Agency for Persons with Disabilities (APD)
Dual Diagnosis/Intensive Behavioral Services Housing and Service Delivery Workgroup
March 27, 2014

- DD-IB Breakout Session General Discussion
  - Want to drill down into the previously suggested recommendations and identify what the problems are and what the desired outcomes will be when addressing those problems.
  - Want to take time to look specifically at housing and consider any changes that may need to be made in how/what housing is offered.
  - Rita Castor looked at the recommendation spreadsheet and identified some of the problems the given recommendations might address.
  - Housing
    - Want to look at emergency beds, short-term housing, and facilities with the capacity to bring in specialized services.
    - One problem is that long-term housing options are not available in some locations.
      - We need to look at where people are sent for housing and how far from their home they are required to go in order to find appropriate housing.
      - Price might be a factor in where providers offer housing. Room and board is often not enough to cover the costs of mortgage/rent if a house needs to be purchased/rented.
        - Need to look at the possibility of offering providers start-up funding to help offset the cost of starting a housing facility in underserved parts of the state.
        - May need to look at varying base rates by geography.
        - Can providers rent a house?
          - Yes. However, costs are still associated with modifications and maintenance.
        - Need to identify the population, where they are located, and find a way to make providers aware of the distribution of customers and available beds.
        - Some companies would likely be open to having residences in underserved areas.
        - Have to have sufficient long-term housing in conjunction with short-term housing so people have a stable and appropriate location into which to be transitioned.
  - Want to keep sight of the idea of a mobile team coming in.
    - We want the team to be able to supplement the services already in place.
      - Also, want to plan better, especially because some people have mental and behavioral problems that are cyclical.
  - Need to consider the rights of the individual regarding being held for an extended length of time when looking at alternatives to Baker Acting people.

- Need to look at ways to work with current Baker Act staff to avoid radical changes to medicine and use of methods that counteract/undermine previous behavioral treatment.
- Question: How quickly can the iBudget be changed if a problem is anticipated?
  - Response: Quickly. WSCs should be able to change service allocation within the iBudget system. Therapies (including residential and behavioral rehabilitation) will have to have state office approval of the change.
  - Response: We can also look at the availability of IFS funds and look at loading behavioral service hours up front, even with the understanding that some months they will not be used.
- Question: What is the success rate of some of those providers who try to avoid Baker Act?
  - Response: One provider notes they have been quite successful and generally only discharge people when they are ready for transition.
  - Response: Some providers have an informal agreement with hospitals that when people with a developmental disability are referred for Baker Act, the hospital calls the provider. The hospitals realize that a Baker Act setting is often not the best option for those with a dual diagnosis. After the person is stable, we want to have a team that goes to the home and provides wrap around supports.
- Comment: Perhaps we should make it a goal to have one facility in each region that keeps beds open for those who are dually diagnosed and/or have intensive behavioral needs.
  - Comment: One problem is that short-term stays become long-term stays if no long-term placement is available.

❖ Discussion of Systems of Care Grant by Substance Abuse and Mental Health Services Administration (SAMHSA) for Children's Mental Health

- Department of Children and Families (DCF) has 3 years left, 11-12 was planning.
- In every region, want to bring providers together for wrap-around case management.
- The grant project manager may know if APD is represented, and if not, may know how APD can get involved.
- Training on wrap-around services is offered.
- Goal is to keep children in the home.
- Pinellas county and NW Florida have sites up and running.
- Orlando, Jacksonville, and another city/county are working on getting the program started up.
- A local coordinator works with each regional coordinator.

❖ Discussion of the Revised Centers for Medicare and Medicaid Services (CMS) Expectations for Home and Community-Based Services (HCBS) Quality and Person-Centered Services and Supports – Denise Arnold

- New rules give states more flexibility.

- Person-centered plans need to change so that it focuses on the individual and training.
- Any new waiver discussed by Housing and Services workgroups has to meet new waiver requirements.
- If a setting is ambiguous in regards to being or not being a facility and is on neither list, then the state must prove it is an appropriate community setting.

