

Commission on Mental Health and Substance Use Disorder

Review of Presentations to the Dual Diagnosis Subcommittee

Dual Diagnosis Treatment Subcommittee		
Presentation	Key Take Aways	Recommendations (this column will be left blank for Subcommittee Members to propose recommendations)
Dual Diagnosis: Serving Individuals with Developmental Disabilities and Mental Health Needs	APD Mobile Response pilot for Orange Broward, Hillsborough, Leon Counties	adding a requirement to integrate BCBA's and RBT's into the MRT framework will not solve the challenge of accessing 2 vastly different systems (each system by itself is difficult to navigate); it will be more helpful for APD to fund stand-alone MRTs operated by IDD providers; in the event there is cross-over for a client, the two types of teams can work together to meet the individual's needs
	The Agency for Persons with Disabilities may benefit from a stand- alone a crisis response system for their population	
	While obtaining treatment for co-occurring developmental disabilities and mental health condition(s) typically require accessing care across two separate systems; The inclusion of Board-Certified Behavior Analyst (BCBA) and Registered Behavior Techs (RBT) to the MRT framework can provide opportunity for intentional integrated care in partnership with APD, DCF, MRTs, BCBA's, and local mental health providers/professionals	
Caring for Individuals with Unique Needs: Our Florida Seniors	The population is aging and have behavioral health needs and are not aware of resources	Counties should develop community paramedicine programs; they provide integrated care, addressing all health needs and are proven effective, you can review a report by FLDOH here https://www.floridahealth.gov/provider-and-partner-resources/advisory-councils-stakeholder-groups/ems-advisory-council/documents/florida-mihcp-guidebook.pdf ; I know an expert who can speak to the commission or subcommittee if we wish; they are particularly effective with the senior population, breaking down all of the barriers identified
	They are at higher risk for suicide and less likely to reach out for help	
	Seniors may be uneducated about alcohol, drug, and mental health issues.	
	Caregivers experience elevate stress leading to behavioral health issues	
	Senior specific mobile integrated health team pilot is demonstrating effective outcomes	

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	Some elders aged 65 and older suffering from mental health disorders tend to go underdiagnosed as their physical illness mask or distract attention from the underlying or co-occurring Psychiatric condition	
	The Integration of Mobile Health Teams delivering in-home senior care can be a source to community resources and referrals; bridging gaps within the community	
Addictions Receiving Facilities Supporting Integrated Care and Recovery	Need for comprehensive, patient centered approach that integrates mental health and substance use treatment.	Addiction Receiving Facilities exist; I would like to hear the level of utilization prior to making any recommendations regarding more beds/facilities/funds
	Addictions Receiving facilities are specifically designated to provide Marchman Act assessment, medical detox, crisis stabilization, MAT through an integrated multidisciplinary approach	
	Addiction Recovery Facilities (ARF) are specialized healthcare units designed to offer a range of services for individuals suffering from substance abuse disorder to include medical detoxification, crisis stabilization, medication assisted treatment (MAT), and comprehensive assessments	
Children and Adolescents Integrated Continuum of Behavioral Health Services	Intensive community-based teaming models successfully diver children from out of home placements for significant ROI	
	Community-based teaming, MRT, and Short-term residential treatment options are leading to	

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	reductions in Baker Act admissions and readmissions	
	Citrus Health Networks has a SIPP in Pembroke Pine; a locked residential program for adolescent boys/girls that provide a structured treatment environment for adolescents with a hx of emotional disturbance, unsuccessful attempted community-based Tx services, and those who could potentially benefit from a structured residential setting	
	There are still waiting lists for CAT and SIPP	
	Children’s Community Teams are significantly more cost effective when compared to other levels of care or placements, including child welfare, juvenile justice and SIPP services	
Treating Complexity Through Community Based Care	The ACT model is evidence based, shows effective outcomes and significant ROI	there needs to be an intermediate program between traditional outpatient and ACT teams; teams that work with people who do not meet ACT criteria but for whom traditional outpatient is not enough
	As the population ages and needs specialized services, the current model may not be adequate to support them	
Housing and Housing Supports	In my 30 years of industry experience homelessness has been a key factor in the lives of people who are in and out of treatment, in and out of hospitals and CSUs, in and out of jails - to ensure the utmost effectiveness of treatment in any of its forms (clinic, teams, telehealth, inpatient, outpatient, etc) people need to have a safe place to lay their heads at night; no matter what else we recommend/implement/invest in, the system must invest in housing and supportive services to help people maintain housing	