

Report on Project Planning Workgroup #1– “Long term” residential services

Conference Calls- June 2, 2014, June 10, 2014

Lynne Daw, Lead

Small Group Task: Gather information, including the list of deliverables below, with recommendations to be determined by the larger workgroup

Deliverables: List and describe the services needed for “long term” residential services:

- a. Specific list of services needed
- b. Type of provider(s)
- c. Time frames for the services and/or service limitations
- d. Qualifications of providers (if there is to be a new designation, list criteria)
- e. Statute changes required in order to implement the service
- f. How the service differs from current services being provided
- g. Review and complete the Project Planning Worksheet

An initial conference call was held on June 2, 2014 with a follow up call held on June 10, 2014 to discuss the services assigned and make recommendations on deliverables. The conference call focused on deliverables a – d.

Attendance:

Patty Houghland, Disability Rights, Betty Kay Clemmons, Family Care Council, Mark Swain, John Riehm, Dave Vinson, Rita Castor, Lynne Daw

Summary of Discussion on Deliverables

<p>Array of Services needed</p> <p>Provider Qualifications</p> <p>Provider Training</p>	<p>The group reviewed the current types of residential habilitation services available including standard, behavioral focused and intensive behavioral.</p> <p>The general consensus of the group was that regardless of the level of residential habilitation, most individuals with a dual diagnosis would need the following service array:</p> <ul style="list-style-type: none"> • Residential habilitation • Life Skills Development • Transportation • Specialized Mental Health Counseling • Behavior Analysis Services <p>For standard group homes, that want to provide services to individuals with dual diagnoses, in addition to the current requirements in the handbook, providers would need to minimally have a high school diploma.</p> <p>In addition to the required training reflected in the handbook, staff would be required to be trained on:</p>
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<p>Timeframes for services/Service limitations</p>	<ul style="list-style-type: none"> • Emergency Intervention training • Training on each person’s mental health treatment plan • Additionally the group home operator and/or on-call person would be required to be trained on an APD approved curriculum that included those elements found in behavioral health technician training. <p>There needs to be the ability to increase approved residential habilitation level when the person is cycling to ensure adequate support is provided.</p>
<p>Provider Qualifications</p>	<p>For Behavioral Focused group homes, that want to provide services to individuals with dual diagnoses, in addition to the current requirements in the handbook, providers would need to minimally have a high school diploma</p>
<p>Provider Training</p>	<p>In addition to the required training reflected in the handbook for behavioral focused providers, an APD approved curriculum for working with individuals with dual diagnoses.</p> <ul style="list-style-type: none"> • Emergency Intervention training • Training on each person’s mental health treatment plan • An APD approved curriculum for working with individuals with dual diagnoses • Additionally 75% of staff would be required to be trained on an APD approved curriculum that included those elements found in behavioral health technician training. <p>There needs to be the ability to increase approved residential habilitation level when the person is cycling to ensure adequate support is provided.</p>
<p>Provider Qualifications</p>	<p>For Intensive Behavior group homes, that want to provide services to individuals with dual diagnoses, in addition to the current requirements in the handbook, providers would need to minimally have a high school diploma</p>
<p>Provider Training</p>	<p>In addition to the required training reflected in the handbook for behavioral focused providers, an APD approved curriculum for working with individuals with dual diagnoses.</p> <ul style="list-style-type: none"> • Emergency Intervention training • Training on each person’s mental health treatment plan • An APD approved curriculum for working with individuals with dual diagnoses • Additionally 100% of staff would be required to be trained on an APD approved curriculum that included those elements found in behavioral health technician training.

<p>Additional Recommendations</p>	<ul style="list-style-type: none"> • It is critical that the meaningful day activities are truly meaningful to the person. Many time individuals with dual diagnoses are not well served in a more traditional ADT program • The service model should allow the person to “take a break” from the structure of a MDA if requested. When this is needed, adequate supervision should be available in the home. • These additional training requirements noted in the document would only be required for those homes who are interested in serving individuals with a dual diagnosis. There would need to be a review process in place, much lie is currently in place for BF and IB certification to ensure staffing are staff qualifications are met. • Each person should have a mental health treatment plan created by a psychiatrist to address mental health needs. The treatment plan should spell out additional resources needed when the person is in crisis in the mental health treatment plan • The treatment plan should be provided to the Baker Act facility when hospitalization is needed • The cost plan needs to be fluid enough to accommodate increased funding needs for additional staff resources when the person is in crisis
<p>Moves from IB/BF to less restrictive settings</p>	<p>A concern was raised about the inability for individuals to remain in an IB or BF setting when they no longer meet that criteria. While ideally this would not be necessary, the availability of IB and BF beds is so limited that these beds must be freed up to use for individuals who need that level of support. Additionally individuals should be reinforced for improved behavior and therefore have the opportunity to move. To address concerns over movement, there needs to be a more purposeful transition process which supports the individual in having a positive, successful experience in his/her new setting including the plan to maintain positive relationships developed in the previous setting.</p>
<p>Provider rates</p>	<ul style="list-style-type: none"> • The current rates established for standard and behavioral focused do not support the additional training/credentialing requirements for these settings. Those providers who commit to delivery of services to individuals with dual diagnoses should receive an enhanced rate. • Additionally, there must be a reserve allocation of funds that allows for increased staff resources in the home during those times the person is in crisis.

Regional Crisis Team	<p>This team of specially trained qualified mental health professionals would be responsible for:</p> <ul style="list-style-type: none">• Providing training to homes serving individuals with dual diagnoses• Maintaining a copy of individual mental health treatment plans for their required catchment area• Providing consultation with providers in effectively supporting each person leading up to and when in crisis• Identifying existing mental health resources within the community• Collaborating in developing new resources• Serving as liaison with mental health facilities/providers.