❖ Action Plan 1: Crisis Intervention

- Task 1: Identify the current population to be served by Region.
  - Need demographics on current population of people with a dual diagnosis.
    - Comment: Might be able to filter some demographic information from incident reports.
    - Comment: Jennifer will check to see if dual diagnosis is tracked on the Crisis Stabilization Unit (CSU) report.
    - The count of the population identified will be dependent in part on the ways available to assess the population.
- Task 2: Define and identify existing treatment and crisis resources and funding streams by geographic area.
  - Question: What is meant by resources?
    - Response: Could include Intensive Behavior (IB) providers, crisis resources, etc.
  - Comment: Need to break up because several aspects of DCF may need to work on.
  - Question: Whom does Early Steps belong too?
    - Response: DCF.
  - Comment: We could look into developing guides that give outlines/recommendations on how to address Dual Diagnosis (DD)/IB.
  - Comment: We need to identify the funding streams identified with each program to be examined.
  - Question: Who funds community mental health?
    - Response: Various funding sources. DCF serves as a safety net to pick up funding when no one else will pay.
- Task 3: Identify and Implement an appropriate, accessible, and effective residential service model.
  - Comment: Need to look at business plans for whatever model is chosen.
  - Comment: Some people are concerned about losing variety in options offered.
    - Response: Add looking at diverse living options as a major step.
  - Might need someone from DJJ involved.
    - Question: Might forensics have a contact in Department of Juvenile Justice (DJJ)?
  - Question: Do we want to look at the return on investment?
    - Response: Yes.
    - Response: Need to look at the cost of recidivism and recommitments.

        - Response: Some states have considered the costs of emergency rooms and emergency intervention.
    - Comment: Need to look at trauma informed care and environmental triggers when evaluating best practices.
        - Direct-care staff need to be trained on how to identify and mitigate triggers, and recognize when someone is reacting to them.
        - Question: Is there a model for trauma informed care available?
            - Response: Yes. Washington State has a good crisis team model.
        - Florida DCF Mental Health/Substance Abuse has training/education regarding trauma care.
- Task 4: Identify and implement an appropriate, accessible, and effective mobile crisis team model program.
    - Milwaukee (or Madison) had a good model that might be applicable.
    - Florida DCF Community Action Teams (CAT) work with the school-aged population.
        - A group of people is tasked with keeping school-aged customers out of crisis, often after they have been released from a secure facility.
    - Question: Could APD join these teams and add a dual diagnosis component as oppose to creating an entirely new team?
        - Response: Funding could be a problem because of need to identify if the primary diagnosis is developmental disability or mental health.
        - Linda Seimer is a contact that might have information.
    - Florida Assertive Community Treatment (FACT) is a long-term team approach, but not specifically for crisis avoidance or diffusion.
    - Comment: 395 may have crisis language in the chapter but may exclude people who come under 393.
        - Response: Likely not as exclusion of those under 393 might constitute discrimination on basis of disability.
    - Question: Do we want to look at a model where a center has information on people and can get a team together to dispatch and intervene in a crisis, or that has information on what resources might be needed at the moment?
        - Response: Ohio might have a similar program called Centers for Excellence.
        - Response: Georgia has mobile units that are said to be successful.
        - Response: One state has added a waiver service specifically for crisis intervention. (Michigan?)
- Task 5: Identify and implement an appropriate, accessible, and effective short term residential service model for the purpose of stabilization.
    - Question: Are changes necessary to group homes in light of new HCBS changes?
        - Response: Homes may need to house under six customers.

- Comment: It can be difficult in Florida to have a viable business if required to house less than six individuals in a setting.
  - Other states may have different funding models.
  - Hard to provide necessary services under this model.
  - When doing a 3-bed home, licensing is not needed.

- Closing Discussion
  - Need a system that keeps track of empty beds around the state.
    - A real database available online would be helpful.
    - Need focus eventually on Invitation to Negotiate (ITN) integration and building a database.
  - Need a way to determine if someone who is admitted is getting better.
  - Communication is important. Social Workers and WSCs need to know what the resources are and what services are offered by the Agency and its providers, as well as what services other state agencies offer.
    - Need to do a better job of marketing ourselves.
  - We want mobile units to be able to access what other services are coming in.
  - Question: Where does DJJ come in?
    - Response: Generally don't unless charges are filed.
  - Recommendation: May need to add a component where the family of people who have high IB scores are contacted to determine if family is able/capable to undergo behavioral training and prevention strategies.
  - Question: Is someone from APD on the DCF Launch Project (program meant to prevent cycle of abuse and promote early intervention)?
    - Response: Some of our customers may be in the program because they have children involved with the system or receiving services.
  - Question: What barriers might be in place to implementing plans?
    - Response: Marketing, lack of communication, customers worry about joining the wait list
  - Question: Could we hire people to work with families with risk factors and try to get early intervention?
  - Question: When do we want to start planning?
    - Response: As soon as possible
  - Question: Could we ask the Director about getting help with an Access Database?
    - Comment: So much depends on a good database.
    - Response: Jennifer has experience with starting databases, but not Access.
    - Response: Lynda.com has tutorial on Access.
      - May require having, or having had, an FSU account.
  - May have one more action plan called Prevention, which would encompass education and training.
  - Comment: We should look at utilization management because it is high on the Director's list.
  - Next meeting date: 4/23