Behavioral Health Services Integration Workgroup

Behavioral Health Services Integration: Assisted Living Facility Study

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Report on the
Behavioral Health Services Integration Workgroup
Assisted Living Facility Study

Background

This study is in response to needs identified by the "Behavioral Health Services Integration Workgroup" created in 2001 by Chapter 2001-191, Laws of Florida. The Workgroup was established to assess the barriers to the effective and efficient integration of mental health and substance abuse treatment services across various service systems and to propose solutions to those barriers. Assisted living facilities (ALFs) represent a growing and important part of Florida's long-term care service system. There are approximately 2,400 licensed ALFs which provide services for more than 80,000 mostly older residents who require assistance with personal care and other activities of daily living. Although the typical ALF resident is a physically frail elder, many younger adults with mental illnesses or substance abuse problems live in ALFs licensed to serve mental health clients. This is especially true in small capacity ALFs and for lower income residents. Almost two thirds of ALFs in Florida are small facilities with 16 or fewer beds, while the largest facilities can range up to several hundred bed capacity.

Previous reports to the Florida Legislature in 1989, 1996, and 1997 have suggested that there are concerns about the quality, appropriateness, and accessibility of behavioral health (mental health and substance abuse) services for residents in ALFs.\(^1\)\(^2\)\(^3\) There is also concern about the safety of frail elders residing with younger individuals with mental disorders and with the adequacy of training received by staff members (paid caregivers) working in ALFs.

Such concerns have not been fully investigated since the Legislature established the limited mental health speciality licensure in 1995 for facilities that serve residents with mental illness. Unlike nursing homes, there is no standard assessment system for ALFs, nor a database by which researchers can respond to these concerns in Florida. This pilot study examines how the behavioral health system responds to the mental health and substance abuse needs of residents of ALFs as perceived by the residents, direct care staff employed by the facility, case managers who coordinate services received by residents with mental health and substance abuse problems, and ALF administrators. Further, elder and younger residents' perceptions as to satisfaction with care and services, as well as perceived satisfaction with the living arrangement are examined.

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Methodology

The objectives of the study were to conduct survey research to identify the following characteristics concerning behavioral health (i.e., issues related to mental health and/or substance abuse) service needs:

- residents' needs for behavioral health services
- barriers to residents receiving mental health and substance abuse services, including financial barriers;
- barriers to residents receiving emergency mental health and substance abuse services;
- residents' concerns about their safety as a result of behavioral health problems in the facilities;
- problems that ALF staff experience in addressing behavioral health problems in their facilities;
- potential training needs of staff for addressing behavior problems and conflicts among residents; and
- any "promising practices" in providing behavioral health services to ALF residents.

This study involved survey and descriptive research methods focusing on assisted living facilities in three counties (Broward, Pasco, and Pinellas) in Florida. Three survey methods were used, each focusing on a different level of respondent.

Mail-Out Surveys to ALF Administrators. Using a mailing list obtained from the Agency for Health Care Administration (AHCA), the Florida agency responsible for licensure and monitoring of ALFs, self-administered surveys were mailed to administrators of all ALFs with a limited mental health (LMH) licensure in Broward, Pasco, and Pinellas counties. Broward and Pinellas counties were selected due to convenience of their location with the Florida Mental Health Institute/University of South Florida in the Tampa area and to the Florida Mental Health Institute/University of South Florida employees in Broward County. These two counties were also chosen because they are among the largest in terms of Florida's general population, elder population, and ALF population. Pasco County was included in order to explore possible barriers due to rural location. As of February 2003, there were 44 facilities in Broward County, 14 facilities in Pasco County, and 36 facilities in Pinellas County with a LMH license, for a total of 94 facilities in the three counties. These surveys asked administrators to describe in general terms the most frequent and most difficult behavior problems exhibited by residents, barriers to necessary behavioral health services, staff training needs, and recommendations for overcoming barriers that impede delivery of services. Administrators were also asked if they wished to participate in another phase of the research involving interviewing a sample of ALF residents and direct care staff in their facilities. We received completed surveys from only 13 administrators and subsequently interviewed by telephone an additional 16 administrators using a shortened version of the original survey instrument.
Mail Out Survey of Case Managers. Using mailing lists obtained from the Florida Department of Children and Families Mental Health Program Office, self-administered surveys were mailed to all case managers (n = 143) in Broward, Pinellas, and Pasco Counties who provide mental health or substance abuse services to ALF residents. The surveys asked them for their opinions about the problems and successes they have experienced in providing behavioral health services to ALF residents.

