

MINUTES
Florida Substance Abuse and Mental Health Corporation
December 8-9, 2004
Tampa Airport Marriott
Tampa International Airport
Tampa, FL 33607

Wednesday, December 8, 2004

Attendance

Dr. Dorothy "Dotti" Lewis, Chair, Mr. Joseph P. George, Jr., Esquire, Vice-Chair, Mr. David Miller, Secretary/Treasurer, Dr. Jeane McCarthy, Ms. Conni Wells, Mr. Rocky Rodriguez, Dr. William Mellan, Mr. Larry Hart, Ms. Patricia Barton, Secretary Lucy Hadi, Ms. Darcy Abbott (AHCA Representative for Alan Levine, Secretary), Ms. Melanie May

Ellen Piekalkiewicz, Executive Director and Amanda Sanford, Policy Assistant

1. Call to Order

Dr. Lewis brought the meeting to order at 9:40a.m. Dr. Lewis complimented the Corporation and the participants in the audience on such a productive year. Dr. Lewis stated that the Corporation would need to concentrate on specific recommendations for the annual report during this meeting. Dr. Lewis informed everyone that certain Legislators have offered to introduce legislation the Corporation. The Corporation needs to think about endorsing bills that could use the Corporations support. Senator Lynn has introduced a suicide prevention bill and Mr. George has a bill on Guardian Advocates. Dr. Lewis alerted the members to the phone numbers given to them for the Conference call that will be taking place on December 21, 2004. Dr. Lewis discussed the Preliminary report on Managed Care and the lack of media coverage. Dr. Lewis informed the group that she would like to get the media interested in the Annual Report. Dr. Lewis announced that Secretary Lucy Hadi received a permanent appointment as Secretary of the Department of Children and Families (DCF). Dr. Lewis informed the group about a letter she wrote to the Daytona newspaper. Dr. Lewis discussed an article "Budget Cost Pushing the Mentally Ill into Prisons." Dr. Lewis expressed that she felt that if the Corporation could get the public and the press to understand the Corporation's concerns it would be helpful to the Corporation as well as the Legislature. Dr. Lewis discussed a letter she wrote that she would like to send out to the press. Dr. Lewis asked for the Corporations permission to send out the letter. Judge May stated that we need to include a sentence stating that we acknowledge that people need to be held accountable for what they do and we do not advocated putting them back out on the street. Dr. Lewis stated that she would make the changes and get it back to the members before sending the letter out. Mr. George made the motion to approve the revised letter. Judge May seconded the motion. The Motion was approved.

2. Approval of Minutes

Mr. Rodriguez noted that in the October minutes Judge Marsha Beach's' name was misspelled. Mr. Rodriguez's name was also spelled incorrectly. It was decided to review the October and the Data Ad Hoc Committee minutes and discuss them at tomorrows meeting.

3. Treasurer's Report, David Miller

Mr. Miller noted that the Substance Abuse & Mental Health Corporation Expenditure report for last fiscal year needs to be amended, due to a consulting fee of which \$10,000.00 for the Side-by-Side Analysis was left off the spread sheet. Mr. Miller asked for a motion to amend this mistake. Mr. Rodriguez motioned. Dr. Mellan seconded. Motion approved. Mr. Miller informed the group that there will be no audit for the last fiscal year due to how the budget is set-up in DCF's Budget. Mr. Miller went over the Expenditures to date, and noted that the Corporation is under budget so far this year. Ms. Piekalkiewicz informed the members that for fiscal year 2005-2006

we have made it abundantly clear on what the Corporations view is on separating the budget from DCF. Judge May suggested putting the Budget problems into our annual report. Dr. Lewis stated that the report would be filed.

4. **Drug Court Legislation**

Judge May

Judge May asked the Corporation to support the Drug Court Legislation this year. Judge May stated that the Supreme Court of Florida has a committee called the Task Force on Treatment-Based Drug Courts. This committee has requested a change in Legislation to expand eligibility for Drug Court participation among other things. Senator Evelyn Lynn is the sponsor of the Legislation and Representative Sandy Adams is the sponsor on the House side. The bill would allow Judges to order screening and assessment for substance abuse and mental health issues at any stage of the dependency proceeding. The Department of Children and Families (DCF) have supported this bill for the past several years. If there are no new cuts in the budget for DCF, its current budget will be able to handle the additional screenings and assessments that may be ordered by this bill. It also puts the idea of drug court as a process into the dependency system. The Legislation also mandates that each circuit would have a drug court coordinator. Currently they do have that and it is part of the court budget. This will not have a fiscal impact because it is already in the budget. The biggest change is that the Legislation expands eligibility for drug court to non-violent first time third degree felony offenders.

