Housing Public Workshop

January 28, 2014

Summary

The Agency for Persons with Disabilities held a public workshop to engage the service provider community and state agencies in developing recommendations to address housing-related concerns and suggestions made at 16 statewide town hall meetings. Participants were divided into workgroups and tasked by Director Barbara Palmer with the following:

- Focus on five population groups: individuals with Alzheimer's disease, aging caregivers with Alzheimer's disease or dementia, individuals with a dual diagnosis and intensive behavioral needs, individuals who are medically fragile, and individuals discharged from forensic facilities.
- Review existing research and concerns/suggestions from the public.
- Brainstorm ideas and innovative solutions.
- Identify resources, funding, legislation, partnerships, and other needs for implementation.
- Prioritize and present recommendations as a group.

Opening Comments Made by Director Palmer

- Need the participation of more providers.
- Meeting Purpose: follow through on the items voiced at the 16 town hall meetings. We ask providers who serve those with developmental disabilities, families and individuals to think outside the box to change things and make them better.
- Much of what we do is policy; trying to remove bureaucracy and avoid working in silos, independently.
- Our state agencies work well together but the money comes in different funding streams which presents challenges.

- You may identify areas that need a lot of work or you may say do not change much.
- There are already some associations are conducting research and doing a good job.
- If there will be changes requiring legislation or requiring restructuring, we must be ready by next fall in order to submit budget to Governor's office. Town Halls were helpful in highlighting the issues.
- Dual diagnosis is an example where DCF and APD are willing to share costs. It's difficult to find placement for people and pay for it due to the financial structuring; the same is true of housing needs for aging
- Objective is not to solve the problem today. We will find a provider lead to work with APD leads to determine costs and rates.
- There is representation from DOEA, AHCA, DCF, providers, DOH, and family advocates.

Breakout Group Recommendations

Alzheimer (Caregiver)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
All - general recommendations across all priorities		
We need to develop/train local champions (subject matter experts) in each region. This person would be a subject matter expert on what is available for aging caregivers and/or clients, and how to access it.	Time consuming, and in many cases we would be starting from zero (no knowledge of what is available). Champions would need to have broad knowledge of options for elders, future planning such as end-of-life care and options, guardianship, etc.	
Helping families plan for the future needs to be a priority - not just where the client sees themselves in 5 years as with current support planning, but where the client AND family/caregiver see themselves. Revise "Future View" planning. WSC would need to document that they went through the long range planning process, and indicate what the choices are for client AND caregiver.	Will require more of WSCs, and probably more training for them. May need to compensate for this. Local champion would be central to this process. Knowledge of fairly complex issues will be essential (guardianship, end-of-life planning, etc.).	We have WSCs give same information to families every year, much of which is not relevant. Needs to be more focused.
Additions to the resource directory - 211, Five Wishes, Lighting the Way.	WSCs need to be educated on these, and how to use them.	

Alzheimer (Caregiver)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
GROUP CONSENSUS - 1st Priority: Assist person with DD and their aging caregiver to stay at home together		
Work with DOEA Safe Homes program to provide home modifications for aging caregivers to allow them to remain in their homes longer.	Funding source for Safe Homes program needs development. Florida Housing Coalition/Florida Housing Finance Corp?	J.R. Harding already participating with DOEA in Safe Homes program. DOEA will (?) work with "Do it Yourself (DIY)" big box building supply stores (Lowe's and Home Depot) and ask what they can do; partnerships between individuals and DIYs.

Alzheimer (Caregiver)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
DOEA/APD Regional Housing Forums teach how to modify or build a home where persons can age in place.	Not all can go, or can afford modifications, or especially building new home.	Certified Aging in Place Specialists (CAPS) are trained to assist - may want to formalize way to consult? AARP also has a program for education about aging in place.
Family Care Council could work to provide educational component across all issues (knowledge gained from Safe Homes and Housing Forums).		
Re-activate interagency agreement with APD and the Area Agencies on Aging (now called Aging and Disability Resource Centers). Update the training developed many years ago, and roll out to APD staff and ADRC staff. GOAL - agreement needs to be with DOEA, not with individual ADRCs.	Staff with APD, ADRCs, DOEA no longer familiar with this training or agreement. The AAAs (or ADRCs) ***contract*** with DOEA to provide services, are not actually DOEA employees.	ADRCs act as "one stop shopping" for housing, medical, or other needs - offers elder hotline.

