

Mini-Waiver/Dual Diagnosis

August 16, 2013 at 10:00 a.m.

THEMES/CONCERNS

- Need more case management for individuals on the waiting list.
- Baker Act is used too frequently.
- Early intervention in the biological home, or at least in a residential home, is needed, more community based.
- Need more services such as family therapy and more individual counseling. APD needs to become more trauma informed – the majority of people with DD have suffered some type of trauma.
- Mental health system does not recognize that individuals with dual diagnosis can benefit from mental health treatment.
- Funding mechanism to serve dual diagnosis is not conducive to consistency of treatment and easy access to mental health services when needed.
- There continues to be problems with finding behavior people because of lack of behavior services in some places. We haven't had a way of address that, mostly in rural areas.

RECOMMENDATIONS

- Could APD do targeted case management and get Medicaid reimbursement for those who are on the waiting list?
- Need better coordination with DCF and AHCA for dual diagnosis services.
- Families need more training in the home as early as possible to prevent issues and to be sure they have the information they need to assist their child.
- Participant – I really have not looked at it as whether the Waiver would fund the mental health program, it always been funded under AHCA. One of the differences between the ADT and mental health program is the staff needs different training and credentials in order to work in a Mental Health treatment program verses an ADT. There is some similarity when you talk about prevocational or vocational learning. There are other entities that do take place in a mental treatment that is something I can look into. Very good idea. Thank you for the suggestion. Only issue with that is going back to be that they wouldn't even have any money left in their iBudget, even if the waiver would fund them.
- Participant – Yes, it is included in the treatment plan. We don't have people that have been going for 20 years, but the program has been established 20 years ago. We have people who live with us who attend other day programs but they have no other money. Now we are stuck and where do we go from here. My main concern is to make sure services for these individuals doesn't go away.
- Waiver that addresses and provides support for people who may not have extensive needs but need to come off the waiting list. I'm thinking maybe we shouldn't restrict the services but identify a dollar level limit and families can then select the type of services and supports to help alleviate the needs they may have and give them more choice in how to use those dollars. Needs to be a rapid response kind of thing.

FACTORS TO CONSIDER

- Group homes or individuals in family homes don't have the staffing or family available to pick them up from the ADT if there is an outburst or issue occurring.
- One of the differences between the ADT and mental health program is the staff needs different training and credentials in order to work in a mental health treatment program verses an ADT. There is some similarity when you talk about prevocational or vocational learning. There are other entities that do take place in a mental health treatment environment.
- Enough wrap-around service like training for the care giver. Enough service in the home – behavior therapy. But it would have to be pretty intense with the individuals with the lower IQ scores until the behavior is improved.
- Want to speak in support of developing a Waiver that addresses and provides support for people who may not have extensive needs but need to come off the waiting list. I'm thinking maybe we shouldn't restrict the services but identify a dollar level limit and families can then select the type of services and supports to help alleviate the needs they may have and give them more choice in how to use those dollars. Needs to be a rapid response kind of thing.
- If we go the route of a "mini waiver" there needs to be very expeditious movement to the iBudget waiver if needs change, needs grow very fast and we need to distinguish between a need and a want.
- I think there needs to be more training with providers. Baker Act is not an appropriate alternative to crisis intervention in our group homes. Florida Statute 394 is pretty clear that Baker Act is not appropriate for individuals that have a dual diagnosis.
- I'm thinking maybe training offered to direct support staff and families to prevent Baker Acts. Training has to include the alternative placement to prevent Baker Act.