The Senate Bill number is 184 and is still in drafting in the House so there is no current bill number as of yet for the House Bill. Ms. Piekalkiewicz stated that we would provide everyone with this information as soon as we get it. Judge May moved that the Corporation support the Drug Court Legislation. Ms. Barton seconded the motion. The motion was approved.

5. **Report of the Ad Hoc Data Committee**

Dr. William Mellan, Chair

Dr. Mellan reviewed the Data Ad Hoc Committee Report. The Committee examined two basic data issues. 1. The type of data system that needs to be implemented as part of the shift to Medicaid Behavioral Managed Healthcare from a fee-for-service system. 2. The need for data sharing between various agencies and responsible parties.

Dr. Mellan informed the Corporation about the Committee's findings and presented the Committee's recommendations. 1. The Committee recommended the establishment in Florida statute of an Interagency Task Force on Data Integration to review and approve high level statewide data policies, including review and approval of data sharing agreement among various stakeholders. The Committee also recommended that the task force study how the State of Florida could establish an integrated human services database. 2. The Committee recommended that common data sets from the Health Maintenance Organizations, Pre-Paid Plans and the fee-for-service providers be electronically submitted to DCF's One Family data system. Workgroups with all stakeholders need to be established for each one of these data sets to examine the business requirements. The data sets may have to be modified for the managed care environment. The Committee recommended that the workgroup report back to the Ad Hoc Committee by the end of January with timelines and cost estimates to accomplish the first goal. 3. The Committee recommended that the order to truly assess the mental healthcare status and therefore effectiveness of treatment, the State must move to collect these outcome measures regardless of payer source for the mentally ill populations served by DCF and by Medicaid for move to performance-based monitoring.

Secretary Lucy Hadi asked what the Committee's was expecting from DCF and AHCA right now. Dr. Mellan stated that the long-term expectation was the interagency group to start meeting after the session. The short-term expectations are to gather and submit electronically to DCF's One Family Data System common data sets such as demographic and, encounter data. The representatives defined as a workgroup needed to meet with one another as soon as possible and

report back in January to the Committee on just these data sets and their electronic submission Mr. George stated that one of the Committees objectives is to reduce redundancy in data collecting. Dr. Mellan stated that whatever the Committee does in the future everyone needs to be looking at the compatibility of data systems.

Secretary Lucy Hadi asked that in regarding the long-term statutory group, what role would the Committee like to see from the Technology Office as a division of the Department Management Services? Dr. Mellan stated that he would like to see them as the conveyor of the task force. Dr. Mellan stated that he would like to include in the report the topic of confidentiality. Particularly in regards to issues about whom will allow whom to look at certain data.

Judge May stated that she thinks we should build on the Mental Health and Substance Abuse Commissions Recommendations. Judge May referenced page 40 regarding the first recommendation and stated that she would like us to apply this to the Committee's recommendations. Judge May stated that with regard to outcome measures in the Committees recommendations she would like to see substance abuse added in with this especially containing information in regards to block grants. Judge May also suggested that down the road the Committee might want to explore a linkage to the court data system.

Dr. McCarthy stated that she believed that it is critical that the State follows through on this. Dr. McCarthy stated that if the Committee can establish a statewide data collection system then the Corporation will be very successful as a group.

Mr. George informed the group that we need to develop outcome measure regarding substance abuse and one way is to keep track of how many Marchman Act cases are filed in the state of Florida as a preliminary measure. Secretary Lucy Hadi informed Mr. George that the state does have outcome measures established in Florida Law that are requirements which are called Performance Based Programming Budgeting Measures. Secretary Lucy Hadi stated that there is a catalog of them and that Mr. DeCerchio could get a copy of them to Ms. Piekalkiewicz.

Dr. McCarthy expressed how she feels it is critical to follow up on the drug formulary issue and pharmacy data issue. It is critical to collect this information.

Ms. Wells stated that the Corporation needs to make sure that they acknowledge and incorporate how they are going to utilize data from other sources besides the formal systems, such as federal grant networks. She also noted, that the Department of Health was not listed on the Interagency Executive Task Force. Dr. Mellan informed that it would be corrected.

Ms. Piekalkiewicz stated that in the Final Report the Corporation wants to list all the outcome measures that are collected for both substance abuse and mental health. In the future the Corporation can decide whether these are the appropriate measures to gather information on.

Mr. Miller stated that as long as the Corporation includes some of the suggestions from the stakeholders, such as the pharmacy issue, and make sure we get them into the final report, then he feels very comfortable with the recommendations.

Dr. Lewis asked for a motion that the Corporation approves the report and include the recommendations into the Final Report. Mr. Rodriguez motioned to approve the report and include the recommendations into the Final Report. Judge May seconded the motion. The motion was approved.

