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Autism Spectrum Disorders and

Severe Mental Illness:

**Collaborative Plan submitted by the
Department of Developmental Services and
Department of Mental Health**

December 2015



Legislative Report on Autism Spectrum Disorders and Severe Mental Illness:

Collaborative Plan submitted by the Department of Developmental Services and Department of
Mental Health

Introduction:

Section 27A of Chapter 226 of the Acts of 2014 (the Act) required the Department of Developmental Services (DDS) and the Department of Mental Health (DMH) to

“Establish and implement a plan to provide services to individuals who have both a mental illness and a developmental disability and are also eligible for services from both the [DDS and DMH].” In developing the plan, the Act further directed the departments to “consider (i) ways to facilitate communication between the departments, (ii) protocols to determine which services shall be provided by which department and (iii) ways to ensure that an individual who is eligible for services from both departments receives all services for which an individual is eligible,” and provided that “the plan may include an interagency agreement as permitted under section 21 of chapter 19 of the General Laws.”

Over the past 18 months, DDS and DMH have engaged each other through meetings that included both Commissioners and their staff. In the course of this high level work between the agencies, planning and collaboration activities included:

- a. Joint DDS Eligibility/DMH Service Authorization meetings to build familiarity and understanding about each other's processes (starting April 2015);
- b. Joint Shared Provider Meeting with Community Providers, Commissioner Mikula and Deputy Commissioner Ryder present (November 18, 2015);
- c. Joint planning for complex individuals;
- d. Creation of Steering Committee to guide interactions (first meeting November 2015);
- e. Discussion about data sharing for individuals not yet eligible in the other's system;
- f. Initial design of joint trainings to increase provider knowledge;
- g. Initial development of DDS Region/DMH Area joint teams to facilitate local planning for population.

Pursuant to the Act, DDS and DMH have developed and are implementing the attached plan, which has been memorialized as an Interagency Service Agreement between the Departments. The plan is submitted herewith in compliance with the requirement of the Act that the departments jointly file a report on their plan to the General Court.

Agreement between the Department of Mental Health (DMH) and the Department of Developmental Services (DDS) Regarding Services to Individuals with Autism Spectrum Disorders (ASD) and Serious and Persistent Mental Illness (SPMI).

Whereas: Chapter 226 of Acts of 2014 requires DDS and DMH to develop a plan to “establish and implement a plan to provide services to individuals who have both a mental illness and a developmental disability and are also eligible for services from both [DDS] and [DMH]”; and

Whereas: DDS and DMH recognize that DDS has been assigned primary responsibility for provision of services to individuals with ASD; and

Whereas: DDS and DMH also recognize that some individuals with ASD also suffer from SPMI and meet service authorization criteria to receive DMH services; and

Whereas: DDS and DMH recognize that each Agency has different approaches to determining whether an individual is eligible for services. These differences include time lines for determination decisions, length of time that eligibility or service authorization is granted (lifetime (DDS) versus annual review (DMH)), and each Agency provides an array of services that provide different functional supports from habilitation (DDS) to rehabilitation and recovery (DMH);

Whereas: DDS and DMH pledge their collaboration and cooperation in expanding their mutual understanding of one another's service system, increasing the level of clinical expertise regarding this population in the public sector service system and in developing the service array and sharing the provision of services for individuals with both ASD and SPMI who meet service authorization criteria for both agencies; and

Whereas: DDS and DMH agree that to effectively address the needs of adults with ASD and co-occurring mental health needs, it is important to understand the spectrum of need on which they fall and to recognize that individuals along the spectrum have both similar and very different needs. This understanding is critical to developing and implementing strategies to address their service needs. Such diversity of need requires a comprehensive collaboration across responsible state agencies, the multiple funding agencies (state, managed care organizations, health plans, school systems), families, consumers, and community-based organizations that provide a range of services and supports to individuals and their families. By advancing this collaboration, the roles of the various stakeholders will become clearer as will the responsibilities of the respective state agencies as providers or funders of services, and of DDS and DMH as the state authorities to insure that appropriate developmental and mental health services are available to citizens of the Commonwealth;

DDS and DMH therefore agree as follows:

- 1) DDS and DMH will meet regularly in order to facilitate and maintain a working relationship and to improve communication flow. These meetings will occur at all levels of the respective agencies, in particular at the Central and Field Operations levels (through the DDS Regional/Area Offices and the DMH Areas/Sites). The goals of these meetings are: a) To increase agency personnel's mutual understanding of the respective Agencies organizational structures, service array and service delivery models and resources and to align differences between the agencies where possible to enhance coordinated service delivery to individuals with ASD who meet service criteria for both agencies; and b) At the Regional/Area level to identify individuals with ASD who meet service criteria for both agencies and develop collaborative service planning and delivery.
- 2) A **Joint DDS/DMH Autism Committee** will be convened to provide overarching philosophy, policy and procedure development, oversight and monitoring of services needed and/or provided by those who are dually eligible. Committee members will include: DDS Deputy Commissioner; DDS Assistant Commissioner of Policy, Planning & Children's Services; DDS Central Risk Manager and DDS Field Representation; DMH State Medical Director; DMH Deputy Commissioner for Mental Health Services; DMH Director of Community Services; and DMH Area Representation.
- 3) Eligibility and Service Authorization Determination
 - a) Recognizing that both Agencies' service systems are voluntary, and that engagement with either requires the consent of the individual being served, the Agencies both commit to encouraging individuals who may be dually eligible for services to consent to the sharing of information between them.
 - b) The Agencies recognize that some individuals with ASD will meet DDS eligibility/DMH service authorization criteria for both Agencies and may require services from both agencies. Such individuals will be considered "dually eligible."
 - c) Neither agency will terminate an individual's eligibility or service authorization based on an affirmative eligibility/service authorization decision by the other Agency; nor will either Agency unilaterally terminate a service it has been providing with intent of shifting the cost of such service to the other. Pursuant to collaborative service planning processes to be developed, the Agencies will engage in joint service planning for dually eligible individuals.
 - d) The Agencies agree to develop dispute resolution mechanisms to resolve disagreements regarding eligibility/service authorization, service planning responsibility and provision of services (including cost sharing).

- e) Decisions concerning any cost sharing arrangements will be made by staff at the local DDSRegional/Area offices in collaboration with the DMHArea/Site offices with resolution by the Joint DDS/DMH Autism Committee as needed.
 - f) In determining DDS eligibility or DMH service authorization, each Agency will refrain from opining whether an individual meets the eligibility/service criteria of the other.
 - g) Individuals, who are not eligible for either DDS or DMH services, will be directed to the Autism Support Centers, other relevant state agencies, as well as the general health care delivery system.
 - h) DDS will pilot an expedited eligibility process for individuals who are hospitalized in an acute inpatient psychiatric facility, by committing the availability of a psychologist to conduct an expedited eligibility determination while the individual is so hospitalized. This pilot does not guarantee the expedited delivery of said services but allows both agencies to begin the work necessary to serve the individual. Additionally, for such individuals referred to this pilot, DMH will conduct a concurrent service authorization process and commit to providing or assisting in obtaining relevant records, history and consent of the individual, guardian, family and facilitate hospital personnel to participate in this process with appropriate authorization from the legally authorized representative. This pilot will be developed within the Greater Boston/Rte128 belt.
- 4) Plan for Training and Professional Consultation. The Agencies recognize the need to increase the level of clinical expertise concerning individuals with ASD and mental health issues in the public sector service system. Accordingly:
- a) DDS will provide support for the development of two psychiatric fellowships within DMH's existing Residency Training Grant programs, in the post graduate year 5 or higher specializing in Autism. One fellow will be located at Massachusetts General Hospital in Boston Massachusetts, and the other at University of Massachusetts Medical Center in Worcester Massachusetts. These yearlong fellowships will begin in July 2016 (FY17 Budget). DDS will contribute a total of \$200,000 (\$100,000 per site respectively) annually. DMH will amend its existing Residency Training Grants with each of these institutions to develop and manage these fellowship training programs.
 - i) These fellowship programs will include a DMH clinical rotation as part of the curriculum.
 - ii) These training consultations with expert supervision will be available to DDS as requested.
 - iii) Consultation will be a prominent part of the training as described below.
 - b) During and limited to FY16, as part of the development of the fellowship programs, DDS will provide a total of \$50,000 to be used by the above academic institutions to provide

clinical consultation, treatment planning and service design recommendations for a minimum of 20 ASD individuals who have significant mental health issues for whom such consultation and recommendations are requested only by DDS.

