



STATEMENT ON JOINT APPROACH

AUTISM SPECTRUM DISORDER

between

***Ministry of Health Disability
Support Services***

and

Office of the Director of Mental Health

with

***The Mental Health Service
Improvement Group***

PART 1 INTRODUCTION

Parties

1. The parties to the Statement on Joint Approach Autism Spectrum Disorder (ASD) (the Statement) are the Ministry of Health Disability Support Services (DSS) and Office of the Director of Mental Health (ODMH) with the Mental Health (MH) Service Improvement Group.

Interpretation

2. In the Statement, unless the context otherwise requires, the following acronyms apply:

AOD	alcohol and other drug
ASD	Autism Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Service
CDT	Child Development Team
DHB	District Health Board
DSS	Disability Support Services
MH	Mental Health
MoH	the Ministry of Health
NASC	Needs Assessment and Service Coordination
ODMH	Office of the Director of Mental Health
PHO	Primary Health Organisation

Background

3. People diagnosed with ASD and no co-existing disabilities have experienced inconsistent access to services funded by DSS and MH. This has resulted from differing interpretations of the eligibility criteria for disability support funding over a period of time.
4. Many people with ASD also experience MH problems. Diagnosis, needs assessment and service provision across different domains of health can be complex. What is clear is that addressing the needs of this client group is the responsibility of the Health and Disability Sector.
5. MoH has clarified eligibility for all people diagnosed with ASD. From 2nd April 2014, all people with ASD are eligible to be assessed for support services funded by DSS, based on their level of disability support related needs. This is consistent with the way other clients are supported within DSS.

6. The ODMH, the MH Service Improvement Group and DSS have agreed to work together to support this clarification. Each party is committed to working together to ensure the best outcome for people with ASD. Implementing this clarification requires that both local District Health Board (DHB) MH services and DSS Needs Assessment and Service Coordination services (NASC) work together. It also requires a commitment and acknowledgement that complex situations may require both parties to work together in finding pragmatic 'whole of health' solutions.

The relationship

Purpose

7. This Statement on Joint Approach to ASD establishes the guidelines for collaboration between ODMH, the MH Service Improvement Group and DSS, within MoH.

PART 2 MANAGEMENT OF THE RELATIONSHIP

General Principles

8. Transparency: Shared arrangements should be transparent to the disabled person/family and should not impose unreasonable delays to service provision.
9. Flexibility: A person's age often determines which service provides an ASD diagnosis for an individual. However, flexibility is required for situations when the person is more appropriately assessed by the service intended for slightly younger or older people. The person's needs and the practicalities of the situation will influence this decision.
10. Based on needs: When considering joint arrangements, the primary focus will be on the individual's needs.
11. No cost shifting for existing service users¹.

General Overview of Responsibility for Provision of Services by MH and DSS

12. MoH DSS is responsible for purchasing disability support services for people with long term disabilities. DHBs are responsible for all other local health services.
13. In most instances, MH will provide services rather than funding although they may refer to a MH NASC for assessment and the provision of respite and/or home based support in relation to MH needs.
14. Service users with a co-existing ASD diagnosis may also be referred to DSS NASC. The two NASCs will work together to co-ordinate service provision².

¹ A person already receiving support from MH or DSS will stay with this service unless their needs change, in which case the new joint process will apply.

² Typically, MH will fund and provide diagnostic assessments and MH treatment rather than provide funding for externally provided services. However, there will be occasions when MH will fund home based support, respite care/carer relief or make a funding contribution to packages of care for people with coexisting MH and disability needs.

Roles and Responsibilities

15. MH Services' role includes diagnosis of ASD and treatment for coexisting mental health or alcohol and other drug (AOD) problems including working with disability support services to assist people to access appropriate support services. This includes diagnosis and treatment for children, youth and adults.
16. DSS are responsible for funding disability support for people with intellectual, physical and/or sensory disabilities that are likely to last for more than six months.