Sampling of ALFs for Interviews with Residents and Direct Care Staff. Three ALFS in each county were identified for an in-depth study of the facility, its residents and direct care staff (certified nursing assistants or other personal care staff). For each facility, research staff conducted in-person interviews with two direct care staff members and a sample of younger residents age 18-59 with mental illnesses or substance abuse problems and older residents over age 60. Interviewed residents had to be competent to answer the interview questions themselves, e.g., they could not have a guardian.

Interview and Survey Results

We received completed surveys from or conducted telephone interviews with administrators from 29 (31%) of the 94 facilities with a LMH license and received completed surveys from 34 (24%) of the 143 case managers who provide mental health and substance abuse services to ALF residents in the three counties. We conducted in-person interviews with a total of 18 direct care staff, 45 younger residents, and 37 older residents in a total of nine facilities in the three counties. The number of residents in the facilities in which the administrator completed a written survey or was interviewed by telephone ranged from 4 to 120, with a median number of 20 residents. The number of residents actually interviewed was dependent on the total number of residents in the facility and the number who were competent to answer the interview questions. Table 1 shows the number of direct care staff and older and younger residents interviewed in each facility by county.
Table 1. ALF Resident and Direct Care Staff Interviews

<table>
<thead>
<tr>
<th>County</th>
<th>Direct Care Staff</th>
<th>Residents Age 18-59</th>
<th>Residents Age 60 and over</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broward</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Facility #1</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Facility #2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Facility #3</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>16</td>
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<tr>
<td>Pasco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility #1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Facility #2</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>16</td>
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<tr>
<td>Facility #3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>8</td>
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<tr>
<td>Pinellas</td>
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<tr>
<td>Facility #1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Facility #2</td>
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<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Facility #3</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Totals</td>
<td>18</td>
<td>45</td>
<td>37</td>
<td>100</td>
</tr>
</tbody>
</table>

The responses of residents are differentiated from the responses of ALF administrators, ALF direct care staff, and case managers who serve ALF residents with mental health or substance abuse problems. However, unless otherwise indicated, opinions and recommendations of administrators, direct care staff, and case managers have been combined.
Facilities, residents, and case managers

ALF administrators reported a median number of 20 residents, with a low of 4 residents and a high of 120, in the 29 facilities included in this study. All ALF administrators reported that some residents in their facilities were currently receiving mental health services, with a median number of 14 residents receiving such services in each facility. Eight (28%) of 29 administrators reported that they had residents who were not receiving mental health services who needed such services, ranging from 1 to 6 residents in each facility. Eighteen (62%) administrators indicated that they had residents with substance abuse problems (either current or former problems), and four (14%) of the 29 administrators reported that they had residents with substance abuse problems who were not receiving substance abuse services.

Nearly all (28) administrators reported that they have residents who receive Optional State Supplementation (OSS) payments from the state, 22 of whom have 50% or more residents receiving OSS. Twenty-eight facilities have residents over age 60, but the number of younger residents outnumbered those over age 60 in all 28 facilities. The median number of residents aged 18-59 in the facilities is 16, while the median number for residents aged 60 or older is 3. About half of the facilities (14 of 29) have younger residents sharing a room with an individual aged 60 or older. The most frequently cited admission criteria by administrators were that residents could not be violent, aggressive, abusive, or using alcohol or drugs, and they must be medication or treatment compliant.

Most administrators (23 of 28) reported that mental health services are provided to their residents on a daily, weekly, or as needed basis. Thirty-four percent of administrators responded that substance abuse services are provided on a daily or weekly basis, while 33% reported that substance abuse services were never provided to their residents.

Most case managers who responded to the survey indicated that they currently have ALF clients in their caseload (31 of 34). While the median total caseload for case managers was 20 clients, the median number for case manager's clients living in ALFs was five. Twenty-seven case managers indicated they do not serve any ALF residents who are 60 years or older. The median length of time that case managers have been employed at their current agency is 24 months.
Residents' needs for behavioral health services

A large majority of the 82 ALF residents interviewed indicated they were satisfied with the behavioral health services and other care they were receiving at their facilities. They were satisfied with their current living situation, the care and assistance they received, and they believed their medical problems were usually taken care of satisfactorily. They also felt they could talk to staff about their personal problems and feelings; felt safe at their facility; and would choose the same ALF again if given the opportunity. They were also satisfied with the help they received with any emotional or mental health problems. Fifty-eight of 79 (73%) residents reported they never had a drug or alcohol problem, and of the 21 who said they had experienced such problems, 20 of them were satisfied with the help they received. Table 2 below shows the number of residents and percent satisfied for each category of services or care.