- i) Referrals for this consultation will be made through the Assistant Commissioner for Policy, Planning and Children's through a process to be developed by the Agencies.
 - ii) After FY16, these consultations will be a built in expectation for the fellowship programs in the Training Grant specified above.
 - iii) Should the need for consultation exceed twenty people, DDS will determine whether additional funding can be provided to either or both institutions.
- c) DDS and DMH will develop an interagency plan to address the training needs of each agency's leadership, administrative, professional staff and service providers. Priority training topic are designed to:
- i) Help staff understand the respective agencies' service provision philosophy and priorities, authorization systems, resources, and best practices.
 - ii) Increase staff's understanding of the intersection between ASD and mental illness.
 - iii) The plan will also identify priority and target audiences for training.
 - iv) Training will include but not be limited to online webinars, in person training, Grand Rounds, supervision, competency training, and self-directed learning. Professional Training Programs will be developed, accessed, and/or purchased to provide the necessary and appropriate training.
 - v) The initial plan will focus on training State Agency staff and when needed, community partners and provider staff.
 - vi) DDS will commit up to \$15,000 in FY16 with the intention to amend the amount for the FY17 Budget after a training plan has been developed. Current trainings have been organized by DDS with the Aspergers Autism of New England (AANE) for managers of both DDS and DMH (January 2016). Given that Ohio and Pennsylvania have robust on-line training for direct care staff working with ASD, DDS and DMH will work to try make these trainings accessible to our staff.
- d) Given that both agencies agree that the appropriate services and treatments may not exist within either agency's current array of service, DMH will make the development of new and evidence based practices, clinical innovation, and research to support better services and treatments of Autism a priority activity of its Centers of Excellence (COE) in Research. The first priority for our COE will be to develop a training on the ASD/SMI interface for both agency staff.

5) Risk Assessment Services

- a) DDS will provide an additional \$75,000 annually (both in FY16 and FY17) to purchase risk assessment consultations from DMH (including problematic sexual behavior and risk of self or other harm) that will include treatment planning and service design recommendations. DDS will receive 10-15 such consultations annually. Referrals for this consultation will come directly from DDS personnel through the DDS Central Risk Manager. DDS will provide access to its Risk Managers and Risk Management System to assist in this process.
- b) Should the need for consultation exceed 10-15 people, DDS will determine whether additional funding can be provided.

6) Service Provision

- a) For individuals with Autism Spectrum Disorder without significant mental health issues, DDS will have the ongoing service provision responsibilities as defined by DDS. As such, the majority of new program development will be the responsibility of DDS.
- b) For individuals with Autism Spectrum Disorder and SPMI who are newly eligible for services from both DDS and DMH, we are committed to providing the needed services together. We are committed to working together during the eligibility/service authorization processes for such individuals to guarantee that we agree on their dual eligibility and provision of the necessary services that both agencies can provide. DDS through its Area Offices and DMH through its Site Offices agree to work together to access each other's resources in the most person centered approach to service planning.
- c) In the future as part of the agenda of the joint DMH/ DDS Autism Committee, the agencies will discuss a plan and process to consider individuals who are currently being served in their respective service systems who may be more appropriately served by the other agency. The Agencies agree to engage in an orderly process to review such individuals and make joint/collaborative decisions regarding future service provision and responsibility.

7) Service design

- a) DDS and DMH both provide an array of community based services including residential/individual supports, day/employment and supports to families which have both commonalities and differences. DDS and DMH will explore how to best use the existing services to meet the needs of the ASD population.
- b) As DDS and DMH engage in this collaborative work, there will be need for new programs and service array to provide the appropriate services for the ASD and ASD with SPMI population.

- c) The planning and development of such programs and services will be done at the Central Office level at both Agencies and through the Joint DDS/DMH Central Office Autism Committee.
- d) DDS and DMH will jointly identify the need for new services and will consider funding demonstration/pilot projects to develop new service arrangements.