

**Commonwealth of
Massachusetts**
Executive Office of Health and
Human Services



The Department of Mental Health: Services for Individuals with ASD and Mental Illness

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Department of Mental Health**

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Agenda



- **Review of Autism Omnibus Bill August 2014**
- **Agreement between DDS/DMH December 2015**
- **Progress to date**
 - **Trainings**
 - **Fellowships**
 - **Risk Consultations**
 - **Dually Eligible**
- **DMH overview**
- **DMH Service Authorization and Needs & Means**



Autism Omnibus Bill – August 2014



- Establishes a 35 member Commission on Autism within EHS
- Expands DDS mission to include those with intellectual disabilities & developmental disabilities
- DDS to provide annual report on its activities & programs
- Board of Education to create an endorsement in autism for special education teachers
- ABLE (Achieving a Better Life Experience) Accounts for individuals & families to assist in services



Autism Omnibus Bill (continued)



- **Requires DMH and DDS to provide services to individuals with both MI and DD and who are eligible for services from both agencies**
 - **Protocols to determine which services shall be provided by which department**
 - **Ways to ensure that an individual who is eligible for services from both departments receives all services for which they are eligible**



DDS/DMH Interagency Service Agreement Finalized December 2015



- **Recognizes DDS as lead Agency for ASD**
- **Acknowledges co-morbid mental illness with ASD and ability for individuals to be eligible for both DDS and DMH resources**
- **Acknowledges the differences between DDS and DMH around service authorization/eligibility criteria and service resources available**
- **Establishes training to understand and work with these differences**



- **Affirms the complexity and variety of ASD presentations and needs**
- **Requires collaboration across state agencies, the multiple funding agencies (state, managed care organizations, health plans, school systems), families, consumers, and community-based organizations to provide the range of services and supports needed by individuals and their families**



DDS/DMH ISA Content



- Agency structural collaboration
- DDS/DMH Autism Committee
- Eligibility and Service Authorization guidelines
- Plan for Training and Professional Consultation
- Risk Assessment Services
- Service Provision
- Service Design



Structural Collaboration



- **DDS Regional and DMH Area work groups**
 - **Increase mutual understanding of Agency's structures, service array, delivery models and resources**
 - **Provide coordinated service delivery to individuals with ASD who meet service criteria for both agencies**
- **DDS and DMH Central Office Leadership Autism Committee**
 - **Provides policy and procedure development & oversight and monitoring of services needed by those who are dually eligible**
 - **Monthly to Quarterly meetings**



Eligibility & Service Authorization Guidelines



- **Allows for Dual Eligibility**
- **Universal consent form developed by both agencies to use in order to share an individual's information between agencies**
- **Provides for a dispute resolution process**
- **Establishes determination of shared costs**
- **Pilots an expedited eligibility process for DDS**



Plan for Training



- Recognize the need to increase expertise about individuals with ASD and mental health issues
- DDS funding of ASD Fellowships through DMH Training Grant starts July 2016
- Training of DDS and DMH Staff funded primarily by DDS with DMH collaboration (site, logistics)
- DMH's Research COEs to help train as well as guide the development of new services



Risk Assessment



- **DDS will purchase from DMH access to specialized risk assessment and treatment planning consultation**
 - **ASD and MIPSB**
 - **Dangerousness risk assessment**
- **DDS Central Risk Manager will provide access to its Risk Managers and Risk Management System to assist in this process**
- **Coordinated through Janet George and Kathy Sanders**



Service Provision



- **DDS and DMH are committed to provide the needed services for those dually eligible for both DDS and DMH together**
- **DDS Area Offices and DMH Site Offices agree to work together to access each other's resources in the most person centered approach to service planning**
- **DMH/DDS Autism Committee will review individuals currently receiving services in only one Agency who may be better served by the other agency or both agencies together**



Service Design



- **DDS and DMH will explore how to best use the existing services for the needs of those with ASD**
- **DDS and DMH will jointly identify the need for new services and will consider funding demonstration/pilot projects to develop new service arrangements**
- **This new service design will be done through the DDS/DMH Autism Committee**



DDS/DMH RFI Recommendations



- **Develop an Intensive Wrap Around Case management program**
- **Explore developing an Integrated Employment program with Clinical Supports**
- **Consider whether the DDS rate structure supports a specialized Autism specific program**
- **Explore how best to develop a peer mentoring network**
- **Better coordination and transition activities to prepare both young adults with ASD and their families into adult agency life.**
- **Consider the Development of a Center of Autism Excellence**