Table 2. Most ALF Residents are Satisfied with Services and Care at Their Facility

<table>
<thead>
<tr>
<th>Category</th>
<th>Number Satisfied</th>
<th>Percent Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current living situation</td>
<td>67 of 82</td>
<td>82%</td>
</tr>
<tr>
<td>Care &amp; assistance at facility</td>
<td>77 of 82</td>
<td>94%</td>
</tr>
<tr>
<td>Medical problems addressed</td>
<td>78 of 82</td>
<td>95%</td>
</tr>
<tr>
<td>Could talk to staff about personal issues</td>
<td>66 of 82</td>
<td>80%</td>
</tr>
<tr>
<td>Felt safe at facility</td>
<td>76 of 82</td>
<td>93%</td>
</tr>
<tr>
<td>Would choose same facility again</td>
<td>64 of 79</td>
<td>81%</td>
</tr>
<tr>
<td>Satisfied with help for emotional/mental issues</td>
<td>70 of 78</td>
<td>90%</td>
</tr>
<tr>
<td>Satisfied with help for alcohol/drug problem</td>
<td>20 of 21</td>
<td>95%</td>
</tr>
</tbody>
</table>

Those residents who expressed dissatisfaction mentioned problems, such as cleanliness or disrepair of the facility, inability to get along with other residents, lack of leisure activities, desire to live with a family member, not enough spending money for personal items, or they wanted more attention from staff. One resident said he was fearful of being hospitalized by staff and felt he could not express himself freely. Other residents did not feel they could talk to staff about personal problems and feelings for various reasons as indicated below.

- They were afraid staff would talk to others about their problems.
- They felt that staff was not caring.
- They prefer talking to a family member.
- They did not think it would do any good to talk to a staff member.
- They felt staff were too busy or not trained.
However, more residents reported they would contact the ALF administrator/owner or a staff member if they needed help rather than contacting any other category of individual or organization, such as a doctor or a hospital. Thirty-four residents indicated that they would contact the ALF administrator or owner first if they felt very depressed or upset and wanted help, and 21 would contact a staff member if they wanted help. Thirty-one residents would contact the owner/administrator or a staff member if they needed help with an alcohol or drug problem. Consequently, it is unclear if the largely positive responses of residents to their care and services at their facilities reflect their true satisfaction or whether their responses result more from a strong reliance on the administrator and staff of the facility for their well being and safety.

Opinions of case managers and ALF administrators differed somewhat about whether ALF residents receive the mental health services they need. Most case managers (19 of 32 or 59%) believe their ALF clients receive needed mental health services, but a slight majority of administrators (14 of 27 or 52%) are not satisfied with the availability of mental health services for their residents. However, most ALF direct care staff (13 of 18 or 72%) think the residents in their facilities receive needed mental health services. Respondents suggested the following additional services they believed would benefit ALF residents.

- More services, such as day treatment and accessible day treatment, counseling, group activities, therapy, and drop-in centers that are open on weekends and open to all clients with mental illness.
- More services and programs at the ALF, such as day treatment programs, group therapy, nutritionists, psychiatric services, required social activities, more daily structure, and medication training for residents.
- Better trained and more caring staff and increased number of staff to help residents with safety, activities of daily living, hygiene, and to spend more time with them.
- Better medication evaluation and better monitoring of medications at ALFs.
- More life skills and independent living programs as well as academic programs for residents.
- More time with case managers.

The three most common responses from residents regarding the services they would like to receive if they experienced a serious emotional or mental health crisis.

- They would like to see a mental health professional (psychiatrist, psychologist or counselor).
- They would like to receive medications.
- They would want to go to the hospital.

These responses seem to reflect what actually does occur when an ALF resident experiences a mental health crisis.
There is less satisfaction with the availability of substance abuse services. Administrators, case managers, and direct care staff are not satisfied with the availability of these services. Eleven of 20 administrators, 21 of 30 case managers, and 8 of 15 direct care staff do not think that ALF residents are receiving the substance abuse services they need. Some of the services respondents indicated they would like to see added include:

- More substance abuse programs, including required AA/NA (Alcoholics Anonymous/Narcotics Anonymous) meetings, mandatory groups for drinking, smoking, and prostitution, outpatient services, and prevention and early intervention services.
- On-site programs, such as AA/NA groups, anger management classes, counseling and group sessions, and in-home care managers, therapists, and other service providers.
- Certain ALFs designated as recovery facilities with inside and outside 12-step meetings.
- Support for ALF staff, such as help with decision making when administrator is not available or respite for caregivers.
- Medicaid coverage for services, such as day programs and home health psychiatric nurse for medication changes.

