



## Assisted Living Facility Work Group

Workgroup Recommendations	DCF Action
Authorize DOEA in coordination with DCF related to LMH to develop a partnership to conduct one standardized core curriculum course in English and Spanish that is updated as needed.	DCF has developed a new competency-based LMH curriculum in Spanish and English through a contract with USF-FMHI. Suggesting language to the Rule Workgroup to require LMH trainers to become certified Core trainers through the DOEA process.
Develop supplemental core competency exams for LMH licensure.	Agree that Core Training could include mental health topics.
Revise continuing education requirements for administration and care. Include de-escalation techniques.	Concur. Topic is included in LMH training
Require the state to contract for the development of on-line courses similar to the DCF funded online series of Baker Act training.	Concur. DCF will develop web-based training by July 2013 based upon the new training materials developed in 2012.
Increase training for LMH facility staff, provided by mental health professionals and including an emphasis on aggression management and de-escalation techniques.	Behavior management and de-escalation included in training.
Establish a panel of mental health experts to develop a comprehensive, standardized training curriculum for mental health training for assisted living facility staff members.	Conducted focus groups in Tampa and Miami in March to review curriculum and revise based upon feedback given.
Require a portion of the 6 hour mental health training as a pre-service requirement. Currently, ALF staff can work directly with individuals for up to 6 months before getting trained. Allow appropriate facility staff to have the option to provide the pre service training. All training modules must be completed within 30 days of employment. DCF will develop components of the required pre-service training.	Concur with recommendation. Pre-service training could be given by ALF administrators who have already taken training. Materials could be provided free of charge by DCF. Once online training modules are developed and made available, staff could take any of the modules pre-service.
Increase the training hours for staff members working in facilities with an LMH license from 6 hours of limited mental health training to 8.	Increased curriculum to 8 hours.
Require staff members to complete a test following their training in mental health and score a minimum of 80%.	A quiz is given after each module. The Rule needs to be revised to include minimum score requirement.
Allow the Department of Elder Affairs to monitor and sanction trainers providing the mental health training course.	Requiring trainers to be certified Core Trainers could be the avenue to allow for this. DCF would like to partner with DOEA in this effort.
Clarify that a temporary transfer such as a Baker Act is not a discharge and the resident may return to the facility once released. Require ALFs	Possibly addressed through Rule or use of Ombudsman.



to hold the resident bed/room during the absence.	
Encourage ALFs to contact representatives of the Florida Peer Network to seek certified peer specialists for employment or at a minimum, encourage the peer specialists to visit the facilities.	Concur with idea to employ Certified Recovery Peer Specialists.
Clarify oversight responsibilities of private case management and mental health treatment providers as it relates to Community Living Support Plans and Cooperative Agreements. Not all individuals in ALFs are served by DCF funded mental health providers, making DCF oversight of those providers difficult.	Concur. Consider clarification in rule.
Require DCF/Managing Entity evaluate the cooperative agreement and community living support plans in place to ensure that they are sufficient to meet the mental health needs of ALF/LMH facility residents.	The role of DCF/ME is to monitor the contracted public community mental health providers. The DCF offices and MEs have been given templates. Language included in ME contracts. Representative sample reviewed.
Require DCF/Managing Entity verify that each mental health resident is assigned a case management and that face-to-face contact has been documented as required by law and rule.	Representative sample is reviewed.
Amend Chapters 429, F.S., to require that before an ALF can initiate an involuntary examination under the Baker Act that it must document a series of efforts have been attempted to prevent this action.	Concur and will recommend language to the Rule workgroup.
Develop a process for persons with severe and persistent mental illness whose care is subsidized to allow that subsidy to follow that person in alternative residential settings.	If rental or ALF subsidies are funded by DCF, subsidies can already follow the person.
Conduct a study to explore the methods of enhancing care for persons with severe and persistent mental illness in assisted living facilities.	Concur if funding becomes available.