

Florida Substance Abuse and Mental Health Corporation
Tampa Airport Marriott
Tampa International Airport
Tampa, FL 33607
December 6, 2005

Board Members

David Miller, Joseph George, Rocky Rodriguez, Pat Barton, Peter Hampton, Jeane McCarthy, William Mellan, Larry Hart, Melanie May, Jennifer Flinn, Susan Latvala

Staff

Ellen Piekalkiewicz, Executive Director; Amanda Sanford, Policy Assistant

Attendees

Borden Wilson, Open Minds; Juan Pagan, Eli Lilly; Kristen Fields, Amerigroup; Jennifer Gallman, Agency for Health Care Administration (AHCA); Bill Kale, Harmony Behavioral Health; C. Aaron McNeece, Florida State University; Pat Robinson, Florida Mental Health Institute (FMHI); Drucilla Carpenter, Office of Program Policy Analysis and Government Accountability (OPPAGA); Judy Turnbaugh, National Alliance for the Mentally Ill (NAMI); Kathryn Dutton-Mitchell, Advocacy Center; Bill and Diane Alleman, family members of consumers; Jim Winarski, FMHI; Jorja Danido, AHCA; Christine Cauffield, Licensed Clinical Psychologist; Rod Hall, Department of Children and Families (DCF); David Randall, Department of Corrections; John Daigle, Florida Alcohol and Drug Abuse Association (FADAA); Wendy Morriarty, Harmony Behavioral Health; Cassie Judy, Drug Court 3rd Circuit, Ken DeCerchio, DCF; Darcy Abbott, AHCA

1. Call to Order

Mr. Miller called the meeting to order at 1:10 p.m. Mr. Miller announced that Conni Wells had resigned from the board and that Senator Lee would be appointing a replacement, hopefully. Mr. Miller also noted that the Governor's Office should announce a replacement for Dotti Lewis within the next few weeks. Mr. Miller informed the Corporation of the Committee Assignments. Mr. Rocky Rodriguez will be chair of the Adult Committee. Judge Melanie May will be chair of the Children's Committee. Dr. William Mellan will be chair of the Data Committee. Mrs. Patricia Barton will be the chair of the Legislative Committee.

2. Approval of Minutes

Mr. Rodriguez moved to approve the following minutes: Children's Ad Hoc Committee Meeting, May 2005, Children's Ad Hoc Committee Meeting, July 2005, Adult and Children's Committees, July 21-22Orlando, Full Board

Meeting, September 7-9, 2005, Data Committee, August 12, 2005, Data Committee, October 7, 2005. Mr. Mr. George seconded the motion. The minutes were approved.

3. Treasurer's Report

Mr. Rodriguez noted that there were a lot of meetings and conferences during the first half of this fiscal year. The Corporation has \$154,747 remaining for the next seven months. Mr. Rodriguez noted that at the current rates of spending, the Corporation would have only \$21,395.00 remaining at the end of the fiscal year. Mr. Rodriguez recommended that the board be careful about expenses, particularly travel, for the rest of the fiscal year. It was noted that the Committees should meet via conference call in the future. Mr. Rodriguez moved to approve the report. Mr. George seconded the motion. The motion was approved.

4. Report of Data Ad Hoc Committee

Dr. Mellan reviewed the 2004-2005 Annual report with regards to how we could have more data integration. Dr. Mellan noted that one of the initial recommendations was that the State progress towards common data sets. Dr. Mellan discussed recommendations for system improvement.

5. The Paradoxes of Workforce Development: Building a National Action Agenda

Dr. David Shern

Dr. Shern's presentation covered the following:

- ❖ Overview of the Presentation
 - Changing Nature of the Work Environment
 - Critical Nature of Workforce Development
 - Re-conceptualization of the Workforce – specialty, non-specialty, informal and formal
 - Demand and Supply Side Approaches to Change
- ❖ Two Decades of Change
 - Managed care and shifts in financing
 - Co-occurring illness and medical co-morbidity
 - Patient safety
 - Consumerism
 - Recovery
 - Disparities in Access and Health Status – Cultural competency
 - Performance/outcomes measurement
 - Evidence – based practice and the rapidly expanding body of evidence
- ❖ Response of Training and Education Programs
 - The Paradoxes of Behavioral Health Workforce Development