For alcohol or drug problems, most residents responding to the question would like to receive AA services, group therapy, or counseling.

**Barriers to residents receiving mental health and substance abuse services**

Administrators, case managers, and direct care staff identified the following as some of the most common barriers to ALF residents receiving mental health services:

- Ineffective case management (not sensitive to needs, inhumane approach, and not enough time spent with resident). Both administrators and direct care staff cited this barrier.
- Inadequate services for younger residents or inadequate services in some rural areas.
- Medicaid income limits on eligibility (Some individuals are just a few dollars over the income limit and therefore not eligible for services. Also, Medicaid limits on services, such as length of time in treatment facilities, and on choice of doctors and type and amount of medications.)
- Insufficient funding for services.
- Financial barriers, such as paying for medications or lack of insurance coverage for medications or other services; clients not eligible for SSI (Supplemental Security Income) or SSDI (Social Security Disability Income) or cannot afford to stay at an ALF; or ALFs are not compensated sufficiently by state to provide adequate care and services.
- ALF issues, including ineffective medication compliance, poor communication with administrator, poorly trained staff, or lack of ALFs to take clients.
- Lack of transportation or Medicaid coverage for transportation to services.

Residents cited two barriers to receiving mental health services:
• ALF staff do not believe residents who say they are having a problem.
• Staff do not have time or compassion for residents.

The most frequently mentioned barriers to substance abuse services by administrators, case managers, and direct care staff included:
• Few substance abuse programs or services exist.
• Few or no services for residents who have both mental illness and substance abuse problems.
• Medicaid issues, such as income eligibility limits, limited or no coverage for substance abuse services or day treatment, or few treatment centers that accept Medicaid clients.
• Insufficient funding for services.
• Lack of transportation to services, such as AA meetings.
• Co-payments for services that make them unaffordable for some clients.

ALF residents did not mention any barriers to receiving substance abuse services.

**Barriers to residents receiving emergency mental health and substance abuse services**

Although most ALF administrators (18 of 29) and case managers (27 of 32) reported that they did not have problems getting emergency services when needed, some concerns were noted.
• A few administrators complained that the case manager or law enforcement has to see actual behavior before taking action.
• Some administrators had difficulty reaching case managers in a timely way.
• Some administrators reported that there is a lack of after hour emergency services in some areas.
• A few administrators and case managers mentioned poor cooperation from law enforcement.

Case managers, administrators, and direct care staff offered some suggestions for improving emergency services to residents.
• ALF staff should be trained about options for when a resident becomes a danger to him/herself or others, in de-escalation, and identifying symptoms prior to a crisis.
• Better communication and cooperation are needed between all involved, including ALF administrator and staff, client’s case manager, doctor, therapist, and law enforcement.
• 24/7 hotline and support groups or back up for emergencies should always be available.
• Baker Act process should be easier for those who are not violent.
• More use of mobile crisis units.
• Add more staff in ALF, especially male staff.

**Concerns about residents’ safety resulting from behavioral health problems in facilities**
Most ALF residents, direct care staff, and administrators as well as case managers did not have safety concerns or problems resulting from behavioral health problems in the facilities, and most believed that ALFs are safe places for residents to live.

- Almost all respondents had no safety concerns about frail elders living with younger residents with mental illness or substance abuse problems. Fifteen of 18 (83%) direct care staff interviewed and 70 of 82 (85%) residents interviewed reported no problems with frail elderly and younger residents with mental illnesses or substance abuse problems living together in the same facility. Many residents have had positive experiences living with different age groups.
- A few case managers had concerns about violent residents or drug or substance use in the facility. Lower functioning residents who have a mental illness or a developmental disability, and in particular, females were more at risk as well as those who have drugs or alcohol provided by outsiders.
- Most case managers’ safety concerns involved the location of the facility in an unsafe neighborhood, poor staff supervision of residents, and environmental conditions of the ALF, such as lack of cleanliness, lack of air conditioning, or presence of roaches.

