

**Florida Substance Abuse and Mental Health Corporation  
Adult Committee  
DACCO Conference Room  
Drug Abuse Comprehensive Coordinating Office  
1920 East Hillsborough Avenue  
Tampa, FL 33610  
May 18, 2006**

**Board Members**

Rocky Rodriguez, Chair; Joseph George, Ted Serbousek, William Mellan

**Staff**

Ellen Piekalkiewicz, Executive Director; Amanda Sanford, Policy Assistant

**Attendees**

Darran Duchene, Department of Children and Families (DCF); Mary Lynn Ulrey, Drug Abuse Comprehensive Coordinating Office (DACCO); Pat Curtis, DCF; Ernest Cantley, Stewart-Marchman Center; Holly Hills, Florida Mental Health Institute (FMHI); John Daigle, Florida Alcohol and Drug Abuse Association (FADAA); Kim Riley, Department of Corrections (FDC); Kate Lyon, Florida Council; Lloyd Tribley, ADAWG; Neal Dwyer, DCF; Carali McLean, CFBHN; Liz Harden, DACCO; Dean Aufderheide, FDC; Jorja Daniels, Agency for Health Care Administration (AHCA); J. David Moore, M.D., Florida Health Partners; Mark Engelhardt, FMHI; Letty Ballard, DCF

**1. Call to Order**

Mr. Rodriguez called the meeting to order at 9:30 a.m.

**2. Overview of Co-Occurring Disorders**

Holly Hills, Florida Mental Health Institute  
Building Consensus to Improve Services for Persons with Co-Occurring Disorders: State-of-the State

Ms. Hills's presentation covered the following:

- Poorer Outcome Domains for Persons with Co-Occurring Disorders
  - ◆ Personal Finances, family, interpersonal, societal, treatment/recovery, legal, health, daily living skills
- Consequences of CODs
- Consequences for not Addressing Co-occurring Disorders
- Clinical Outcomes
- Service Spectrum
  - ◆ Quadrant 1 = Less severe mental disorder/less severe substance abuse disorder
  - ◆ Quadrant 2 = More severe mental disorder/less severe substance abuse disorder
  - ◆ Quadrant 3 = Less severe mental disorder/more severe substance abuse disorder

- ◆ Quadrant 4 = More severe mental disorder/more severe substance abuse disorder

Mr. Daigle stated that when public policy is developed we need to start talking in terms of these quadrants. Mr. Daigle feels that it is a very helpful tool.

- CCISC Model Recommendations: (Continuous Comprehensive Integrated System of Care)
  - ◆ CMHS – Co-Occurring Disorders Panel
    - Chair – Ken Minkoff, MD
  - ◆ Philosophy of Service
  - ◆ Tools of CCISC
    - CODECAT – Clinician Self-Assessment of Competency
    - COMPASS – Agency Self-Survey
    - COFIT – System Level Evaluation
- Co-Occurring Disorders– Consensus Vote
- Treating Persons with CODs: Six Guiding Principles
  - ◆ Recovery Perspective
  - ◆ Multi-problem viewpoint
  - ◆ Phased approach
  - ◆ Early focus on "real life" problems
  - ◆ Look at cognitive and functional impairments
  - ◆ Use support systems to maintain success
- Florida CCISC Projects: Hillsborough, Polk, Broward, Miami/Monroe
  - ◆ Features of Successful CCISC Projects
- COMPASS: Agency Self Survey
  - ◆ Domains
  - ◆ Methods
  - ◆ Philosophy
  - ◆ Management Structure
  - ◆ Access
  - ◆ Identification/Detection of Co-occurring Disorders
  - ◆ Assessment/Diagnosis
  - ◆ Treatment Planning
  - ◆ Treatment Content and Treatment Programming
  - ◆ Integrated Treatment Relationships
  - ◆ Treatment Program Policies
  - ◆ Psychopharmacology
  - ◆ Discharge Planning
  - ◆ Integrated External Care Management
  - ◆ Staff Competency/Training
  - ◆ Specific Competencies
- Methods to Improve Identification - Screening versus Assessment; Measures of Mental Health Symptoms/Disorders
- Screening & Assessment for Co-occurring Disorders
- Key Points Regarding Screening for Co-occurring Disorders
- Key Information: Assessing for Co-occurring Disorders

- Simple Screening Instrument for AOD Abuse (SSI)
- Mental Health Screening Form III
- Relationship between Mental Health and Substance Abuse Disorders
- Goals of the Assessment
- Methods for Assessment - M.I.N.I. / M.I.N.I. Plus; Global Appraisal of Clinical Need (GAIN); Brief Symptom Inventory (BSI); Beck Depression Inventory (BDI)

### **3. Update from Joint Co-Occurring Committee**

Mary Lynn Ulrey, DACCO and Marsha Lewis Brown, Northside Mental Health

Ms. Ulrey's presentation covered the following:

- History - FADAA and FCCMH established a joint workgroup in 2000 focusing on policy and system enhancement.
- The workgroup's recommended goals
- Workgroups two sub-committees: Policy and Finance, Clinical/Training/Readiness Services
- Present - recent accomplishments
- Future - Where do we go from here?
- Dual Diagnosis Capable: Program Checklist
- State of Florida Substance Abuse and Mental Health Substance Abuse Admission Form
- State of Florida Alcohol, Drug Abuse and Mental Health FARS Form
- Co-Occurring Disorders Committee

### **4. Review of the Corporation's Recommendations**

Ellen Piekalkiewicz, Executive Director SAMH Corporation

Ms. Piekalkiewicz read the following from the Corporation's Annual Report: The Department of Children and Families must coordinate the delivery of substance abuse and mental health services for persons with co-occurring disorders by implementing the 2003 action plan and continuing the work of the Co-occurring Disorders Committee. Persons with co-occurring disorders have high rates of physical illness, death, unemployment, homelessness, and criminal justice involvement leading to increased public expense. Even though the DCF administers the delivery of both substance abuse and mental health services, the integration of those services to those with co-occurring disorders has been slow with categorical funding a significant barrier toward integrated care.

