

Dual Diagnosis and Intensive Behaviors Housing and Service Delivery Meeting

October 09, 2014

1:00 – 3:00 p.m. EST

- ❖ Opening Comments
 - We will be going forward with a legislative budget request (LBR)
 - The recommendations were submitted to the agency's leadership and nothing was removed from the proposed model
 - Purpose of this meeting is to help determine information that should be included in the Request for Information (RFI) on proposed service models
- ❖ Background Section of the RFI
 - Identify who will be served, what is unique about the population to be served, the current services provided, any place in current services that need enhancements
- ❖ Purpose Section of the RFI
 - Identify what we want respondents to talk about
 - After-hours mobile assessment team to go into customer's current setting, regardless of whether the setting is a group home or a family home
 - The mobile team would also provide follow-up and continuum of services
 - Both In-Home and Out-of-home respite services
 - Short-term residential services, originally proposed for up to 30 days
 - After receiving short-term residential services, would want resident to go home or to a residential facility for longer-term care where they are known and/or staff knows how to address their behavioral and mental health needs
 - May want to have short term housing have a goal of no longer than 30-90 days, but allow longer stays, depending on the status of the customer and their readiness to be transferred back into their original setting
 - May extend short term housing as opposed to having a separate transition home
 - ◆ Extending short-term housing as a part of transitional phase also reduces amount of disruption in services and setting a customer faces
 - ◆ Often moves are difficult for these individuals; would want to minimize the number of times the individual moves from one setting to another
 - Training
 - Competency for people with dealing with customers with intensive behaviors and/or are dually diagnosed
 - Training for providers, caregivers, and family members
- ❖ Miscellaneous
 - Want to include instructions for respondents to identify any suggestions they have
 - Respondents can respond to all components or only to a specific aspect of the proposed service model
 - Might include a request for recommendations on how respondents would design and implement a pilot program
 - Request respondents include how they would integrate any partners

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- If a provider only addresses one component, need to know how they would work with those who address other components of the service model
- ❖ Questions and Comments
 - Question: Under instructions, would we want to suggest they recommend/include an evidence-based package?
 - Might be a good idea to know what, if any, evidence they are using for their suggestions
 - Question: Could we include a no-reject clause because sometimes providers won't serve those customers with the greatest, and most intensive, needs?
 - The RFI is meant to gather information, suggestions, and possible details on how to go about implementing services
 - Want to be able to flesh out actuary request and information for an actuary to look at, including cost information
 - Comment: Feel a no-reject clause is appropriate for some components such as the mobile team
 - Providers may have to be selective in some instances, for example, to protect the interests of other customers
 - Comment: Might have a checklist that governs acceptance/rejection of customers
 - Comment: In Illinois, referrals are provided to a network and they provide case management until the person is stable
 - If someone needs to be moved to a different setting, they can go to a state facility until they are stabilized and the prevention network does follow-through
 - There isn't a time limit
 - Currently working on setting up emergency beds
 - Question: Who is on the team?
 - A behavior analyst who usually serves as the lead case manager, a mental health counselor or licensed clinical social worker, if needed, consulting medical, psychiatric and pharmaceutical staff as needed, and behavior technicians to implement the changes in the customer's original setting
 - Question: Why are up to 100 pages allowed for the responses?
 - Can change that number, or if we decide to break out into multiple components, could limit number to 50
 - The 100 is not a hard number
 - Comment: Language throughout the RFI needs to be inclusive of individuals with intensive behavioral challenges and/or those with a dual diagnosis; current draft reads as if those with intensive behavioral challenges are not included
 - Comment: Doesn't seem to be a lot of focus on keeping the customer in their home

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- Proactive strategies needed to prevent movement from home into a facility
 - The community teams are intended to keep customers in their home or current setting; will revise RFI to include more emphasis.
- Comment: It may be helpful to have a parent/caregiver peer mentor as part of the community action teams
- Comment: Don't want the community action teams to be used by group homes/providers as a primary means of service delivery
- Comment: Need to expand on and define the transition components
 - How customers move between settings, what are the potential timeframes for service provision and transition, and what planning elements are needed for a successful transition
 - Comment: As part of the transition process, may also include the community team observing the customer in their original setting, conducting probes of behavior and identifying practices for the family to implement under supervision
 - Having trained staff in the home initially might help caregivers feel more comfortable implementing changes and can allow for any necessary treatment adjustments
 - This process will need to start before the customer moves back into their original setting, with the specialists initially working with only the caregivers in the original setting
- Comment: When determining placement for a person, need to consider the frequency, as well as intensity, of crisis episodes and risk factors in the home
- Question: Would those in the IB res hab business be okay with short-term customers, say 3 – 6 months, who then return to their homes?
 - Comment: Yes
- Comment: To implement this correctly will require proper investment
 - If the funding and time commitments aren't there, the proposed model will not work
- Question: Is there a budget component to the RFI?
 - Not yet
 - RFI will ask respondents to provide estimates of expected costs for service provision, licensing, training, etc.
- Comment: Names for the community teams might be – Crisis and Transition Assessment Teams or Service Support Teams
- Comment: May need to work on increasing the number of providers who can provide these services
- Comment: Need pre-planning to mitigate crises before they occur
 - With planning, crisis can be anticipated and mitigated
 - There needs to be a crisis preparedness plan
- Comment: Consider how we can partner with schools

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- They may be able to help identify people who may be pre-crisis or in need of a crisis preparedness plan
- Question: Are we looking at the proposed service models to replace current residential habilitation (res hab) and intensive behavior (IB) models?
 - No
 - Looking at the proposed service models as an enhancement to existing services, not as a replacement
- Question: Should there be one RFI or separate RFI's for each service?
 - One document with detail on each service, noting that providers can respond to all services or fewer, including one, according to their interest.
 - Focus should be on an integrated system; the continuum of services is key; RFI should include the need to for all agencies involved to collaborate on an ongoing, systematic basis
- ❖ Closing
 - Deadline for submitting the drafted RFI is October 24th
 - Aim to post the RFI publically on October 31st for 30 days
 - Draft RFI will be sent out for feedback and review