Dr. J. David Moore, Value Option

Dr. Moore stated that he supported what the Ad Hoc Committee has recommended. Dr. Moore stated that when looking at outcomes and the need to measure encounters and consumer satisfaction we must remember that in the mental health system a huge piece of the outcomes involves pharmacy. The Corporation must include pharmacy. Dr. Moore updated the Corporation that the Managed Care plans are still waiting for pharmacy data from AHCA despite the Corporation's recommendation that it be provided.

John Diagle, Florida Alcohol and Drug Association

Mr. Diagle commended that Committee on what they have been doing. Mr. Diagle stated that he only had two comments. 1. As the Committee and Corporation move forward and deliberate please try to keep expectations as realistic as possible. 2. Interagency Collaboration for the purpose of an integrated data system is sort of the tip of the iceberg; in order to do this the Corporation will need common definitions with the various systems.

Pat Roberson, Florida Mental Health Institute

Ms. Roberson stated that one of the biggest concerns with provider agencies is the issue of information that is fed back to them, so they can use this information in order to improve their practice.

Dr. McCarthy expressed how she feels it is critical to follow up on the formulary issue. It is critical to collect this information. Ms. Wells stated that the Corporation needs to make sure that they acknowledge and incorporate how they are going to utilize data from other sources besides the formal systems, such as federal grant networks. Also noted, on the Interagency Executive Task Force the Department of Health was not listed. Dr. Mellan informed that it would be corrected. Ms. Piekalkiewicz stated that in the Final Report the Corporation wants to list all of the outcome measures that are collected for both substance abuse and mental health, so that it is there for everyone to see. In the future the Corporation can decide whether these are the appropriate measures to gather information on. Dr. Lewis asked if the Corporation was ready to act on this report. Judge May moved to approve the report, but stated that she was not sure we are ready to go the Legislative route without having more deliberation on the Interagency Task Force on Data Integration. Dr. Mellan suggested that we might want to discuss the exact membership and implications. Dr. Mellan stated that one concept behind this is the general surprise at the degree to which agencies do not meet on data issues and so perhaps in many ways our Committee has acted as an instigator (or as an action initiator) for people to come together. There needs to be a formal process by which these systems communicate. Secretary Lucy Hadi stated that if the Corporation decides to go legislatively, that it should be known that this issue is not large enough to worry about a free standing bill and that the Corporation would have plenty of time to look for a bill that is already moving and attach it in an appropriate spot. Mr. Miller stated that as long as the Corporation includes some of the suggestions from the stakeholders, such as the pharmacy issue, and make sure we get them into the final report, then he feels very comfortable recommending it. Mr. Rodriguez motioned to approve the report and include the recommendations into the Final Report. Judge May seconded the motion. The motion was approved.

6. Baker and Marchman Act Data Collection

Dr. Annette Christy

Dr. Christy's presentation covered data currently received, data received as of January 2005 and recommendations.

- What data are currently received
 - Baker Act Reporting Center
 - Baker Act Exam Data

Dr. Christy explained that the data they collect is AHCA's Data. Mr. Miller stated that it is one thing to gather the data, but how would you use the data and this is what the Corporation needs to hear from AHCA. The question is how does AHCA use the data, what is it gathered for, why does FMHI have a contract to gather it and where does it go.

Dr. Christy stated that FMHI primarily uses it with DCF rather than for AHCA. Mr. Miller asked how would we take the data that we are gathering and use it in a meaningful way for either AHCA or DCF? Dr. Moore informed the Corporation that they could not help unless they get the data down to the provider level. If the providers do not have this data to use on an individual basis then the provider cannot do the kinds of quality improvement that they need to do. Mr. Miller agreed and expressed that this was the point he had been trying to get across. Dr. Christy stated that they have the capability, but the issue is confidentiality logistics of AHCA's Data and confidentiality. Dr. Christy stated that this is where the Corporation could help.

- Recommendations

1. Receive data on Marchman Act examinations, much in the same way we have received Baker Act data since 1997. Also, incorporate the following recommendations for improvements in Baker Act data to language about Marchman Act Data (where appropriate)
2. Receive data on the circumstances prior to the Baker Act examination. This has been partially addressed with form revisions included in the current rules undergoing review.
3. Consider options for education of professionals who initiate examinations.
4. Receive data on the outcome of Baker Act examinations.
5. (A) Monitor submission of inpatient and outpatient placement orders in 2005 to determine if submission by providers is ideal.
(B) Obtain information about placement petitions, in addition to placement orders (at least for a sampling of areas in the state for a certain period of time to study relevant issues)
6. (A) Require submission of Baker Act initiation forms by non-receiving facilities for individuals who never make it to a receiving facility but have had an examination initiated. This relates to issues of medical clearance, where people may stay in hospital ER's and never make it to receiving facilities
(B) Study this medical clearance issue systematically and develop recommendations based on this study.
7. (A) Approve the LBR currently submitted by the AHCA to fund the Baker Act Reporting Center
(B) Develop additional funding so that the Baker Act Reporting Center has the resources to: routinely produce additional ad hoc reports, conduct proactive studies to address timely issues, conduct additional monitoring, maintain and provide educational and other resources to providers and the community.