Alzheimer (Caregiver)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Work with CMS, AHCA, and DOEA to develop a waiver for aging caregivers combined with family member with DD - we need one funding stream. This waiver would integrate the services provided to the caregiver and the individual with DD. Examples of this would be one personal care provider to assist both individuals, transportation assistance for both, or having both individuals attend the same day activity center.	New concept. Will need support of AHCA, DOEA, the legislature, and CMS. Would probably require new funding, or combining some of the current funding from DOEA and APD (maybe others?).	Oregon may have (or have had) a waiver like this. Email from their DD agency says that they have not got a program that serves both.
GROUP CONSENSUS, 2nd Priority: Assist person with DD and their aging caregiver to stay together (or in close proximity) in an alternate setting.		
Explore the use of Assisted Living or Adult Family Care homes with experts from AHCA.	Funding for these may be a problem - may need to modify a waiver or develop a new one. Smaller Assisted Living Facilities (ALFs) or Adult Family Care (AFC) homes may be more affordable. Many of these facilities might not be willing to provide the level of care needed by individual with DD, or perhaps the caregiver.	ALF may not provide medication assistance, personal care, etc.

Alzheimer (Caregiver)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Retirement communities might also be an option.	Often limit the # of persons or the age of persons in the residence.	Unsure who to discuss this with.
ALFs connected to Skilled Nursing Facilities might be an option if caregiver or client with DD needs higher level of care.	Will need to research how many of these there are. Funding issue for ALF remains the same.	Also ALF with attached memory care unit for either the caregiver or client who has dementia
Other options, such as apartments or condos designed for the elderly could also be an option.	Would need funding as noted in 1st priority above - new waiver, or some mechanism to fund both aging caregiver and aging person with a DD	
GROUP CONSENSUS -3rd Priority: Assist person with DD to transition to an appropriate living setting before the caregiver is unable to give care. This would allow for a more natural transition for both the person and the caregiver.		
Adult children should transition from living with parent/caregiver to more independent setting for the benefit of both.	Many parents unwilling to 'let go.' Counseling and education about options may help.	

Alzheimer (Caregiver)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Develop a way for gradual transition of person to group home.	Home may not want to 'hold' a bed for someone who is gradually transitioning.	
Person moving from home to group home MUST have a day activity, which may not be appropriate if the individual is older and/or doesn't WANT a day activity.	Need to develop funding for persons who want to stay home during the day.	

Alzheimer (Individual)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Partner with medical schools so that practitioners are better able to diagnose and treat individuals.	*Difficult to change existing curriculum and build new curriculum. *Time consuming	USF, and UM (check out UF program with FDDC)
Assess the current status of and re-establish the ADRCs and regional office cross training.	*Staff Resources *Workload	*Training issue to educate families across APD and DOEA *Pilot information provided to APD external affairs for re-establishment of training
Put DOEA links to Regional Memory Disorder Clinics, and Alzheimer's Legislation on APD's resource directory on the APD website.	Needs lead	N/A
Develop a short term and long-term plan that integrates Florida's Centers of Excellence (CADD, USF) and FDDC into this process.	Needs strategic planning by APD, CADD, USF, and FDDC.	N/A

Alzheimer (Individual)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Identify partners and stakeholders.	Workload	FCC, FDDC, Down Syndrome Groups, Arcs, FARF, small providers, family members, self-advocate, APD regional staff, APD state office Staff, CIL, Alzheimer's Association, DOEA, ADRC, AHCA, DCF, DOH, DDCs, Support Coordinators
Acquire more resources for general revenue case management.	*Increased funding *No match dollars available	*Large caseloads *Training *Large demand on case managers
Explore all home services for family members through housing vouchers to stay in their own homes.	*Working through housing agencies (HUD) for vouchers *Re-establish family subsidies for individuals living in the family home	Parent ability to be able to stay in home
Provide more creative approaches to support parents and DD children who live together.	*Current rules and regulations*Prohibited funding streams	Expand supported living to include aging children with DD (family care program);living in ALF together

Alzheimer (Individual)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Explore decreasing the age at which IDD are considered senior services eligible.	Other state agencies and policies	DOT, DOEA, other waivers
Evaluate the existing waiver for DD aging clients and current services for this issue in the population.	Assure flexibility in the current system.	Residential Habilitation and ADT
Improve access to services provided through waivers.	*Switching plans through Manage Care *Second opinions through Medicaid and Medicare	*Assessments *Diagnostics
Look at the rate structure for integration into other settings.	*Funding streams *Getting data for actual cost *Variation in provider cost	*Adult Day training *Residential Habilitation *Personal supports *Supported Living *Life Skills Development
Broaden the scope of the project to include other dementia disorders and focus on aging individuals not just on Alzheimer's.	Will agency endorse this recommendation?	N/A
Study the Alzheimer's Disease Initiative (existing Statewide Legislation) and determine the demographics of the population to determine future projections.	*Needs to be resourced (need a lead) *Stakeholders need to be educated about the initiative	External affairs takes lead.