Service Coordination

17. DSS NASC services have contact with eligible disabled people who access disability support services at least annually, and currently there is a requirement for a three yearly reassessment.
18. MH services provide triage and case management based on the needs of the individual. The mechanism for coordination of service provision needs to be agreed between the two parties. This may include confirmation of which service leads service coordination and the review of ongoing needs.

Client Pathways

19. There is currently geographic variability in the way MH services work with people with ASD. Community MH services treat coexisting MH problems in adults or adolescents which meet their service threshold. However, some coexisting problems may be more appropriately treated in primary care settings, in which case appropriate referrals should be made.
20. Diagnosis:
 - 20.1 An individual's age guides the setting where they will be assessed for ASD:
 - a. For 0-14 year olds, most diagnostic assessment (and follow-up) is and will continue to be provided by Child Development Teams (CDT)/paediatric services including Special Education services when required.
 - b. For complex cases with suspected or diagnosed coexisting mental health problems the Child and Adolescent Mental Health Service (CAMHS) is involved in diagnostic assessment and treatment of the coexisting mental health issues working jointly with the local CDT and other disability services.
 - c. For 15-19 year olds, there will be a small number of people with ASD who have not been diagnosed as children and who require a diagnostic assessment - CAMHS is responsible for diagnosis for this group and for provision of treatment of coexisting mental disorders, when they meet access criteria.
 - d. A very small number of adults with ASD may not have been diagnosed as children or adolescents and therefore require a diagnostic assessment. Adult community MH services

will be required to do this assessment and to provide treatment for co-existing MH and/or AOD disorders.

21. Generally, the following approach will be used for joint work:

- a. Define the individual's needs, including the essential components that must be met.
- b. Identify what each team is able to contribute to meeting these needs in terms of interventions and service provision.
- c. Build the team contributions into a joint plan which defines responsibilities – who does what and by when.
- d. In situations when approval is needed for service provision or funding, standard DSS and MH approval processes apply.
- e. Identify who will fund services.
- f. NASC managers and the relevant MH service managers will work together to resolve issues as part of business as usual.
- g. When a solution cannot be found using the client pathway above, the following escalation pathway is agreed³⁴:

22. Interventions:

- a. Intervention by DHB MH services tends to be episodic in nature whereas DSS provision may be longer term. Arrangements to facilitate on-going consultation and liaison support for DSS by MH services and, when necessary, timely re-referral processes will be included in local/regional agreements.
- b. In these situations a lead agency may need to be agreed.