7. **Guardian Advocates**

Joseph P. George, Jr., Esq.

The purpose of the proposal is to provide court appointed counsel or professional guardians to act guardian advocates for indigent persons who are subject to civil commitment or treatment proceedings under Mental Retardation (Ch. 393), Baker Act (Ch. 394) and Marchman Act (Ch. 397). In order to comply with the statutory provisions and mandates of constitutional due process, funding for court appointed counsel or professional guardians, which was lost in the shuffle of Article V, Revision 7 shift of funding from the counties to the state must be restored. Mr. George went over the current situation, overview of statutes and constitutional due process, effect of proposed changes, fiscal impact on state and local governments, direct economic impact on the private sector and constitutional issues. Mr. George asked the Corporation to support the amendment to Chapter 29 regarding court appointed and council and to include private attorneys and professional guardians. After much discussion Judge May suggested that this item be a policy statement rather than a prescriptive statement. Judge May moved that we include in the Corporations report a recommendation that the Legislature address the fact that there is a statutory mandate that has no funding. Mr. Rodriguez seconded the motion. The Motion was approved.

8. Ad Hoc Committee on Children

Conni Wells, Chair

Ms. Wells recommended that the Corporation purchase a LCD projector.

Ms. Well's presentation covered the following:

- Goals
- Objectives
- Strategies
- Building on Previous work
 - Recommendations of Florida Commission on Mental Health and Substance Abuse
 - Presidents New Freedom Commission on Mental Health
- Way of Work

It is the intent of the Children's Ad Hoc Committee to achieve activities and outcomes through a strategic approach that will involve:

- Complete discussion and examination of issues, resources, and gaps related to services and supports for families raising children in Florida;
 - Inclusion of all stakeholders;
 - Development of recommendations that are clear, specific, targeted, and concise regarding what is necessary to improve the system of care for families and communities in Florida; and,
 - Development of recommendations that are built upon the integration of accountability at each juncture of the service delivery system
- Ms. Wells went over draft approach and timelines handout.

Ms. Wells stated that she would include a definition of families in the final report.

- Ms. Wells went over System Reform Framework handout.

Dr. McCarthy stated that she would like the Birth to 5 Identification ISSUE in the matrix to be changed to Conception to 5 Identification. Ms. Wells stated that the Committee would add under AREAS in the matrix another bullet that addresses the issue of Educating and Identifying substance abuse issues prior to conception to promote a healthy pregnancy. Judge May expressed she felt the Corporation was in a unique situation with the Legislature about to look at the ballot initiative regarding pre-kindergarten and somehow in their process of doing that we could recommend a type of an approach for early identification. Under Prevention and the Early Intervention and Families Support, in the SCOPE column the Committee will change the sentence that refers to "living in their birth homes" and make it just living with their families. Dr. McCarthy suggested adding under Prevention in the SCOPE column a bullet stating the emphasis on early brain development. Ms. Barton wanted to add a bullet in the SCOPE column (under Prevention) on education. Dr. McCarthy suggested also adding Education of Providers in the same column. Secretary Lucy Hadi noted that there is no spot in State Government where all the agencies could just sit and talk about policy issues that impact children. Ms. Wells stated that this would be placed as a gap. Ms. Wells stated that the Committee would continue to add to this matrix. Ms. Piekalkiewicz informed the group that when she attended the Prevention Conference she got the opportunity to speak with the Secretary of the Department of Juvenile Justice (DJJ). Ms. Piekalkiewicz informed the group that his comments were really inspiring. DJJ is a strong theme for this matrix. Mr. Steven Chapman has been assigned by the Secretary to specifically be a special assistant on substance abuse and mental health issues.

9. Martha Mathis

Ms. Mathis commended the Corporation. Ms. Mathis informed the group that she would like to have another column added to the Ad Hoc on Children's Matrix titled Barriers to Accessing the System. Ms. Mathis pointed out that the greatest barrier is stigma. Ms. Mathis stated that the funding for the regular middle income family is not there and this needed to be addressed in the Corporation's recommendations.

10. **Adult Mental Health and Substance Abuse Needs Assessment**

Ken DeCerchio

Mr. DeCerchio's presentation covered:

- Who DCF serves (Adults with substance abuse problems and targeted sub-groups)
- How we determine need for adult substance abuse services (equity formula, waiting list, state master plan and district plans)
- Determining Adult Treatment Need
- Treatment Seeking Behavioral and the Treatment Gap
- Adult Equity Allocation / Went over Substance Abuse Program Equity Analysis Fiscal Year 2004-05

Secretary Lucy Hadi suggested that the Corporation support efforts to minimize the targeted appropriations and maximize the amount that is available to every distribution.