Alzheimer (Individual)		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Have access to current screening tools with baseline.	*Resources *Workload *Policy	*Link and tweak to QSI *Explore requiring an annual evaluation after age 50
Better diagnosis by clinicians.	*Lack of training, resources, awareness, and access *Difficulty gaining access to the specialist *Educate Managed Care	Partnership with medical schools
Identify and disseminate training curriculum for DD/Alzheimer's/Dementia and other aging issues across the regions to staff, families, and providers.	Workload	Arc, DOEA, UCP, National Down Syndrome groups
Promote the use of Regional Memory Clinic trainers and explore their awareness of people with DD.	*Lack of awareness that they exist *Lack of information	Place on APD's training webpages.

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
ASSESS CURRENT SERVICES		
Involve stakeholders at the State, Regional and local levels to assess the gaps and needs in the current service system.	Determine how to best organize workgroups and assignment of tasks in order to have a comprehensive plan developed by September 1, 2014.	Develop a brief description of our mission for presentation at provider, WSC, and FCC, FARF and other stakeholder meetings across the state, to disseminate information and solicit input and ideas.
RESEARCH MODEL PROGRAMS IN OTHER STATES		

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Group Consensus - Research model programs and funding sources used by other states, as well as by providers in Florida, to replicate best practices, when feasible; Examine the feasibility of blending funding streams from different agencies.	As best practices are identified, determine costs and potential funding sources and how they can be blended; determine if services can be funded within the HCBS Waiver.	Collaboration with other agencies, community providers, parent groups, advocates and other stakeholders is a necessary element in developing an accessible and appropriate service system.
EDUCATION AND TRAINING		
Implement a parent-training program for individuals, both on the Waitlist and the Waiver, who live at home.	Need to develop the parameters of the program and the curriculum; assess if there are programs in Florida or other states being provided currently that can be replicated statewide; costs and funding source will need to be determined.	Parent training was offered in the past by DD and was a valuable service to assist families to maintain their minor and adult children at home.

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Train staff across agencies to increase their knowledge of each agency's mission, and governing statutes and rules, with the goal of collaboration at all levels, from State level staff, to Regional staff, to local staff, to better meet the needs of this population.	Content and logistics of training sessions need to be developed, with collaboration among the agencies to be involved; associated costs and funding source will need to be determined.	Effective service delivery is more likely when staff collaborate across agencies and share their expertise.
Educate DD providers about how to add mental health components to their current array of services and encourage them to do so by offering incentives.	Billing for mental health services could be challenging; providers that are interested could receive training at Regional provider meetings; would need to determine what incentives could be offered to providers who choose to add MH services.	Providers may be concerned because the mental health funding agency conducts reviews differently, which can be perceived as intimidating and lead to concerns about recoupment.

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Investigate the possibility of having the National Association for Dual Diagnosis or another nationally recognized expert offer training to WSC's and others to be become certified to work with this population; explore the idea of an enhanced rate for WSC's who choose to become certified.	The costs and logistics of this training would need to be determined.	
Explore online training opportunities as a cost effective and accessible adjunct to other training.	Review existing training modules available to determine if they are appropriate for use with staff and the associated costs.	
Provide specialized training in how to work with this population to all levels of staff, from front line to professionals.	Once an individual returns from a short-term crisis placement, well trained staff at all levels will be necessary to maintain progress and stability; Otherwise, the individual could be in a revolving door situation.	Training for direct care and other direct contact staff should include basic behavioral and learning principles, including skill acquisition.

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
CRISIS PREVENTION, INTERVENTION AND STABILIZATION		
Develop a system of local mobile crisis unit teams to work with individuals in their homes, with the goal of stabilization in their current living settings, reducing the need for admissions to Crisis Stabilization Units (Baker Acts) and movement to more restrictive environments.	Costs and funding sources will need to be identified; collaboration with other agencies and stakeholders is necessary to develop an effective system.	
Develop a system in which existing Intensive Behavioral Residential Habilitation (IB) and, potentially, other providers could designate beds for individuals in crisis, to serve as residences for short term treatment and stabilization (up to 6 months).	IB providers would need to coordinate transition planning, including training of caregivers prior to discharge and recommendations regarding what services are needed in order to increase the likelihood of a successful long term placement; rates would need to be established for this service.	Carlton Palms has developed a short term (6 month) program; there may be elements of this program that can be replicated statewide with other IB providers.
IDENTIFY THE POPULATION		

