

## Housing and Service Delivery Discussion

September 18, 2014

3:00 – 4:00 EST

- ❖ Dual Diagnosis/Intensive Behavior (IB)
  - Crisis Diversion Teams
    - An interdisciplinary team to be on call to receive referrals and help customer remain in current setting
  - Short-term stabilization facility
    - Customer receives stabilization and returns to their current setting
    - Caregivers in current setting receive training
    - Customer receives evaluation and training
  - Intermediary home
    - Longer term stabilization with goal of customer returning to their home
  - All models will require specially trained people with training to include trauma-informed care
  - Specialized home for care lasting more than a year
  - Director: Will be working on statewide-standardized training and certification
    - Will likely tie compensation to credentials
  - After the customer is returned to their original setting, their care team might check-in periodically for follow-up evaluations and services
  - Need to identify specific services that will be provided under these models
    - The group will meet once more to review detailed services and requirements
  - Would envision these models in each Region
  - Want to make sure we have goal of improvement and monitor customer progress
    - Dual Diagnosis Assessment Team will be important in monitoring customer and determining their level of care needs
  - Question: Will this involve Medicaid and Agency for Health Care Administration (AHCA)?
    - Yes. Will involve both and will want to avoid duplication of services
    - Money for mental health and substance abuse comes through Department for Children and Families (DCF). Department of Juvenile Justice (DJJ) may be involved. AHCA handles the funding. Want to base services on the need of the customer, not on the funding stream. Might request that blending of funds or a new waiver be allowed.
  - Comment: Want to avoid losing services or reducing funding and overtaxing the agency
  - Comment: Want facilities to be community-based and as small as feasible
- ❖ Forensics
  - Group focused on specialized care similar to the Intensive Behavior (IB) model
  - Want to make sure staff are trained on working with forensic customers
  - The proposed model is similar to the IB model
    - Want to bundle the services the forensic population is likely to need access to
  - Question: What services would be bundled?
    - Exact services to be bundled have not been identified yet. The group will meet once more to discuss.

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- Question: What does more help and training for customers before they are placed in the community entail?
  - More training at Developmental Disabilities Defendant Program (DDDP), as well as having step-down programs to help facilitate the transition to the community
    - Question: Can waiver funds be used at DDDP?
      - ◆ No, but they could be used for the step-down programs
- Improvements in the area of forensics might save money for local governments and the justice system
  - Some customers are repeatedly Baker Acted
- Comment: Will need to look at how law enforcement and judges work with our customers
  - Need to provide law enforcement and the court system with training
  - Currently, there are inconsistencies in terms of how customers are treated, sentenced, and placed
- Question: Will there be multiple levels of step-down?
  - Multiple levels were discussed in meetings. However, approval is needed from the courts in order to step someone up or down.
    - Will need a mental health component in order to help make the case for why a customer's services need to be enhanced
- Comment: Want facilities to be community-based and as small as feasible
- ❖ Aging and Alzheimer's
  - Looking at in-home care to support both caregiver and customer with a developmental disability
    - If they have to leave their home, would hope to help them live together if desired
    - Want to avoid the costs of two facility placements as well as disruption to the lives of the caregiver and customer
  - Want to put to work the training tools we have found
  - Need to look at specialized training for caregivers
  - Need to make sure we understand the target groups and have a continuity plan for when one person dies
  - Need training for caregivers and workers on identifying the onset of Alzheimer's
  - Want to implement early transition planning
  - Comment: May need to also look at helping identify alternative living settings that are separate
    - Need to look at facility development, etc.
    - Want to ensure a smooth and well-planned transition
  - Also need to look at senior-focused group homes
    - Need to look at specialized medical group home care as a service that can be made senior-focused
    - Will have to look at rates, training, and facility requirements

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- Might have capacity through personal and in-home supports to provide senior-focused care
- Comment: Want facilities to be community-based and as small as feasible
- ❖ Next Steps
  - Will put a Request for Information (RFI) for each model, as well as one for IB
    - Intend to have the RFI ready in October
    - Will look at the cost to provide proposed services
    - The public will be able to provide additional ideas
  - Will as the legislature for an actuary next session
  - Team leads will schedule another meeting
  - If anyone wishes to see prior work done by the workgroups, please contact Lisa Robertson at [lisa.robertson@apdcares](mailto:lisa.robertson@apdcares) or 850-922-9499