- Total Funding Fiscal Year 98/99 through Fiscal Year 40/05
- Adult Substance Abuse Fiscal Year 2004-05 Budget
- Client Services Fiscal Year 2003-04
- Admissions: Adult Fiscal Year 2003-04 Referral Source
- Primary Substance Use Problem at Admission Fiscal Year 03-04
- Program Performance: Fiscal Year 2004-05 Adult General Appropriations Act Measures (G.A.A.measures)
- Waitlist Report: September 2004
- Statewide Needs Identified from District Plans

Mr. Miller asked if it would be possible by December 17, 2004 for DCF and AHCA to get together and compare the general revenue numbers with the capitation rates on mental health by either districts or AHCA areas so that the Corporation could see the impact on those districts and or areas. Mr. Miller stated that right now it is very difficult to compare those numbers. Mr. DeCerchio stated that he thought it was possible and would do this for the Corporation.

11. **Mental Health Program Office**

Dr. Hall, Interim Director

Dr. Hall's presentation covered the following:

- Mission- To help children, families, and adults to live successfully in their communities, be self-sufficient, and realize their full potential.
- Values
- Florida's Mental Health Delivery System
- Adult Community Mental Health – who they serve
 - People with severe and persistent mental illness
 - People in Mental Health crisis
 - People with forensic involvement
- Adult Mental Health Target Populations served from Fiscal Year 1997-98 through Fiscal Year 2002-03
- Adults served in State Treatment Facilities
- Sexually Violent Predator Program
- Determination of Need
 - Prevalence Rates
 - Equity Analysis
 - Waiting Lists(Community and Facilities)
 - District Plans
- Prevalence
- Equity Analysis
- Determining Equity Standard
- Equity – Crisis Stabilization Bed Need
- Average Funding for Adults with Serious & Persistent Mental Illnesses

- State Treatment Facilities Civil Waiting List
- State Treatment Facilities Forensic Waiting List
- Master/District Plans
- Statewide Needs Identified in the District Plans

**12. Discussion of Presidents Freedom Commission on Mental Health, Governors Commission on Mental Health and Medicaid Reform
Ellen Piekalkiewicz, Executive Director**

Ms. Piekalkiewicz suggested that the Corporation use the 6 goals laid out in the President's New Freedom Commission on Mental Health as a framework for their work next year. Goal 1: Americans understand that mental health is essential to overall health. Goal 2: Mental health care is consumer and family driven. Goal 3: Disparities in mental health services are eliminated. Goal 4: Early mental health screening, assessment, and referral to services are common practice. Goal 5: Excellent mental health care is delivered and research is accelerated. Goal 6: Technology is used to access mental health care and information.

Ms. Piekalkiewicz highlighted several areas from the Governor's Commission on Mental Health and Substance Abuse from 1999 to build into the framework for next year. 1. Adequate emergency response capacity must be uniformly available throughout Florida. 2. Older Floridians are an under served population 3. Diversion from the Juvenile Justice System needs to be addressed 4. Federal Funding needs to be maximized.

Ms. Piekalkiewicz also informed the Corporation that the Governor would be coming out with a Medicaid Reform Proposal in early January and the Corporation will need to keep informed on that issue.

13. Adjournment

Dr. Lewis informed the Corporation members that Secretary Lucy Hadi asked for help selecting a new Deputy Secretary for Substance Abuse and Mental Health. Dr. Lewis asked that the Executive Committee represent the Corporation in performing this task for the Secretary. Mr. Rodriguez moved to adjourn. Mr. Miller seconded the motion. The Meeting Adjourned at 5:45p.m.

MINUTES
Florida Substance Abuse and Mental Health Corporation
December 8-9, 2004
Tampa Airport Marriott
Tampa International Airport
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Thursday, December 9, 2004

1. Reconvene

Dr. Lewis called the meeting to order at 9:15 a.m. Ms. Piekalkiewicz informed the members that our goal in the future is to have the minutes to the members within three weeks following the meeting.

2. Approval of October 13-14, 2004 Minutes and Data Ad Hoc Committee Minutes

Judge May moved to approve the October 13-14, 2004 minutes. Ms. Barton seconded the motion. The motion was approved.

Mr. George moved to approve the Data Ad Hoc minutes. Ms. Barton seconded the motion. The motion was approved.