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Identify the population of people who are dually diagnosed, and the criteria by which this classification is made, possibly identifying diagnosis in the ABC system, and create a database and tracking system.	Currently, there is no database or tracking system by which to measure progress when an improved system of services is implemented.	Without a tracking system to record specific data, there would be no objective way to determine if the new system and services are favorably impacting the target population.
INVESTIGATE POSSIBLE FUNDING SOURCES		
Evaluate the existing the HCBS Waiver, particularly in light of the new federal definitions, to determine whether specialized services and a system of service delivery for this population can be funded by the HCBS Waiver or if a new Waiver is recommended.		

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Provide parents and other family members with much needed respite services.	The facilities that provide this service would need to have well trained staff who are equipped to deal with problem behavior; investigate whether our current system is sufficient to assure that respite is available or if changes are needed.	
EVALUATE RELATED LAWS, RULES, REGULATIONS AND STATUTES		
Review Baker and Marchman Acts to determine if revisions to these statutes are needed in order to adequately serve this population during crisis periods.	Legislation may be required.	
Review regulations with regards to behavioral and mental health counseling services to with the goal of promoting accessible and appropriate services to this population.	Regulations can be a barrier; for example, some regulations prevent continuous long-term support with regards to certain behavioral and mental health counseling/services; Collaboration across systems is necessary to accomplish this goal.	

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
ASSESS NEEDS AND PROVIDE NECESSARY SERVICES		
Provide parents and other family members with much needed respite services.	The facilities that provide this service would need to have well trained staff who are equipped to deal with problem behavior; investigate whether our current system is sufficient to assure that respite is available or if changes are needed.	
Implement a system of proactive planning by the treatment team and WSC for individuals for whom it is likely will be unable to attend the ADT or vocation during crisis periods, and for whom the services of the mobile crisis team are likely to be needed.	There would need to be a cost neutral funding change to fund the alternative activity during these periods.	
INTERAGENCY COLLABORATION		

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Group Consensus - Work with other agencies to develop services and investigate blended funding.	State and/or Federal laws may limit or prevent the blending of resources.	
Work with DCF, Mental Health and Substance Abuse to go to Board of Regents and provide with curriculum recommendations.	Collaboration with other agencies is necessary; APD's proposal for the Board of Regents needs to be developed.	Can begin fairly quickly because DCF already has this process in place.
Recruit graduate students to work in this field; offer credits and supervision and stipends with FSU and UF as models.	A workgroup to move forward with this recommendation has been established.	
PROVIDER SUPPORT		

Dual Diagnosis/Intensive Behavior Services		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Request assistance from providers to design business models that would offer accessible and appropriate services to this population and also allow for a thriving and successful providers.	This would be tied into the goal of blending funding streams.	
APD should set-up system of sharing capacity needs so that providers can develop needed resources and look at funding options.	Consult with APD Residential Planning to determine the best way to accomplish this recommendation.	Need to have statewide central database for vacancy reporting.

Forensics		
Recommendation	Barriers or other factors to consider	Additional Notes/Comments
Address consumer choice in regards to waiver support coordinator, behavior analysts, etc., and determine what type of training/designation can be implemented for WSC's.		
Investigate possibilities of incentives for providers to take forensic clients, or having a Residential Habilitation rate or a bundled rate for this group. Determine best option, what it would include, and how to implement.		
Develop criteria to identify and designate group homes as specialists in forensic programming. This would include designations for specialized services (mental health, sexually maladaptive behaviors, etc.) within this group.		
Process map the discharge process to ensure those in the community understand the process a person goes through to determine when discharge ready.		

Closing Comments – Director Palmer

- Help us get more people here; more providers are needed
- Figure out how to tie funding to return on investment. This is the task. What do we need funding for? We can do this with tenacity.
- Must put together a business model to help providers use what they have to become thriving providers.
- Data mining and analysis necessary; look at patterns of past crises
- Services are available for children with complex needs but this diminishes as they grow up. We will have to make a case for this for additional funding. We are almost out of beds in forensic; big need for providers.
- Where are we going next?
    - Work in the groups; if you don't break into subgroups you will have to work as a whole group and find providers (contact Debra, Suzanne Sewell for recommendations). Lisa and Grendy will touch base and provide Gantt Chart for meeting the deadline of Sept. 1.