imperative that we assess our service delivery system, and through the dissemination of information, we can reach a mutual understanding of how to best support the people we serve.

Charlie Lakin, Ph.D. and his colleagues found that while controlling for levels of intellectual disability, persons with dual diagnoses were consistently more likely than persons with intellectual disability only to be placed in ICFs/MR and agency-operated congregate care settings, and were less likely to live with family members. Controlling for level of intellectual disability, they were less likely to experience personal and support-related choice, and they were much more likely to receive medications.

William O'Brien, MSW describes the problems faced by hospitals in providing acute inpatient psychiatric treatment for individuals with intellectual disabilities. Although necessary, little planning has occurred on the provider, advocate, or insurer sides to define what are the "Best Practices." Recent changes in Medicare could have a series of unintended consequences for individuals with intellectual disability .

Diane Jacobstein, Ph.D. and her colleagues describe a fragmented service structure that often prevents children with co-occurring developmental and emotional or substance abuse disorders from receiving appropriate care. A federal interdepartmental initiative is attempting to promote positive change. Recommendations for policy reform include improvements in accessibility and responsiveness to family needs, local capacity, and interagency collaboration at all levels of government.

Leslie Rubin, M.D., Jay Fahs, M.D. and I examine the complexity and challenges in providing effective delivery of physical and mental health care to people with developmental disabilities in the community. Suggestions for systems improvement in health care that addresses the multiple levels of service delivery needed to reduce health disparities in our society are described.

In the "Ask the Doctor" column, Anne Hurley, Ph.D. and I describe how the Medicaid Waiver has been used in some states to promote positive change and to begin to address many of the issues discussed in this journal.

We must have a clear understanding of the challenges we face. This can only come through an assessment of our service system. It is imperative that planners and providers are also made aware of every possible resource available and ways to promote change in their locales. It is my hope that we have made a contribution to this end.

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