3. Optimal Mental Health and Aging Coalition

Dr. Larry Dupree

Dr. Dupree's presentation covered the following:

- Florida Demographic Trends
- Comparisons of estimates of disorders versus actual numbers of older Floridians served.
- Florida prevalence rates for persons age 65 and older (1998)
- Portion of adults treated in publicly funded mental health services in Florida Fiscal Year 2001-2002
- Mental health services use for older adults: Florida is among the lowest in the U.S.
- If you cannot find elders in "traditional" behavioral health services, where can you find them?
- Assisted Living Facilities
- Nursing Homes
- Depression is prevalent in seniors
- Consequences of Undetected/Untreated Depression
- Admissions age 55 or older by primary substance at admission: 1994-1999
- Older Floridians rarely receive treatment
- The proportion of older adults treated in publicly funded substance abuse treatment services in Florida Fiscal Year 2001-2002
- The Florida BRITE Project (Brief Intervention & Treatment for Elders) and agencies involved in the three counties
- Florida Commission on Mental Health and Substance Abuse – Older Adult Workgroup Findings – No State Agency is taking the lead in this area.
- Florida Commission on Mental Health & Substance Abuse: Older Adult Workgroup Conclusions/Recommendations
 - Policy- Establish priority for elders and their families in the law.
 - Staff- Mental Health and Substance Abuse treatment services should be delivered by staff appropriately educated or trained in age-appropriate assessment and interventions, as well as life span developmental issues
 - Interagency Collaboration- Interagency collaboration and planning relative to elder mental health and substance abuse issues needs to be expanded.
 - Alternative Sites/Natural Settings- Provide outreach and treatment services in both traditional and alternative community-based settings

- Specialty services - In many instances, the unique, age-related needs and circumstances of older adults necessitating specialized services have been only minimally addressed. These services need to be expanded.

Dr. Dupree suggested that it might be a good idea to have an Elder or Older Adult Ad Hoc Committee.

4. **Legislative Priorities and Managed Care Update**

John Diagle, Florida Alcohol and Drug Association (FADAA)

Mr. Diagle's presentation covered the following:

- Florida's Department of Children and Families estimates that less than 13% of Adults and 22% of children in need in Florida's communities receive addiction treatment services
- Substance Abuse is a significant contributing factor to problems in Florida's child welfare system, our public health system, and in our criminal justice system.
 - Research has concluded that for every \$1 invested in treatment, \$7 in public dollars is saved much of this in these systems.
 - Governor Bush's Drug Policy Council has recommended that an increase of \$25 million be invested in addictions treatment and prevention services each year in order to address this services gap and to better meet the needs of these other systems.
- Detox is a major need in communities
- Family Intervention specialists are needed
- Improving care to those with co-occurring mental health and substance abuse

Mr. Diagle informed the Corporation that they will need the active support of the Corporation if they are going to make some headway in terms of the budget for the upcoming year.

Budget Recommendations:

- Closing the Treatment Gap (DCF) - \$16 million
- Detoxification Services - \$3.3million
- Substance Abuse Family Intervention Specialists – \$1.6 million
- Improving the Quality of Services - \$4million
- Substance Abuse Prevention Services - \$5 million

Mr. Diagle discussed Managed Care and Managed Care Entities

Lucia Maxwell, FADAA

Ms. Maxwell's presentation covered the following:

- Why Managed Care
- Managed Care Models in Florida are based on the Medicaid Pilots- less than 5% of revenues for publicly funded Substance Abuse services in Florida are Medicaid billings
- Mental Health Funding: \$710,645,500 million
- Substance Abuse Funding: \$306,460,000 million
- Recent DCF proposal: contract with Prepaid Mental Health Plans to managed block grant and GR funds- Substance Abuse is at a disadvantage
- Separate Managed Care model needed for Substance Abuse – Built on DCF funding and than add Medicaid, Fee-For-Service, Draw down federal funding and no new GR required

Outstanding Issues

- Need to define linkage with Community Based Care providers (Child Welfare) specialty network for purchase of Medicaid Behavioral Health Services
- Need to re-define licensure standards to remove excessive detail that is really best practices
- Need to authorize new Medicaid codes and target populations to maximize use of GR as match for additional federal funds

Chet Bell, Executive Vice President of the Stewart- Marchman Center in Daytona Beach

Mr. Bell discussed Anti-Drug Initiative

Anti-Drug Initiative is an innovative expansion of the continuum of care for drug involved offenders in Florida's Seventh Judicial Circuit. ADI provides research-based substance abuse treatment for non-violent first and second time drug offenders. Treatment services associated with

ADI have been developed by Stewart-Marchman Center, based on program models that have been scientifically evaluated and demonstrate effectiveness with offender populations.

