

Summary Report, Statewide Teleconference May 16, 2006

**Recommendations** — The table below represents current resources, challenges, and unmet needs.

Issues/Concerns	Current Resources /System Capacity	Challenges/ Needed Resources	Recommendations
<p>1. Expansion of Choices in the Mental Health System</p>	<p>Services funded from general revenue planned to be exclusive of Medicaid.</p> <p>Fewer dollars available for supported living, housing, &amp; employment for Medicaid recipients.</p> <p>DCF will have to pay more for services to serve the people who do not have Medicaid.</p>	<p>DCF may no longer serve people who are served by Medicaid. People may lose services that they now have and community centers will lose revenue.</p> <p>Medicaid focus neglects recovery and resiliency. Services not available for clients who want a less restrictive level of care.</p> <p>More people will become homeless or experience decompensation &amp; relapse.</p> <p>Lack of choice of providers—e.g. doctors will not take Medicaid, day treatment cut.</p>	<p>Create alternative program to provide services lost through Medicaid waiver.</p> <p>Support Self-Directed Care programs.</p>
	<p>Pilot program for two counties trying out the new Medicaid plan through AHCA.</p> <p>SAMH and DCF support consumer participation in choice counseling.</p>	<p>AHCA does not support consumer initiatives.</p> <p>AHCA will not hire consumers to do choice counseling.</p> <p>AHCA has to change its language for Peer Specialists to be billed through Medicaid.</p>	<p>Working with AHCA should be major focus of FPN.</p> <p>Consumers should be made a part of AHCA’s choice counseling process.</p> <p>FPN could schedule a meeting and/or teleconference with AHCA executives.</p>
	<p>People invited to participate in FPN calls through drop-in centers and mailing list.</p>	<p>Participation is low.</p> <p>Consumers at grassroots do not identify with broad advocacy topics.</p>	<p>Make calls appeal to members at local level. Target topics to local issues.</p> <p>OCA should be on calls to relay info to program office.</p>

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<p>2. Access to Services for Individuals Without Benefits</p>	<p>Consumer-run drop-in centers provide a lot of recovery &amp; resiliency services such as supported employment.</p> <p>Drop-in centers and faith-based communities serve people who are not on Medicaid. Catholic Charities serve Hispanic populations.</p> <p>Triad Project included three issues—substance abuse, mental health, and trauma.</p> <p>Access To Recovery covers several districts. It deals with co-occurring disorders, works like Self-Directed Care.</p> <p>Many resources exist for people with dual diagnosis, including AA and NA meetings.</p>	<p>People, especially street people, may be Medicaid &amp; SSI eligible but have no one to help them link to benefits.</p> <p>With Medicaid changes and fewer recovery services, more people will need peer-run programs.</p> <p>Catholic Charities are overwhelmed with volume of need.</p> <p>People who aren't involved with mental health providers have trouble getting benefits.</p> <p>Sometimes people break the law so they will go to jail and get a place to sleep</p> <p>Treatment follows substance abuse model, not mental health treatment model. Mental health issues get short shrift. No faith-based organization deals solely with mental health.</p> <p>People do not know what is going on in areas outside their local groups. People in rural areas are often isolated and uninformed.</p>	<p>Create a far larger role for consumers to bring people into the system, whatever part of the system they want to be brought into.</p> <p>FPN outreach to help folks who are eligible get benefits that they qualify for.</p> <p>Self-directed programs dollars can be spent on mental health.</p> <p>Need more teleconferences for people to share information.</p> <p>Florida Peer Network to help people understand what is going on.</p>

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<p>3. Access to Medications</p>	<p>Medicare Part D has introduced more people eligible for Medicaid and Medicare.</p> <p>The state funds the indigent drug program (IDP).</p>	<p>Navigation of Medicare website is difficult. Many clients cannot advocate for themselves to negotiate the system.</p> <p>Part D recipients are charged for meds that previously were free. Even with small co-pays, the cost becomes prohibitive.</p> <p>Recipients are allowed \$2250 in benefits, but beyond that limit must pay high prices.</p> <p>Pharmaceuticals have cut needy meds programs.</p> <p>People on Medicaid have the most need, but face discrimination. Part D targets seniors and overlooks poor and disabled persons.</p> <p>Retirees may have private medical plans, but people with disabilities have no resources.</p> <p>Continuing benefits: People who go to work often have to work in marginal jobs that do not have benefits. People who work are only allowed to keep Medicare or Medicaid for limited time.</p> <p>IDP program is limited, does not help enough people.</p>	<p>The job of FPN is to keep trying to beat down these barriers.</p> <p>FPN should continue to monitor difficulties with Medicaid Part D issues.</p> <p>FPN members are examples and role models.</p> <p>Future FPN calls should get the truth out about cuts in programs.</p> <p>Future FPN calls should cover appealing topics, feature people who have experience with particular issues.</p>

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<p>4. Self-Directed Care</p>	<p>Two programs in operation more planned.</p> <p>People decide what services they need, work on their own treatment plan, and do a life action plan, setting their own goals. Each person is given a budget to choose activities that increase quality of life and help them recover.</p> <p>Legislature has approved the expansion of Self-Directed Care into more districts next year.</p>	<p>Providers may feel that consumers cannot manage their own programs.</p> <p>Providers may fear that their own programs and funding are threatened.</p> <p>There is no new money for these programs.</p>	<p>If a provider does a good job, the client continues to purchase those services.</p> <p>FPN supports the use of Self-Directed Care across the state.</p> <p>Expand Self-Directed Care programs. 50% of all services should be offered through Self-Direction.</p> <p>Transfer money from existing services to fund these services.</p> <p>Avoid conflict of interest in self-directed programs. The best independent broker is a consumer-run organization</p> <p>Peer Specialists can work effectively with the type of training that they have had, and it is a perfect progression in their careers.</p>
<p>5. Conclusions</p>	<p>Possible peer-run services include Self-Directed Care, drop-in center, clubhouse, day treatment.</p>	<p>Providers hesitant to support several consumer-run options.</p> <p>Florida is difficult because less money allocated for MH than most states, and because of its geography and different cultures.</p>	<p>The state needs to recognize that not one size fits all. Listen to those who use their services, and not to bureaucrats, to learn what consumers need.</p> <p>FPN to address cultural diversity issues</p> <p>FPN to address FACT team issues.</p>