While the DCF undertook extensive work in this area prior to 2003 when the agency published a policy paper and developed an action plan, more work needs to be done. Outcome measures for the Mental Health and Substance Abuse Program Offices within the Department of Children and Families fail to include any measurement that would reflect an integrated system. For example, the outcome measure for adult mental health treatment facilities is to decrease number of people on the forensic waiting list, but no similar outcome

measure exists for adult substance abuse despite the fact that a majority of the individuals on this waiting list have a co-occurring condition. The Florida Council for Community Mental Health and the Florida Alcohol and Drug Abuse Association has an active Co-occurring Disorders Committee. The Committee has recommended implementation of the Comprehensive, Continuous, and Integrated System of Care (CCISC) model, promoted by Dr. Kenneth Minkoff. This model is designed to improve treatment capacity for individuals with co-occurring disorders. The Committee identified barriers to implementing this model and recommendations for delivery of services to those with co-occurring disorders.

### **DCF's 2003 Action Plan**

Action Step 1 Develop an Integrated System Planning Process and Structure with these elements:

- Florida Work Group on Co-occurring Disorders
- Statewide and Regional Forums
- Expert Consultation and Review
- Regional, District and Local Planning Groups
- Comprehensive, Continuous, Integrated System of Care (CCISC)

Model Planning Process (Minkoff)

Action Step 2 Continue to Implement Current Projects in Florida Related to Improving Services for Co-occurring Disorders

- District Pilots
- Integrated Acute Care Units
- Implement Additional Features of CCISC Model

### **Barriers and Recommendations**

The Committee identified the following barriers to implementing this model

- Parallel, Separate Systems; Parallel or Sequential Treatment; System Organized to

Respond to Single Disorders

- Separate Funding Streams
- Low Medicaid Funding for Substance Abuse Treatment
- Unequal Benefits – Public and Private
- Lack of Focal Point for Responsibility
- Insufficient Training
- Different Treatment Philosophies
- Lack of Screening/Assessments

The Committee recommended the following:

1. Implementation of Universal Screening
2. Collect Baseline Data
3. Promoting Integrated/Collaborative/Coordinated Care - Comprehensive, Continuous, Integrated System of Care (CCISC) Model
4. Ensuring 'No Wrong Door' Approach
5. Establishing Shared Performance Indicators
6. Increased Funding for the Treatment of Individuals with Co-Occurring Disorders

- 7. Increasing the Number of Dual Diagnosis Capable/Dual Diagnosis Enhanced Service Providers
- 8. Minimization of Regulatory Barriers to Care
- 9. Cross-Training
- 10. Implementation of Best Practices
- 11. Development of a statewide strategy

## 5. **Brain Storming Session / Data Sharing**

The following was discussed:

- Handout was given by Mark Engelhardt (USF - FMHI), Strategic Implementation of Systems Change for Individuals with Mental Health and Substance Use Disorders
- Systems Level – requires leadership among all of the committees  
All projects are anchored in a plan – memorandums of understanding must be signed – reasons are Data Sharing, outcomes, and commitment to use tools
- Federal Grants
- Recovery and Transformation – whole system needs to be recovery oriented
- Ernest Cantley, Stewart Marchman– four quadrants could become common definition.
- **Individual Assessment**
- **Regulatory Barriers**
- **Acute Care Units**
- **Constraints in the I.T. system.**
- **Funding Issues**

## 6. **Next Steps**

Recommendations on Co-Occurring

- Re-enactment of the Co-Occurring working group and support the designation by DCF of a lead person to coordinate the work group.
- Co-occurring services, discussion and emphasis needs to take place at the district level incongruent with the transformation efforts.
- The creation of a template for districts to use as a guide in implementing a co-occurring model.
- Request the working group develop a functional definition of the four quadrants so there will be a common understanding and aid in data collection efforts.
- Individual Assessment - Work toward a universal assessment for co-occurring disorder working towards eventually getting a mandated tool.
- Regulatory – The Corporation would like the working group to look at having policy discussions on requirements for licensure.

- Managing entities should set requirements for co-occurring services in their contracts and remind everyone that there has been a web-based training developed and is already being utilized.
- Funding – Districts need to be encouraged financially to be centers of excellence in terms of training and take services to the enhanced level and requiring them to demonstrate that they are appropriately and successfully serving the criminal justice population.

Mr. George moved to approve the recommendations. Dr. Mellan seconded the motion. The motion was approved.

**7. Adjourn**

Joseph George moved to adjourn. Dr. Mellan seconded the motion. Mr. Rodriguez adjourned the meeting.