- A continuum of intervention and treatment programming designed jointly by states attorneys, court administrators and treatment professionals.
- Level 1: Diversion – Assessment Tools
- Level 2: Outpatient Counseling
- Level 3: Drug Court
- Level 4: Post-Incarceration Counseling

5. Behavioral Managed Care Update

Darcy Abbott

Ms. Abbott updated the members on what has been happening in the Medicaid Services Behavioral Health Policy Unit. Ms. Abbott informed the members that they currently have seven staff members and are in the process of establishing two OPS positions to take on the Prepaid Behavioral Health contract management. Her presentation covered the following:

- Medicaid Behavioral Health Care Services

Prepaid Mental Health Managed Care Expansion

- RFP has been completed and is under internal review with a projected release date of 12/13/04
- Stakeholder meetings were held in AHCA Areas 5 and 7 to address questions from providers
- RFP review teams are under finalization with one consumer representative on each review team.
- The anticipated implementation date for Areas 5 and 7 is April 2005
- Stakeholder meetings for AHCA Areas 2,3,& 4 will be held in Tallahassee 21/13, Jacksonville on 12/16 and Ocala on 12/17

Child Welfare Specialty Prepaid Mental Health Plan

- Joint development of Request for Proposal with DCF
- 3 Stakeholder meetings have been held to receive input on basic plan development
- All children that are receiving child welfare services and are registered in the DCF HomeSafenet data base shall be eligible for the specialty prepaid plan
- A Medicaid Waiver Amendment will be needed to be completed prior to release of the RFP
- The anticipated release date for this RFP is February 2005

Medicaid Community Behavioral Health Services Coverage and Limitations Handbook

- Revised Handbook implemented on October 1, 2004
- HIPAA Compliant Coding
- Changes are cost neutral
- Modifiers added to assist in supporting substance abuse billing
- Pricing more consistent with qualifications of the individual
- Services available in smaller units to assure flexibility of delivery
- Allows several services to be delivered on the same day
- Revisions support use of services that promote recover and resilience
- Promotes use of trained qualified professionals with higher payment rate

Mental Health Targeted Case Management Coverage and Limitations Handbook

- Medicaid Services is in the process of revising services in the Mental Health Targeted Case Management handbook in partnership with DCF
- Medicaid Services is scheduling a Rule Development Workshop for January 2005

Prior Authorization and Targeted Utilization Program

- Program began July 1, 2003
- Annual review of provider utilization management plans
- Annual desk audit for all providers not under prior authorization

- Manages cost for 25% OF Medicaid's Behavioral Health Care Providers
- Prior Authorization and utilization review for high-cost, high utilization rate codes

Ms. Abbott stated that they are still working on the Florida Resources for Recovery Project and . HB 0727 Self Directed Care Act for Self and Family Directed Mental Health and Vocational Care Act which authorizes the Agency to apply for a waiver to provide self directed and choice based mental health treatment. Includes self-direction for DCF general revenue providers, Medicaid community mental health funding and a specialty pilot program for children.

6. Medicaid HMO Mental Health Services

Elfie Stamm

Medicaid HMO Mental Health Services

- Have 11 Medicaid HMOs and provide services in 36 counties
- Contract amendment to include mental health services is under internal review with an anticipated execution in January 2005.
- Currently received applications from three HMOs.
- There are currently 760,000 HMOs enrollees
- Monitoring tool for review of the HMO Mental Health Implementation Plans is under development
- Strengthened Data Requirements in the HMO contract amendment on Mental Health.

7. Assisted Living Facilities

Douglas Adkins, Dayspring Village

Mr. Adkins Presentation covered the following:

Topic A: Responding to the emerging medical needs of adults with a serious mental illness who reside in state licensed limited mental health assisted living facilities.

Topic B: Improving the coordination and delivery of state funded behavioral health care services to residents of state licensed mental health assisted living facilities.

Objectives: Provide Corporation members with the background information on the characteristics associated with the limited mental health assisted living facility population, a review of the state policy initiatives and workgroup activity surrounding the needs of this population, a review of the service utilization data relevant to the needs of this population and to provide the Corporation with a proposed plan of action to respond to the needs of these important Floridians.

Mr. Adkins asked the Corporation to consider establishing an Ad Hoc Committee on Assisted Living Facilities.

8. Public Forum

Pat Curtis

Florida Council for Behavioral Health

Ms. Curtis informed the Corporation that Mr. Sharpe would be making a presentation in February on the Council's Legislative priorities. Ms. Curtis discussed two key issues, which will be a major concern in terms of Budget issues. 1. Expansion of acute care services for adults. 2. The Indigent Psychiatric Medication Program. Ms. Curtis informed the Corporation that the Florida Council would get a complete set of issue papers to the Corporation so that they would have the background.

Dr. J. David Moore

Value Options

1. Mr. Moore thanked the Board for allowing the input of all of the stakeholders in a meaningful way.
2. Integration of Agencies, Interests, Services and RELEVANT Data is key to the development of higher quality, more cost effective care that results in meaningful positive outcomes.
3. System changes must proceed in stages, building each stage on knowledge gained from the previous stages.

