

Florida Substance Abuse and Mental Health Corporation
Transformation Working Group
Department of Children and Families
1317 Winewood Blvd., Bldg 6, Room 361-A
Tallahassee, FL 32399
August 14, 2006

Board Members:

David Miller, Marcia Mathes

Staff:

Ellen Piekalkiewicz, Executive Director; Amanda Sanford, Policy Assistant

Participants:

Dana Farmer, Advocacy Center; John Daigle, FADAA; Betty Hyle, Department of Education (DOE); David Wheeler, DOE; Ken McLeod, Department of Elder Affairs (DOEA); Frank Platt, Department of Children and Families (DCF); Rod Hall, DCF; Karen Blasé, Florida Mental Health Institute (FMHI); Bill Baxter, DCF; Pat Kramer, DCF; Angela Vickers, NAMI; Susan Dickerson, DCF; Darcy Abbott, Agency for Health Care Administration (AHCA); Aleisa Mckinlay, DCF; Jane Wynn, DCF; Sue Ross, DCF; Toni Beard, R&R Task Force; Kris Butler, R&R Task Force; Bob Sharpe, Florida Council; Stephen Pittman, Department of Corrections (DC); Kathy Goltry, Florida Senate; Cynthia Holland, DCF

1. Call to Order

Mr. Miller called the meeting to order at 9:05 a.m.

2. Ms. Piekalkiewicz discussed the roles and responsibilities of the Transformation Working Group. Ms. Piekalkiewicz noted that the Corporation had a major revision of their Legislative Mandate to provide oversight in the transformation process across state government. Ms. Piekalkiewicz pointed out that a major portion of the agenda was dedicated to Medicaid. Ms. Piekalkiewicz stated that the Corporation has learned from AHCA that they are doing a rewrite of the State Medicaid Plan and that this would be an opportunity for the TWG to work with Medicaid to provide feedback to make it more recovery and resiliency oriented and to provide more flexibility to providers to be able to do downward substitution to better serve consumers and families. Ms. Piekalkiewicz suggested that the TWG keep Medicaid Reform as a standing agenda item. Ms. Piekalkiewicz noted that the TWG will be a leadership group that responds to barriers and noted that the action plan is an opportunity where you can look at what has been set forth, amend items and suggest amendments to the plan if there are areas that need to be worked on.

3. Report from R and R Task Force
Rod Hall

Mr. Hall updated the group on the R and R task force. Mr. Hall noted that the group decided to focus on eight elements which align nicely with the principals in the New Freedom Commission Reports. The elements are more behavioral action oriented. Mr. Rayner noted that Tony Beard was the new chair of the R and R Task Force. The Executive Committee consists of Bob Sharpe, Chris Butler, and Tiffany Johnson. The R&R also has an Education Committee, Outreach Committee and a Legislation Committee. Mr. Rayner noted that the last three sessions the task force focused on identifying and working on the barriers discussed at the last meeting. Mr. Rayner discussed what took place at the task force meetings. Mr. Miller asked what Mr. Rayner and Dr. Hall's perspective on how the TWG integrates the R&R taskforce work into the whole system of change with the TWG. Dr. Hall stated that one of the ways they are making that alignment is by having their regular weekly meetings (VTC's) with DCF's Districts where they share what they are doing and try to make sure what is being done out in the field is consistent/aligned with the direction that is being set by the R&R Taskforce, but the real change is going to occur in the local leaderships and communities. The R and R Task Force has been looking at the district plans to see how they align or do not align with the things coming out of the R and R Task Force. The group discussed the problems with getting families to the table to participate. The group discussed the need to define what the role of the task force would be. The group discussed the barriers the R&R task came up with and stated the challenges they are facing. It was noted that this was not a DCF project, but an interagency process to transform the mental health system. Mr. Miller asked each agency to get the message to each district level that participation from those agencies at the district level is critical. Dr. Hall suggested going through the executive staff in all of the agencies asking them to have participants at the local level. Mr. Miller stated that he may write a letter to all the department secretaries for those agencies the TWG believes should be at the table at the district level. Mr. DeCerchio cautioned the group of a message saying every district needs to have an R and R taskforce. Dr. Hall stated that the group doesn't need a master blueprint to get things moving.