- Paradox 1: Train graduate students and residents for a world that no longer exists
- Paradox 2: Those who spend the most time with consumers receive the least training
- Paradox 3: Continuing education programs persist in utilizing ineffective teaching strategies
- Paradox 4: Train only where willing crowds gather
- Paradox 5: Consumers and Families receive little educational support
- Paradox 6: Students are rewarded for “Doing Time” in our educational systems
- Paradox 7: Do not plan systematically to recruit or retain staff
- Paradox 8: Once hired, little supervision or mentoring is provided
- Paradox 9: Career ladders and leadership development are haphazard
- Paradox 10: Service systems thwart rather than support the competent performance of individuals

- ❖ What is the Annapolis Coalition?
- ❖ Previous Phases of Work
- ❖ Selected Areas for Consideration
- ❖ The Desired Results- Focused Action
- ❖ Emerging Themes
- ❖ Website – www.annapoliscoalition.org
- ❖ Supply Side Initiatives at FMHI
- ❖ Graduate Course Offerings
- ❖ Supply Side Initiatives at FMHI

6. Training of New Generation of Substance Abuse and Mental Health Clinicians

Dr. Aaron McNeece, Florida State University

- ❖ Background of the Problem
 - Incidence of Alcohol Abuse
 - Incidence of Drug Abuse
 - Social Work Clients
- ❖ Current Status of Social Work Training
- ❖ Trends Influencing Social Work Training
 - Evidence-Based Practice
 - Case Management
 - New Models of Addiction/Tx
- ❖ Other Trends
 - Interdisciplinary Collaboration
 - Information Technology
 - Addiction Technology Transfer Center Network
 - NIDA Clinical Trials Network

- ❖ Major Issues
 - Managed Care
 - Parity for Substance Abuse Treatment
 - Substance Abuse Research/TX in Minority Populations
 - Funding for Training
- ❖ amcneece@comcast.net

7. Managed Care Report – Year 8, Area 1

Dr. David Shern

- ❖ Guiding Question of the Evaluation – What are the effects of differing organizational and financing arrangements on access, cost, quality and outcomes of care?
- ❖ Design of the Study – Non-equivalent comparison group design, Multi-Component Study
- ❖ Financial Risk Arrangements
- ❖ Summary of Implementation Study
 - Area 1 Medicaid Funding Streams as of 6/05
 - Area 6 Funding Streams as of 4/05
 - Average Monthly Enrollment Areas 1, 2, and 4
 - Enrollee Characteristics Area 1 and Comparison Areas 2 & 4
- ❖ Area 1 Implementation Summary
- ❖ Have Managed Care Services been Associated with Improved Access to Care?
 - Penetration of Carve Out Services: Area 1,2 and 4 (CMA)
 - Annual Penetration for Carve Out Services Only: Areas 6,4 and 7
 - Penetration of all Mental Health Services Areas 1, 2, and 4 (CMA)
- ❖ Mail Survey Respondents: Access Results
 - Adults
 - Children
- ❖ Has Managed Mental Health Care Contained Costs to AHCA?
 - Cost to AHCA Areas 1, 2, and 4: Carve-Out Services (CMA)
 - Cost to AHCA Areas 1, 2 and 4: All Mental Health Services (CMA)
- ❖ Has the Implementation of Managed Care Resulted in Improved Client Outcomes?
 - Baker Act and Arrest Data
- ❖ Baker Act and Arrest Data
 - Adjusted Monthly Average Baker Acts Rates in Continuously Enrolled Adults (Adjusted for Age, Race, Sex and Eligibility)
 - Adjusted Monthly Average Baker Acts Rates in Adults with Multiple Enrollment Episodes (Adjusted for Age, Race, Sex and Eligibility)