*Problems ALF staff experience in addressing behavioral health issues in facilities*

ALF staff reported that they encounter a number of behavior problems when working with both younger and elder residents in facilities. Some of the most common behavior problems among younger residents with mental illness or a substance abuse problem that were noted by staff included:

- Younger residents sometimes have a negative attitude, will not cooperate with staff or other residents, or are hard to please.
- Some display anger or violence and become involved in verbal insults or outbursts, or fighting.
- Drug or alcohol use or abuse is a problem with some of the younger residents.
- Excessive smoking or constantly begging staff or others for cigarettes is another problem among younger residents.
- Some with substance abuse problems attempt to leave the facility to buy or steal drugs or alcohol.
- Some younger residents are reluctant to take their medications or want their medications before the scheduled time.

ALF staff also discussed some of the most common and difficult behavior problems exhibited by older residents who are frail or have dementia. The following list reflects their concerns.

- Many of the older residents engage in unsafe behavior, such as wandering from the facility and getting lost.
- Some older residents exhibit confusion and agitation, often repeating the same questions, forgetting they have eaten dinner or lunch and becoming upset because of it, or displaying mood swings.
• Lack of cooperation is a problem among some older residents, such as refusing to do simple tasks, taking a shower or bathing.

Training needs of ALF staff for addressing behavior problems and conflicts among residents

Case managers thought that inadequate training is an issue among ALF direct care staff. The majority (26 of 33) of case managers responding reported that ALF staff have insufficient training to work with residents who have mental illness, and 29 of 32 case manager respondents think that ALF staff are not adequately trained to address substance abuse problems. Also, 15 of 21 case managers responding did not think ALF staff have sufficient training to address memory disorders or dementia. Case manager respondents suggested that additional training should include:

- Education programs for substance abuse prevention and early intervention.
- Specific mental health training, including crisis intervention, dual diagnosis, and different diagnoses.
- Medication training.
- Substance abuse training, including symptoms, treatment, addiction, and de-escalation.
- Memory disorder/dementia training for ALF staff to include communication skills, causes of behavior associated with Alzheimer’s, and specific memory training.

Thirteen of 18 ALF direct care staff responded that they had received some training to work with residents with mental illnesses, and 14 of 17 staff think they have received adequate training to work with residents who have mental illnesses. However, training for direct care staff appears to be minimal. Although half of ALF direct care staff had been employed in their current position for at least 12 months, the total number of training hours received ranged from only 4 to 12. Training covered various topics, such as working with persons with paranoid schizophrenia, “inter-behavioral” training, medications, and general mental health.

Twelve of 18 direct care staff reported that they had received no training in working with residents with substance abuse problems, but most (11 of 18) felt they were prepared to work with these residents. Some explained they believed that on the job experience in working with residents with substance abuse problems was more useful than formal training. Fifteen of 18 staff received training to work with residents who have dementia, and 14 responded that they felt their training had prepared them to work with residents who have dementia. Training received involved topics, such as how to work with Alzheimer’s patients and others with memory problems, as well as in geriatrics. On-the-job experience in this area also was considered invaluable training.

Additional topics for in-service training suggested by direct care staff included:

- How to deal with the stress of working with chronic patients.
- How to protect oneself and others from violent residents.
• Four hours of training each year following the initial eight hours of required training
• How to work with residents who have current and past substance abuse problems.
• AA training.
• More training on how to work with people with dementia, especially on how to communicate with them.

Recommendations and promising practices suggested by study participants

Case managers, ALF administrators, and direct care staff who were surveyed made a number of recommendations for improving mental health services that could be organized under four major categories. Some of these have been implemented in certain areas of the state.

Mental health funding:
• Increased funding to ALFs for resident care and services and for residents’ personal needs items
• More funding for medications, programs, and education.
• More affordable/free services
• Hire more qualified staff and increase staff/resident ratio so that staff may provide better care and more help to residents.

Training and staff development:
• More and better training for ALF staff, to include, for example, medication compliance and working with stressful clients.
• On-site speakers and resources for staff and residents.

Cooperation and working relationships
• More effective case management and more caring case managers who spend adequate time with the residents.
• Better communication with the resident’s doctor and therapist, with law enforcement, and between case managers and ALF staff.
• Public education on mental health and substance abuse issues to dispel some of the stigma.
• Better ALF staff and case manager supervision and monitoring of residents.