4. Update on Action Plan
Cindy Holland, Deputy

Ms. Holland's update covered the following:

- Need to know where we are going – One pager
- Goal- what consumers and families want, not what bureaucrats want
- Outcome
- Fiscal Year 2005-2006 Status Report “Revised Statewide Action Plan – Recovery and Resiliency-Based System in Florida”
- Fiscal Year 2005-2006 Status Report – Mental Health Transformation
- Transformation website starting at the end of the month.
- LEAP – developed by Florida State Hospital (looking at peoples choices between residential and ALS – virtual tour capabilities)

- Workforce Training
- Legislative Forums – Mr. DeCerchio discussed listening to DCF’s customers helping to ensure that system changes are responsive to their needs. Mr. DeCerchio discussed his participation with 5000 Friends of Florida. The Deputy Secretary for SAMH has partnered with key Florida legislators who are holding local mental health summits. Mr. Sharpe noted that Rep Harrell and Ambler had an idea raiser specifically to mental health and substance abuse.
- Secretary Hadi spoke with Beth Switzer on “Face to Face”– discussing Transformation and will do an interview.
- Ms. Curtis got DCF hooked up with Open Minds on the National front
- District and State Mental Health Treatment Facility Highlights Mental Health Transformation Activities – Updated August 8, 2006
 - District 1- Transportation
 - District 2- What major providers purchase and the outcomes that they lead to >also working on plans for a clubhouse
 - District 3-Expanding it’s MH court to serve individuals with third degree felonies; CIT for school based resource officers
 - District 4- Crisis respite Home; Planning to hire consumer on staff as a transformation coordinator
 - Suncoast Region- Initiated trip to The Village in Long Beach California to learn ideas about how to make similar transformative changes in Florida
 - District 7 – Clubhouses from one to two; completed a District 7 Recovery and Resiliency Action Plan
 - District 8- Implemented the second Self-Directed Care Program in the state; Personal outcome measures to assess changes in a variety of individuals life goals
 - District 9 and 15 – Consumer Involvement -Contract negotiations meetings
 - District 10 – Planning for Young Adult Project; Centralized Peer Support Agency
 - District 11 – Has done a lot with WRAP training (Wellness Recovery Action Plan)
 - District 12 – Focus Groups
 - District 13 – Focus on getting club house going
 - District 14 – Comprehensive Community Services Team service (call center)
 - District 15 – Refer to District 9 and 15
 - State Mental Health Treatment Facilities
 - VTC – weekly meetings -Secretary Hadi attends all of these meetings.

Ms. Holland noted that we need to build upon strengths. Mr. Rayner noted that consumers are assisting in the negotiation of contracts which is a huge step forward.

R and R Taskforce, Toni Beard

Ms. Beard discussed the following:

- Resource Linkages (Includes the need to develop Certified Peer Recovery Specialists)
- Education/Stigma – (Includes Diversity and Advocacy)
- Development of the Certified Peer Recovery Specialist
- Diversity/Advocacy
- Transportation

5. Facilitated discussion on Action Plan

Dr. Karen Blasé

-Introduction

- Encouraged to look at Canada – terms of reference. States for each group what is their mandate, states their authority, what they are and are not to do, linking communication, values and commitments to the way of work.
- Plan: do, study and then act – requires feedback loops. – The American Culture is do, do, do and do not take the time to think.

Mission – take information from consumers, advocates, agencies and put it into a plan

Members brainstormed on key interagency or policy funding Issue:

1. Ask TWG to be a constant prompter of agency best practices that relates to Transformation – info flow to TWG – VET – C.H.
2. ASK TWG to conduct an analysis of the pro's and con's of making P.S. Medicaid eligible – intended and unintended consequences.
3. Trans/Housing/Health Partner more broadly with ongoing coalitions in these areas (eg ACORN, Medicaid Reform) Pull in partners
4. Should be a standing interagency council of the major planners that meet independent of TWG that take under auspices. of TWG –need work between meetings
5. Groups don't meet without consumers, but what are barriers to funding consumer participation – Fix It!
6. TWG take a look at the Prevention Agenda (interagency communication)
7. Need concrete steps to address housing and transportation – identify who/what locally and state level actions to address (eg. FL housing Finance Corporation, Homeless Coalition (state) Local housing resources - MAKE RECOMMENDATION AT STATE Level (engagement – pursue over time)
- Fact identification regarding housing. Strategic Plan for Mental Health Housing exists (consumer input strong) > review/reactivate
8. See strategy above for same in Prevention and DOE efforts and DJJ
9. Criminal Justice – FL Bar to have continuing on MI Awareness (Mandatory since 2001) No one implementing – WHY? - Get it moving – One strategy related to bigger issues
10. We need resources related to transformation – TWG encourage partners to contribute – get interagency “buy in” > relates to higher level council
11. Broad resources for MH/SA discussion

- Stipends > Alleviate gaps across domains for housing - LBR

How to move from Planning to Operation?