- Adjust Monthly Average Arrest Rates in Continuously Enrolled Adults (Adjusted for Age, Race, Sex and Eligibility)
- Adjusted Monthly Average Arrest Rates in Adults with Multiple Enrollment Episodes (Adjusted for Age, Race, Sex and Eligibility)
- ❖ Mail Survey Outcome Results
 - Adults
 - Children
- ❖ Summary Observations
 - Organizationally Stable
 - Penetration Recovered from Start-up and Flat
 - Cost Containment Effective
 - Area 1 Services Rated More Favorably than Comparison Areas by Providers
 - PMHP Beneficiaries Somewhat More Favorable toward Health Plan than HMO Enrollees
 - Modest Outcome Differences
- ❖ Service Recommendations
 - Explore Methods to Increase Penetration and Access to Care
 - Develop Systems to Improve Continuity of Care
- ❖ Service Recommendations Year 8
 - Assure Provision of Evidence Based Care for both Treatment and Rehabilitation
 - Explore Methods to Appropriately Expand Consumer Knowledge about and Direction of Care
- ❖ Organizational Recommendations – Multiple Years
 - Assure Readiness to Provide Comprehensive Mental Health Benefits
- ❖ Organizational Recommendations – Year 8
 - Implement Strategies to Independently Assure Adequacy of Data for System Monitoring
 - Coordinate Efforts with DCF and Other Relevant Providers (Child Welfare, JJ, etc) to Reduce Cost Shifting Among Public Payers and Assure Most Effective and Efficient Delivery Strategies

8. Florida Crisis Services Survey Update

Pat Robinson, Florida Mental Health Institute

Ms. Robinson's presentation covered the following:

- ❖ Acute Care Project
- ❖ Background/History
 - Florida's Commission on Mental Health and Substance Abuse - January 2001
 - Behavioral Integration Workgroup
- ❖ Follow-up to the work of the Commission and Integration Workgroup

- White Paper
- Survey of CSUs/CCSUS
- GIS Mapping
- ❖ Next Steps
 - Finish collecting survey data
 - Publish white paper
 - Incorporate drive times in GIS mapping
 - Convene Acute Care Summit

9. Legislative Committee Report

Patricia Barton, Chair

Mrs. Barton discussed the following:

- ❖ Talking Points
- ❖ Back- up Paper
- ❖ Medicaid Reform
- ❖ List of Committee Members - Urged Corporation to visit their local Legislators
- ❖ Election Year – need to see where candidates stand on substance abuse and mental health

10. Executive Director's Report

Ellen Piekalkiewicz

Ms. Piekalkiewicz's report covered the following:

- ❖ Tampa Tribune article "An Act of Desperation" covering confinement to crisis centers under Florida's Baker Act
- ❖ Medicaid Reform
- ❖ Article by Georgetown University Health Policy Institute – Center for Children and Families, "What would Florida's "Medicaid Choice" Waiver Proposal Mean for Children?"
- ❖ Corporation's Legislation – goal to have separate line item and separate from DCF
- ❖ 2005 Progress report
 - Advocated for additional funding to help close the substance abuse and mental health treatment gap and funding for additional crisis bed/crisis services capacity.
 - SAMH Corporation provided technical assistance to the 2005 legislature regarding Medicaid funding for Crisis Stabilization Units, which would have provided savings to the State of \$60 million if AHCA had implemented the legislative directive.
 - Provided budget recommendations to the Department of Children and Families (DCF) and Department of Juvenile Justice for the development of their 2006-2007 budget submission.
 - Participated in two of the DCF Quarterly Performances Meetings.

- Spearheaded the submission by Governor Bush of the \$15 million federal Substance Abuse and Mental Health Services Administration's Mental Health Transformation Grant.
- Provided technical assistance in the development of the State's grant application for the Mental Health Transformation grant.
- Designated by Governor Bush in the grant application as the entity to administer the grant on behalf of his office.
- Sponsored in April a statewide video teleconference for public input on the Transformation Grant.
- Urged the State to move forward with transformation of the system, even Florida did not receive the federal grant. DCF and other mental health stakeholders are promoting a recovery and resiliency-based system of care.
- SAMH Children's and Adult Committee held two meetings on Mental Health Transformation one June 21 - 22, 2005 and the other July 21-22 with stakeholders to develop common definitions and a framework for the concepts of recovery and resiliency. Consumers, family members, mental health and substance abuse providers; mental health planning council representatives, DCF and AHCA staff attended the meetings.
- **Recommended DCF finalize their transformation action plan and incorporate definitions of recovery and resiliency developed at the June and July meetings.**
- **Encouraged DCF to work closely with the Agency for Health care Administration (AHCA) on the issues of system transformation.**
- SAMH convened and chaired the Transformation Working Group October 26, 2005 and will continue to convene those meetings on a quarterly basis.
- Reviewed Fl. S. 394 and recommended that the Mental Health Transformation Working Group begin work on a complete rewrite of Fl. S. 394 to be completed for the 2007 Legislature
- Recommended DCF hire a project manager from the Florida Mental Health Institute to assist in the implementation of system transformation.
- Provided input to AHCA on the Medicaid waiver.
- Collaborated with Florida's Children's Mental Health Voice in the development of a summit on children's mental health to be held in January 2006.
- Provided technical assistance to the newly emerging statewide consumer advocacy organization.
- Held six public forums, one of which was specifically designated for families and youth.
- Advocated for increased access to Crisis Stabilization Unit beds for Monroe County, which successfully led to increase availability of beds in Monroe County.