4. We must recognize fundamental differences in agencies, providers, consumers, and families that can be barriers to change.
5. Not all agencies have the same mission.
6. Not all psychiatrists have the same skills sets and system experiences
7. Not all persons with mental illness or substance abuse disorders can self-direct their care.
8. Not all families have the consumer in mind when asking for what they want from the agency or system of care.
9. Not all early interventions will result in reduced incidence or severity of neither illness or positive outcomes.
10. When you change one agency or delivery system, you may negatively impact another agency or delivery system.
11. Managed Care should mean using information to drive appropriate services to the appropriate person at the appropriate time.
12. Don't bother to gather data just to gather data
13. Make sure the data definitions are the same from all sources in order to do any comparisons.
14. Clearly define what the data is to be used for and whether data obtained will meet the need.
15. Make sure the data is turned into useful information that is shared with the providers for use in care and quality improvement.
16. We need to clearly define each outcome measure with its purpose and meaning.
17. The more paper we have to push the higher the administrative costs.
18. Be very careful about making separate arrangements for certain children, people in particular living situations, substance abuse disorders, self-directed care, etc. as you may be creating further fragmentation in services, data gathering and outcomes.
19. Be wary of those who claim "Best Practices", Evidence-Based Practice", "use of Medical Necessity", and "outcomes" without obtaining their definitions.
20. It is incumbent on our behavioral healthcare system to focus on the improvement of access, reliable reporting of encounters, and useful clinical, functional, and fiscal outcomes while obtaining member satisfaction information about their interaction with the system and whether their needs are being met.
21. Over eight years, ValueOptions and Florida Health Partners have developed a solid data management infrastructure while decreasing administrative costs by 7%.

Liz Harden

DACCO (Prevention and Treatment for A Drug-Free Community)

Ms. Harden informed the group about the Co-occurring Treatment Program, which received best practices award this year. Ms. Harden discussed the following:

Women's Co-occurring Program

- Target Population Selection
- Benefits to the participants/ and or the Community
- Methods and activities of the program
- Need
- Admission
- Intake/ Enrollment
- Process
- Completion/Discharge
- Staffing
- Organizational Commitment
- Budget
- Measures/Outcomes

Ms. Harden stated that a good recommendation would be that if a program is doing excellent work in a community then that should be considered if budget cuts are made in state funding.

Leah Cromey

National Alliance for the Mentally Ill (NAMI)

Ms. Cromey informed the group that she was diagnosed with Bipolar disorder when she was 25 years old. Ms. Cromey stated that she had been Baker Acted and hospitalized because of her

illness. Ms. Cromey stated that she now works for NAMI. Ms. Cromey informed the group that she was thankful for being at this meeting and that she learned a lot of insightful things. Ms. Cromey thanked the Corporation for letting her attend.

David Kale

WellCare now known as Harmony Behavioral Health

Dr. Kale informed the Corporation that Wellcare has two HMOs called Staywell and Healthease. Wellcare has set up a separate sub-corporation for behavioral health. Wellcare is set up in six different states. Wellcare has changed their name to Harmony Behavioral Health. Dr. Kale thanked the Corporation for what they have done this year. Dr. Kale informed the group that until this year Wellcare did not attend planning meetings with AHCA or even with other organizations. There has been more face-to-face dealing between the organizations. Dr. Kale stated that he thinks that the Corporation has had a great deal with bringing everyone together. Dr. Kale stated that 2005 looks to be a great year. In the first quarter of the year they are hoping to implement behavioral managed care in Areas 5 and 7, most likely before the Prepaid side. Dr. Kale stated that he really does believe that managed care will improve the overall system. As for the Data Ad Hoc Committee, Dr. Kale commended Dr. Mellan and the group for wading through all of the complexities. Dr. Kale stated that he looks forward to the annual report and working with the Corporation next year.

Dana Farmer

Advocacy Center

Ms. Farmer discussed three issues

- Guardian Advocate Issue – Ms. Farmer stated that the issue that remains is that there is not a statewide pool of people who will become guardian advocates.
- Assisted Living Facilities Issue – asking that the Corporation review alternatives to assisted living facilities
- Contracts and Contract Monitoring – asking that the Corporation keep abreast of changes in this area at DCF

9. Corporation Members Discussion

The Corporation members discussed the recommendations for Ad Hoc Committees that had been given at this meeting. Dr. Lewis suggested that we wait until February during the strategic planning session to discuss future Ad Hoc Committees. Judge May suggested that the Corporation might want to have a workgroups on Legislation, Medicaid, Substance Abuse, and Suicide Prevention. Judge May stated that at the end of the Conference Call on December 21 the Corporation should set time aside to make plans. The Corporation discussed the support of the bill for Suicide Prevention. Judge May moved that the Corporation endorse Senate Bill 210 being sponsored by Senator Evelyn Lynn. Mr. Miller seconded the motion. The motion was approved.

10. Adjournment

Mr. George motioned to adjourn. Mr. Miller seconded the motion. The motion was approved. The meeting adjourned at 3:20p.m.

Prepared by Amanda Sanford, Policy Assistant

Date Approved: 2/2/2005