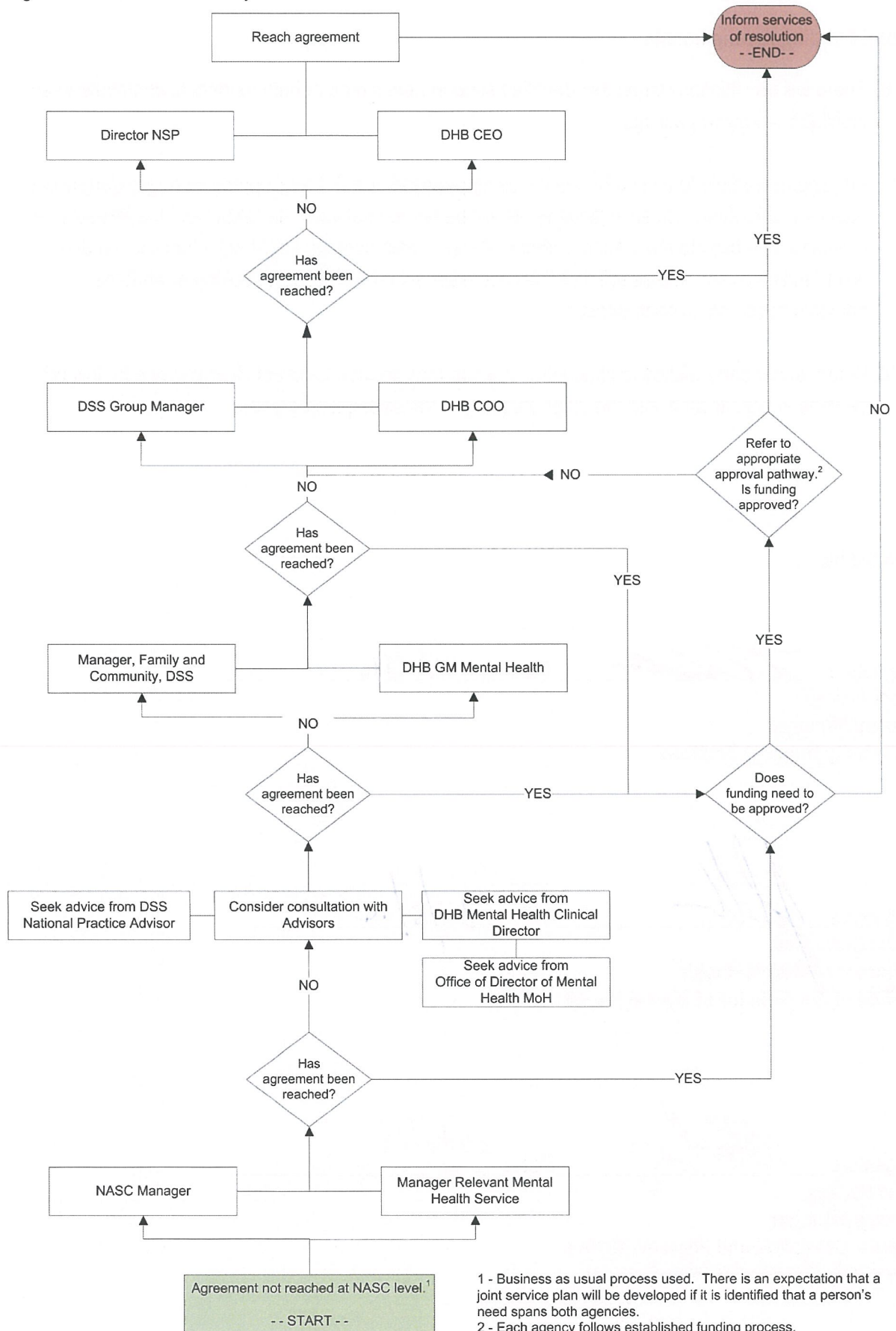
³ The manager of the MH service may need to involve the manager of the MH NASC when a MH support service is required.

⁴ The Manager of the MH Service may involve the General Manager of Funding and Planning when necessary.

Process for Engagement and Escalation Pathways

23. The local MH services (including MH NASC) and DSS (NASC) services will develop and maintain working relationships with each other to ensure effective communication, agreed pathways for resolving problems and agreed referral processes.
24. Local MH services will work towards providing a consultation and liaison support function to the NASC of that region to support decisions about whether a referral to the local primary MH service or the specialist MH service is required.
25. Relationships and contacts will be developed or enhanced between NASC and local Primary Health Organisations (PHO) including local primary MH, thereby ensuring NASC become familiar with the local primary MH services and systems.

Figure 1 Escalation Pathway.




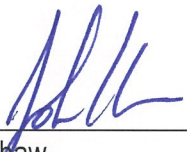
PART 3 GENERAL PROVISIONS


Joint Funding Arrangements

26. There will be situations when the identified support needs require both funders to contribute to an individual's support package.
27. Funding may relate to a specific service being provided or a financial contribution provided by one agency to the other. These arrangements will be agreed between the NASC and the MH service including a process to ensure the agreement can remain over the long-term when it is needed. Joint funding arrangements will, in each case, start with the process of looking at what the person's needs are in each domain.
28. Where either party wishes to change the support they provide to reflect changing needs, this will be done in consultation with the other party and a transition plan agreed.

Signed by:

Signature  Date 19/8/14
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