- Continues to build partnership and coalitions creating a constituency for optimal substance abuse and mental health treatment.

11. Adjournment

Mr. Miller adjourned the meeting at 5:30 p.m.

Tampa, FL 33607
December 7, 2005

1. Call to Order
Mr. Miller called the meeting to order at 9:45 a.m.

2. Advocacy Center Seclusion and Restraint Project
Kathryn Dutton-Mitchell, Attorney, Advocacy Center
Ms. Dutton-Mitchell's presentation covered the following:
 - ❖ National timeline of change in Seclusion and Restraint
 - ❖ Florida leads the nation in per capita deaths related to restraint and seclusion
 - ❖ The Advocacy Center is currently investigating 9 deaths in Florida
 - ❖ Gave the restraints used in these deaths
 - ❖ Medical Examiner Rulings - 1 death ruled homicide due to traumatic asphyxia; 1 death ruled due to positional asphyxia; 1 death ruled due to acute psychotic reaction and injuries sustained during restraint efforts; 2 still pending
 - ❖ No single agency in Florida tracks all deaths in restraints and seclusion
 - ❖ This is a developmental disabilities problem too
 - ❖ What Investigations of restraint deaths in other states have resulted in
 - ❖ Advocacy Center Restraint and Seclusion Project Objectives
 - Establish a single statewide reporting system
 - Create Performance measures
 - Post de-identified data
 - Create statutory language
 - Standardize and enhance the mandatory training
 - Change the
 - ❖ Next Steps
 - The Advocacy Center for Persons with Disabilities, Inc. is working with stakeholders on legislation for this Legislative Session.

2. Fetal Alcohol Syndrome
Bill and Diane Alleman
Mrs. Alleman discussed the illnesses of her twin sons caused exposure to alcohol during fetal development. The sons are now adults and there is no specialized services or expertise available for them. .

4. Overview of State Treatment Teams
Dr. Rod Hall, Mental Health Director, DCF
Dr. Hall's presentation covered the following:
 - ❖ Role and Purpose of State Mental Health Treatment Services in State Mental Health Facilities

- ❖ Who is served in the Facilities; Persons who are civilly Committed (Chapter 394) and Persons Forensically Committed (Chapter 916)
- ❖ Number of individuals served in State Mental Health Facilities; FY2002-2003 5,949; FY 2003-2004 – 6457; FY 2004-2005 – 7186 (21%)
- ❖ Civil Facility Catchment Areas and Districts
- ❖ State Mental Health Treatment Facilities Operating Capacities Admissions and Discharges- Number of Admissions and Discharges for FY 2004-2005
- ❖ Average Length of Stay – Average Length of Stay of Individuals at the facility as of October 13, 2005
- ❖ Number of Forensic Individuals Awaiting Admission as of 12/1/05 – Total waiting list = 199 with 122 waiting over 15 days
- ❖ Efforts to Address Increasing Forensic Commitments
- ❖ Major Accomplishments and Initiatives
 - FSH is recognized nationally for their role recovery program
 - Continues to partner with NASMHPD to reduce and eliminate the use of seclusion and restraints
 - 7/05, Implemented a statewide community needs assessment tool and procedure
 - Private operation of SFETC beginning January 1, 2006. A new 220-bed state of the art facility will be built through a lease-purchase agreement.
 - 11/05, begun development of electronic service/recovery

5. Florida Assertive Community Treatment Teams

Dr. Rod Hall, Mental Health Director, DCF

Dr. Hall's presentation covered the following:

- ❖ What is FACT
- ❖ FACT Teams in Florida- 32 teams are now operational in Florida
- ❖ How are FACT Teams Funded, The Florida Legislature, Operational Funding, Enhancement Funding
- ❖ FACT Budgets
- ❖ FACT Program Goals
- ❖ Profile of Persons Served by FACT
- ❖ FACT Outcome Measures
- ❖ FACT Capacity
- ❖ FACT Data

