

ANNUAL PLAN

Managing Entity: _____

ASSISTED LIVING FACILITIES - LIMITED MENTAL HEALTH LICENSURE (ALF-LMH)

Section 394.4574, F.S., requires the Department of Children and Families to submit an annual plan for ensuring services to residents in ALF-LMH.

Section 429.075, F.S requires the Department to approve or provide mental health training to ALF-LMH staff. The Department updated training materials in July, 2012 and requires that they be used.

By December 1st annually, submit the Managing Entity regional plan for how these requirements will be met during the next fiscal year. Please enter the information in the sections below. All plans must include the following sections:

I. Describe how your region will ensure that the standards per s. 394.4574, F.S. are met.

- Include frequency of mental health provider monitoring by the Managing Entity, method of monitoring, and sample size. The Managing Entity must first identify individuals living in ALF-LMH and then of those, identify a minimum of 20% sample.
- See attached Monitoring Tool for standards.

II. Public Input for regional ALF-LMH Plan as required per s. 394.4574 (3), F.S.

- Attach minutes of public meetings held within the last year related to providing services to individuals residing in ALF-LMH, this Annual Plan, and other ALF issues, including a copy of the roster of those attending.

III. Describe how your region will address the training requirements per s. 429.075, F.S.

- Each Managing Entity is responsible for mental health training or arranging for training of the ALF-LMH direct service staff within their region. Note that the minimum required training materials are available from the Office of Substance Abuse and Mental Health at DCF headquarters. The training is designed to be 8 hours. Training events should be offered at least every 60 days, or as appropriate to the region.
- Attach agenda or list any training held within the last year including dates, locations, trainers, and a roster of those attending.
- Indicate schedule for trainings for the upcoming year, including proposed dates, locations, and trainers.

IV. Describe gaps or deficits in your region's service capacity for individuals served in ALF-LMH and plan for addressing them.

Completed by:

Contact information: (Address/Phone/email)