Improved services
• More on-site services, such as group therapy, day treatment programs, and regular psychiatrist and psychiatric RN visits.
• Transportation to services provided by ALFs.
• More social activities and structured activities at ALFs.
• More timely care, such as 24/7 hotlines available for emergencies, 24-hour on-call case management, and support groups.
Case managers, administrators, and direct care staff also made a number of recommendations for improving substance abuse services to ALF residents.

**Training**
- Provide better training for staff members, particularly in substance abuse needs, dual diagnosis, and resident monitoring.

**Cooperation and working relationships**
- Provide more supervision and monitoring of residents and stricter rules and enforcement in ALFs regarding the use of alcohol and drugs.
- More compassionate and caring ALF staff who provide support and encouragement to residents.
- Provide education to general public and to providers to dispel the stigma associated with substance abuse.

**Improved Services**
- More on-site services at ALFs, such as AA meetings and groups. (Respondents indicated that some residents do not have the means or motivation to leave the ALF.) Also, more visits by counselors.
- More services, such as counseling, and affordable/free outpatient services.
- Designate certain ALFs as recovery facilities that have trained professionals on staff and appropriate substance abuse services on site.

**Conclusions and Recommendations**

**Need for Services**
The results of this study indicate that case managers, ALF direct care staff, and ALF residents who were surveyed appear to be satisfied with the availability of mental health services. However, ALF administrators are not satisfied with availability of these services. In addition, only a small sample of residents was interviewed, which may not reflect the opinions of a larger or statewide sample of residents. There is less satisfaction with the availability of substance abuse services, and most respondents would like to see more substance abuse services made available to ALF residents.

Another issue we attempted to examine was whether older ALF residents are receiving needed behavioral health services in LMH facilities. It is not clear from the responses of the small number of older residents interviewed in this study if they are receiving the behavioral health services they need. It may be that more of the unmet need for older adults will be found in ALFs that do not have a LMH license.
Barriers to Services
This study also identifies numerous barriers that appear to prevent both older and younger residents from receiving needed mental health and substance abuse services in all three counties. However, the results are limited due to the small sample of residents and facilities included in the study. Understanding barriers and the response of the behavioral health care system to the needs of ALF residents also is limited because there is no specific database by which researchers can respond to concerns about provision of behavioral health services to ALF residents.

Safety Concerns
Most safety concerns were not related to the behaviors of residents of ALFs due to age or psychiatric condition, but focused more on environmental conditions and quality of life in the assisted living facility.

Training
ALF staff training is another issue with mixed results in this study. Although ALF direct care staff believed that they have sufficient training to work with residents with behavioral health problems, case managers thought that lack of training is a problem among direct care staff. In addition, staff identified a number of difficult behavior problems exhibited by residents in facilities and suggested some additional training they wished to receive to address these behaviors.

Recommendations:
To understand and effectively respond to the barriers that prevent older and younger residents of assisted living facilities from receiving the behavioral health services they need, we make the following recommendations.

- To collect information on the provision of behavioral health services to ALF residents, we recommend that the Department of Children and Families (DCF) modify and improve its data/information system by identifying the place of residence for recipients of behavioral health services. By doing so, the number, type, and cost of services received by ALF residents can be identified through cross-linkage with Medicaid and, perhaps, Medicare data.
• Since problems and barriers to the provision of behavioral health services to ALF residents vary from location to location, they are best identified and solved at the local level. Therefore, we recommend that there be explicit local planning efforts to identify specific barriers and their solutions to providing behavioral health services to ALF residents. These planning efforts should include District DCF staff, as well as provider agencies that provide behavioral health and other services to ALF residents; ALF administrators and staff; residents and family members; and other interested persons. The Florida Coalition for Optimal Mental Health and Aging, which has formed regional coalitions in several areas of the state to work on local behavioral health issues can be a valuable resource in these local planning processes. Through these cooperative efforts, services and programs that are appropriate for residents' needs should be developed.

• We also recommend establishing a state-level interagency committee that would include staff from DCF, Department of Elder Affairs (DOEA), and AHCA. This committee would meet regularly to develop statewide policy and procedures to resolve problems with the behavioral health system's response to the service needs of ALF residents, including identifying those needs by developing a standardized assessment for older ALF residents. This interagency committee could also provide consultation and assistance to local communities. It could also monitor improvements to the information systems that would lead to more complete information on the behavioral health services needs of all ALF residents. The statewide Florida Coalition for Optimal Mental Health and Aging could be an important contributor to the work of such an interagency committee.
Acknowledgements

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