6. Family Intervention Specialists New Guidelines

Ken DeCerchio, Assistant Secretary, DCF

Mr. DeCerchio's presentation covered the following:

- ❖ Parental Substance Abuse
- ❖ Joint System Goals
- ❖ Family Intervention Specialist Funding
- ❖ Family Intervention Specialists – What they do

- ❖ Senate Interim Project Findings
- ❖ Recommendations to DCF and what DCF has done
- ❖ What DCF has done in regards to performance measures
- ❖ DCF's support of Legislation – SB 114 and HB 0175
- ❖ DCF's Other Initiatives
- ❖ Recommendations to the Legislature
 - Consider strengthening Ch. 39, F.S., regarding parental compliance with substance abuse goals contained in the case plan.
 - Legislation has been proposed
 - Consider jointly assigning the performance measure to the Family Safety Program and Substance Abuse Program. –Measure was jointly assigned for FY 05-06
 - Consider continuing and expanding the FIS initiative to provide services to additional families
 - Crisis Response Team – will send someone out within two hours of call

Dr. McCarthy asked that DCF look at children while in school as a measure of success of the invention.

7. DCF Update

Ken DeCerchio, Assistant Secretary, DCF

Mr. DeCerchio updated the Corporation on the following:

- ❖ Detox Update – 3,546 children need detox services and 28, 043 adults needs detox services
- ❖ Funding
 - 668 licensed adult detox beds in the state
 - DCF purchased 299.9 beds in FY 04-05
 - 116 licensed adolescents detox beds in the state – DCF purchased 87.2 beds in FY 04-05
 - DCF purchased detox services for 20,934 adults and 2,612 adolescents in FY 04-05
 - “Public” detox need is 28,043 for adults (gap of 7,109) and 3,546 for adolescents (gap of 934 adolescents)
- ❖ Transformation Follow-up – Will Look at a number of next steps (project manager) Next Transformation Working Group meeting will take place the last week in February in Tallahassee
- ❖ Self Directed Teams – Next steps
- ❖ DCF Strategic Plan
- ❖ Mental Health Lump sum for Crisis Services for Adults and Children
- ❖ Letter from Representative Bean (Health Care Appropriations Committee) regarding equity of funding in child welfare, mental health and substance abuse programs.
- ❖ Letter from Secretary Hadi to Representative Bean in response to the above letter. Judge May noted that our recommendation does not match DCF's recommendation and that we should change our recommendation to reflect DCF's figure.

8. Data on Substance Abuse Treatment Efficiently
Pam Denmark, Department of Corrections
Ms. Denmark's presentation covered the following:
- ❖ Florida Department of Corrections Substance Abuse Services
"Seamless Delivery System"
 - Community Programs
 - In-Prison Programs
 - ❖ Community Corrections Statewide Offender Drug Testing Over Seventeen Years
 - ❖ In-Prison Substance Abuse Total Offenders Served by Program FY
 - ❖ In-Prison Substance Abuse Gaps in Services vs. Need
 - ❖ In-Prison Substance Abuse Treatment Statistics FY 2004-2005
 - ❖ Community Corrections Substance Abuse Total Offenders Served by Program Type FY 2004-2005
 - ❖ Community Corrections Gaps: Services vs. Need
 - ❖ Community Corrections NO Recommitment Rate FY 2001-02
Completers (2-Year Follow-up) - * Return to prison or supervision for a new offense
 - ❖ Community Corrections Residential Treatment Plus Aftercare recommitment rates (2-year follow-up) - *For return to prison or community supervision for a new offence
 - ❖ In-Prison Substance Abuse Programs – FY 2001-02 Releases (2Yr Follow-up) – No
 - ❖ In-Prison Recommitment Rate – FY 1997-98 through FY 2001-02 Releases (2-YR, 3 YR & 4 YR follow-up) –Return to prison or supervision for a new offense
 - ❖ Number of Offenders Arrested for a Violent, Property, or Drug Offense within 12 months of entering supervision
 - ❖ Cost Avoidance \$23,261,088 if given treatment
 - ❖ Substance Abuse Budget FY 2005-06
 - ❖ Cheaper to treat them in a work release service than to treat within. – Plug this in before the Sub Abuse Budget FY 2005-2006 – Community Based Programs slide
 - ◆ Community Based Programs
 - 6.2 M (17%) Less Funding in FY 05-06 vs. FY 00-00 (\$29.9 M vs. \$36.1M)
 - 1.2 M Less Funding for 'Contracted Residential Beds' in FY 05-06 vs. FY 04-05 + reduction of 104 beds
 - ◆ In Prison Programs
 - 8.4 (54%) Less in FY 05-06 vs. FY 01-02 (\$7.2 M vs. 15.6)
 - 1.1 M was not appropriated to replace lost grant funding for 256 treatment slots/beds in FY 05-06