DDS DMH RFI Recommendations



- Access to telepsychiatry for both agency providers, individuals, and other medical professionals
- Increase of skilled therapists to treat the ASD population using CBT and Trauma Informed Care approaches.
- Improve functioning of the ESP system and medical care in coordination with DMH and MassHealth



DMH Mission Statement



The Department of Mental Health, as the State Mental Health Authority,

- **assures and provides access to services and supports to meet the mental health needs of individuals of all ages,**
- **enabling them to live, work and participate in their communities.**
- **The Department establishes standards to ensure effective and culturally competent care to promote recovery.**
- **The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research.**
- **This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.**



DMH Funded Services



- Inpatient/continuing care system
- Adult Community Clinical Services (ACCS)
- Program of Assertive Community Treatment (PACT)
- Clubhouses
- RLC/Peer-operated programs
- DMH case management services
- Emergency services
- Homelessness services
- Child and adolescent services
- Respite services

DMH serves 22,000 individuals including approx. 7,000 children and adolescents. Of that number, 663 are served in DMH continuing care inpatient facilities. Most clients are served in the community. DMH also serves approx 8,000 individuals who are forensic referred.



DMH Services: Brief Descriptions



SERVICES	DESCRIPTION
Inpatient/Continuing Care System	DMH-operated psychiatric inpatient facilities: two psychiatric hospitals; psychiatric units in two public health hospitals; five community mental health centers that promote treatment, rehabilitation, recovery.
Adult Community Clinical Services (ACCS)	The DMH community service system: Rehabilitation, support, and supervision with the goal of stable housing, participation in the community, self management, self determination, empowerment, wellness, improved physical health, and independent employment using evidence based practices.
Respite Services	Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.
Program of Assertive Community Treatment (PACT)	A multidisciplinary team approach providing acute and long term support, community based psychiatric treatment, assertive outreach, and rehabilitation services to persons served.
Clubhouses	Clubhouse Services provide skill development and employment services that help individuals to develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment.
Recovery Learning Communities (RLCs)	Consumer-operated networks of self help/peer support, information and referral, advocacy and training activities.
DMH Case Management	State-operated service that provides assessment of needs, service planning development and monitoring, service referral and care coordination, and family/caregiver support.
Emergency Services (ESP)	Mobile behavioral health crisis assessment, intervention, stabilization services, 24/7, 365 days per year. Services are either provided at an ESP physical site or in the community.
Homelessness Services	Comprehensive screening, engagement, stabilization, needs assessment, and referral services for adults living in shelters.
Child/Adolescent Services	Services include case management, individual and family flexible support, residential, day programs, respite care and intensive residential treatment.
Forensic Services	Provides court-based forensic mental health assessments and consultations for individuals facing criminal or delinquency charges and civil commitment proceedings; individual statutory and non-statutory evaluations; mental health liaisons to adult and juvenile justice court personnel.



Eligibility for DMH Services



- 1) **Diagnostic eligibility**: Does the individual have a condition that is eligible for our services?
 - **Adults >22 years old**
 - A. **Serious, long term mental illness**
 - B. **Functional impairment**
 - C. **Qualifying diagnosis – Primary cause of impairment**
 - Psychoses; Mood; Anxiety; Dissociative/Eating/Borderline and Trauma Disorders
 - D. **Excluded diagnoses – Cannot be Primary cause:**
 - Substance Use; Medical/Trauma; Neurocognitive & Neurodevelopmental Disabilities; Dementia



Eligibility for DMH Services



- **Children = under 22 years old**
 - A. Serious emotional disturbance**
 - B. Qualifying mental, emotional or behavioral disorder**
 - Any DSM diagnosis that significantly impairs functioning
 - C. Functional impairment persists for one year**
 - D. Excluded diagnoses**
 - Same as for adult (substance use; medical/trauma; cognitive & developmental disabilities; dementia)



Eligibility for DMH Services



2) “Needs & Means”

- Does DMH offer a service that will benefit the individual?
- Does the individual lack any other means of obtaining that service?
 - Other Insurance
 - Other Agency involved



Clinical Challenges



- **Co-occurring ASD and mental illness**
 - **Even mild mental illness may not be as impairing but in combination with ASD functional impairment is amplified**
- **Risk behaviors and mitigation efforts**
 - **Engagement strategies – very individualized**
 - **Voluntary treatment health care system**
- **Independent functioning goals may require significant support**
- **Family/caregiver burden**



Discussion & Questions