- Focus
- Prioritize
- Match strategies to get desired outcomes
- Vested High level partners
- Employment “catch 22”

Six Focus Areas

Medicaid

Housing

Transportation

Criminal Justice

School system

Family

6. DJJ Mental Health and Substance Abuse Services Manual Requirements for Parental Notification

Gayla Sumner, Department of Juvenile Justice

- Parent Notification of Youth Suicide Risk –
 - initial intake screening indicates suicide risk factors
 - Assessment of suicide risk indicates suicide risk
 - Youth on Suicide precautions prior to discharge – must be notified of the youth’s suicide risk status prior to discharge from the facility
- Parent Notification of Mental Health Crisis- parents review and signature need to be on plan
- Parent Notification of Mental Health or Substance Abuse Emergency – Baker Act or Marchman Act is utilized for emergencies (the parent or legal guardian must be notified)
- Parent Notification of Change in Chronic Health Condition
- Parent Notification of Off-Site Healthcare
- Parent Notification – Medications – verbally and then later in writing

Ms. Piekalkiewicz informed Dr. Sumner that the TWG would like information on parent notification upon arrest.

7. Status of Medicaid managed behavioral healthcare and Reform

Carol Barr-Platt, Agency for Health Care Administration (AHCA)

Ms. Barr Platt went over the following:

- Behavioral Health Services in a Managed Health Care System
- HMO Behavioral Health Services Expansion Status Report – August 11, 2006
- Medicaid Reform HMO/PSN Behavioral Health Services Status Report

- Community Behavioral Health Services Covered by Managed Health Care Plans (Health Plans)
- Prepaid mental health plans do an RFP and do a proposal
- MediPass – Authorized by Primary Care Physician, contact Bureau of Health Systems Development (850) 487-2355
- Both the HMOs and the PSNs are required to provide those behavioral health services specified in the attached document. There is NO difference in what behavioral services a member can receive in reform counties (Broward and Duval) compared to the non-reform areas.
- Mental Behavioral Health Organization (MBHO) = Contracts with the HMOs and / or the PSNs to provide behavioral health services through subcontracts with Community Behavioral Health Providers. They also can provide an array of administrative services such as: Credentialing, Utilization Management, Claims processing, Quality Management, reporting. Current MBHO's operating for Medicaid contracted Health Plans:
 - University of Miami Behavioral Health (UMBH)
 - Psychcare
 - Mental Health Net (MHNet)
 - Harmony Behavioral Health
 - CompCare

Florida Medicaid Summary of Services FY 2005-2006 = www.myflorida.com

8. Breakout Sessions
 - a. How has DCF district staff interfaced with managed care companies at the local level?
 - b. Medicaid choice counseling and the Medicaid grievance procedure
 - c. Targeted case management/Update on State Plan revisions

9. Reports of breakout groups

Facilitated by Dr. Karen Blasé (FMHI)

Ms. Piekalkiewicz noted FADAA's Handout "Transforming Agencies to Improve Customer Service and Staff Satisfaction". The following was discussed during breakout groups:

 1. Need forum on identifying "downward" substitutions and getting R & R friendly substitutions into the service handbook = credit for 80%
 2. Need for Education of HMO, PSN and Consumers. Behavioral Health small portion of the pie
 3. Social Supports fit with medical necessity is important
 4. Expanded Choice of HMO
 5. Fear of change – need forums cross training, education
 6. Enrolling, Disenrolling FACT individuals
 7. Importance of community Forums
 8. Use of downward substitution
 10. Need to communicate with families as well

11. Consumers can have someone with them in choice counseling
12. Need to look at changes and impact on the consumer and provider
13. Managed care Co. interested because “it’s the right thing” and make money for them
14. Can migrate outcome measures into AHCA contacts? AHCA and DCF are working on the metrics including NOMS. – DCF makes the “business case” for outcomes Forum in Tally for HMO’s
15. Encourage Provider Networks to participate in R &R training
16. Necessity to train consumers/family as to what they need to know. Re: ebp/ what they should expect.
17. Case managers – list to El close to end of tape 2 side b
Listen to Marcia - targeted case managers

Michelle Comeaux, Behavioral Health Services
Comeauxm@ahca.myflorida.com
850-921-8288

- State plan being updated
- Bob Sharpe – 60 % of system paid for by Medicaid
- R&R services key
- Grievance procedures

10. Adjournment

Ms. Piekalkiewicz informed the TWG that the next meeting would take place November 13, 2006 in Tallahassee. Ms. Piekalkiewicz asked that the members utilize the Corporation’s website for information on the agenda. Ms. Piekalkiewicz noted that half the agenda will be dedicated to Medicaid and there will be a report on Parent Forums. Mr. Miller adjourned the meeting at 3:40 p.m.