- 7.84 = Average cost per day per inmate for substance abuse treatment in FY 05-06

9. Florida Statewide Prevention Strategy
Kay Doughty, Vice-President. Families and Community Services
Operation PAR, Inc.
Ms. Doughty's presentation covered the following:
 - ❖ History
 - ❖ Vision
 - ❖ Mission
 - ❖ FYI Accomplishments
 - ❖ FPS Benchmarks
 - ❖ Areas Needing Improvement
 - ❖ SPF SIG
 - ❖ Florida SPA
 - ❖ Priority Recommendations to SA/MH Corporation
 - Recommend that Office of Drug Control remain located in Governor's Office with continued emphasis.
 - Use FPS and Strategic Prevention Plan as reference guides whenever addressing prevention recommendations
 - Encourage true collaboration of all state agencies to establish effective prevention across systems that will identify common terminology, data elements, outcomes, etc.
 - Recommend that all system plans and funding include prevention initiatives using evidence based practice.
 - Recommend that member of SA/MH Corporation join SAPAC. (Council will add Corporation as Agency member.)
 - Assure mental health programs include prevention, with particular focus on the 'Boomer' and older adult populations.
 - Pay special attention to alcohol use and abuse throughout the life span, beginning with pregnancy planning.
 - Development of Community-Based

10. Review of the Draft Annual Report Recommendations
Ellen Piekalkiewicz, Executive Director
The Corporation board members and the Executive Director reviewed the draft Annual Report Recommendations and decided on the following:
 - ❖ Would like to come up with an Executive Summary for items that would focus on ten to twelve Key items.
 - ❖ Ken DeCerchio noted that the Corporation could obtain visibility by holding a press conference to present the annual report
 - ❖ Pat Barton suggested meeting two times a year and spending the remaining time educating Senators and Representatives of the recommendations made in the past two years.

- ❖ Dave Miller suggested instead of meeting both days at the February meeting, spend one of the days visiting with Senators and Representatives.

11. Adjournment
Mr. Miller adjourned the meeting at 5:00 p.m.

Florida Substance Abuse and Mental Health Corporation
Tampa Airport Marriott
Tampa International Airport
Tampa, FL 33607
December 8, 2005

1. Call to Order
Mr. Miller called the meeting to order at 9:15 a.m.

2. Drug Courts in the State of Florida
Judge Melanie May
Judge May's presentation covered the following:
 - ❖ How many Drug Courts are there? 92 Operational: 45 Adult; 28 delinquency; 18 dependency
 - ❖ Planned: 5 Adult; 5 delinquency; 5 dependency
 - ❖ There are Drug Courts in 45 of the 67 counties
 - ❖ 8,446 person entered Florida Drug Courts in 2004
 - ❖ 2006 Legislation
 - HB 175 - SB 114/444
 - Infuses drug court into dependency law
 - Aligns delinquency eligibility with adult eligibility
 - Mandates a drug court coordinator for each circuit
 - Tweaks the transfer statute to allow for a plea to be taken before transfer
 - Provides for sealing and expungement of records
 - ❖ Status of Legislation
 - HB 175 has passed the Criminal Justice and Juvenile Justice Committees
 - SB 114/444 has passed the Children and Families Committee
 - ❖ SB 940 / HB
 - Provides a local option to impose a \$6 assessment on criminal dispositions
 - ❖ Request
 - Substance Abuse and Mental Health Corporation support drug court legislation

3. Behavioral Health Collaborative
Dr. Bob Constantine, FMHI
Dr. Constantine's presentation covered the following:
 - ❖ Purpose- Improve the quality and efficiency of behavioral health care for Medicaid recipients
 - ❖ Background and History
 - Mental health exemption language

- Actions of the 2004 Legislature
- BPMP and mandatory savings
- FY 2004-2005 expenditures and program evaluation
- Actions of the 2005 Legislature
- Removal of exemption language
- PDL and step therapy
- Reauthorization and expansion of drug utilization management programs
- AHCA decision to fund BPMP for FY 05-06 and 06-07
- ❖ Differences in Programs-
 - Funding agents
 - Amount of funding available \$10 million vs. \$3 million for 18 months
 - Mandatory savings
 - Increased focus on children
 - Focus on services as well as medications
 - Increased involvement of pharmacists
 - Care management components
- ❖ Prospective Strategies
- ❖ Retrospective Strategies
- ❖ Concurrent Strategies
- ❖ Care Management
- ❖ Letter from the Secretary of the Florida Agency for Health Care Administration to Dr. David Shern from FMHI

4. Meeting the Mental Health Needs of Children and Best Practices

Dr. Bob Friedman, FMHI

Dr. Friedman's presentation covered the following:

- ❖ Need to identify what some of the systemic problems are.
- ❖ Work harder/Work smarter
- ❖ Beyond the Mandate approach
- ❖ Seriousness of a Problem- prevalence, magnitude, primacy
- ❖ Population Proportions (9-17 year-olds)
- ❖ Characteristics of Children with Serious Mental Health Challenges
- ❖ Issues in Adolescence
- ❖ Impact in Adulthood
- ❖ Key Principles/Values of a System of Care
 - Based on needs of child and family
 - What should a system of Care be Based upon
 - Findings and recommendations from the President's Commission
- ❖ Vision for Children's Mental Health Services
- ❖ General Recommendations
 - Separate the short-term from the long-term. Recognize that long-term progress requires strong focus on children and families, and on prevention, early identification, and early intervention

- Choose a meaningful and ambitious goal to strive for, e.g., access to effective care for all children with mental health challenges and their families, or reduce prevalence of mental disorders
- Recognized that we are all in this together and that significant progress requires multi-sector and multi-level response
- Change basic paradigm to more individualized, holistic, ecological, family-driven and strength-based approach – think systemically and longitudinally
- Build local and state capacity to innovate, collaborate, implement, and continuously improve
- ❖ What Not to Do
 - Believe that through more of the same we will be able to make a significant difference, or that we can simply push people to work harder
 - Believe that through modest improvements or investments in programs, large change will come about
- ❖ Where to Start
 - Create a special focus on children and families as strategy to achieve long-term benefits
 - Bring all the relevant parties/partners together and make a compelling case for the importance of this for the future of the state
 - Select meaningful goal and develop plan to achieve it

5. **Legislative Mandate I through VIII**

The Corporation board members reviewed and discussed the eight legislative mandates for the Annual Report. The recommended the following top ten recommendations:

1. **Mandate the development of an integrated behavioral healthcare database across state agencies that will provide data tools for policy research and a management information system for state government and its contracted providers.**
2. **Reduce the geographic funding inequities for mental health services among DCF districts by appropriating \$40 million in general revenue. The Corporation recommends that in 2006-2007 \$22.5 million be appropriated for this purpose. This recommendation would cover the inequities in funding, but would not address the total unmet treatment gap.**
3. **Support the Governor's Drug Advisory Council's recommendation to increase funding for substance abuse services by funding a yearly increase of \$25 million in general revenue.**
4. **Medicaid Reform must take into account current needs, resources, funding, and the potential of cost shifting.**

5. Require all state agencies providing substance abuse and mental health services to children to prioritize and fund programs and staff for prevention and early intervention.
 6. Align Florida's mental health care system with President Bush's New Freedom Commission's goals through a transformation of the mental health system supporting adults and children in their path towards recovery and resiliency. Implement the Mental Health Transformation action plan and annually evaluate the progress made on the steps identified in the plan.
 7. Restore \$7.9 million in prevention funding to the Department of Juvenile Justice, which was cut during the 2000 Legislature and December 2001 Special Session.
 8. Expand the drug court system and provide a dedicated funding stream.
 9. Restore and expand substance abuse funding for prison-based and community supervised treatment to the Department of Corrections.
 10. Continue the Florida Substance Abuse and Mental Health Corporation to provide oversight and recommendations.
-
6. Adjournment
Mr. Miller adjourned the meeting at 3:00 p.m.