



# Commission on Mental Health and Substance Abuse Business Operations Subcommittee

## Commission on Mental Health and Substance Abuse Members

Sheriff William Prummell  
Chair

Ann Berner  
Speaker of the House Appointee

Representative Christine  
Hunschofsky  
Speaker of the House Appointee

Clara Reynolds  
Governor Appointee

Senator Darryl Rouson  
President of the Senate  
Appointee

Doug Leonardo  
President of the Senate

Jay Reeve, PhD  
Governor Appointee

Dr. Kathleen Moore  
President of the Senate  
Appointee

Dr. Kelly Gray-Eurom  
Governor Appointee

Larry Rein  
Governor Appointee

Chief Judge Mark Mahon  
Governor Appointee

Melissa Larkin-Skinner  
Speaker of the House Appointee

Ray Gadd  
President of the Senate  
Appointee

Shawn Salamida  
Speaker of the House Appointee

Secretary Shevaun Harris  
Florida Department of Children  
and Families

Secretary Simone Marsteller  
Florida Agency for Health Care  
Administration

Dr. Uma Suryadevara  
Speaker of the House Appointee

Judge Ronald Ficarrota  
Governor Appointee

Wes Evans  
President of the Senate  
Appointee

May 18, 2022  
9:00 a.m. to 10:00 a.m.

### **Call to Order and Welcome**

Commissioner Hunschofsky called the Criminal Justice Subcommittee to order at 9:00 a.m.

### **Roll Call**

The roll was called by Jeff Cece, quorum established.

### **Attendance Summary**

#### **Members in Attendance**

Commissioner Hunschofsky, Chair  
Commissioner Berner  
Heather DiGiacomo  
Jacob Oliva  
Gina Herron for David Dobbs  
Melissa Jordan  
Neiko Shay  
Clara Reynolds  
Wesley Evans  
Melissa Vergeson  
Melanie Brown-Woofter  
Amy McClellan

#### **Approval of Minutes**

The minutes from March 16, 2022, motion to approve by Clara Reynolds, second by Melissa Jordan. Minutes approved.

#### **Review and Discussion of 2001 Commission Report – Ann Berner**

Commissioner Berner – Report published in 2001, will provide commentary from the perspective of a managing entity. There are some significant systems issues the Commission may be interested in. What were issues back then that may continue to be prevailing issues that we may want to examine. We have local managing entities that serve as a single point of responsibility. Some bureaucratic barriers have been removed. Still making progress on state of the art, we do not have benchmarks to evaluate local systems and don't have effective performance measures that promote the use of effective treatment. Data integration continues to be a theme, need for better data integration.



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Principles for statute revision. There were changes this year in the Baker and Marchman Acts. A lot of movement in establishing recovery-oriented systems of care. There are opportunities for continuation with ROSC. Better data integration and better access to local behavioral health capacity. Going forward there are pieces in report that we can use for interim report, i.e., older Floridians and their lack of behavioral health care.

Clara Reynolds – Does the 2001 report cover Medicaid operations?

Commissioner Berner – Yes, the report has quite a bit on Medicaid, including MMA's and capitated rates.

Clara Reynolds – Do you see the tenants in this report being applicable across the system regardless of the funding source?

Commissioner Berner – Absolutely. There was recognition that we need to move away from an acute care, cookie cutter approach.

Clara Reynolds – Why do you think we got off the rails? How do we make sure anything we recommend does not get derailed in the future?

Commissioner Berner – I think there was progress made. Implementation of managing entities were a positive. Ultimately, not having a collective board or some entity that took ownership. Not having a point of accountability for continuing the momentum meant it fell off everyone's radar. As a commission, we can make a recommendation for someone who takes ownership of recommendations generated from this commission.

Commissioner Hunschofsky – You mentioned, we don't have data with Medicaid and behavioral health. Can you explain what you mean by that and what changed there?

Commissioner Berner – At some point the Medicaid Managed Care plans have the responsibility for developing their providers and, their network. Medicaid does get the encounter data and they do have strict requirements regarding how far specialty providers are from their members, the length of time for waitlist. As far as the specifics, that information is not broken out from primary healthcare. Without that information, it is hard to say where our behavioral health deserts maybe

Linda McKinnon – Agree with Ann. We used to have access to the data. That stopped when all the plans in Florida went to managed care. We may want to request a report the plans will submit to Medicaid today. We did get WellPass to allow managing entities access to data but it has not occurred. Not having the data makes it difficult to coordinate care for high utilizers.



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Commissioner Hunschofsky – How much are managing entities accessing Medicaid dollars for the public? Is there a barrier in accessing those funds?

Commissioner Berner – About five months ago we received access to Medicaid encounter and enrollment data. The agreement between AHCA and DCF allows DCF to take the demographic records from the managing entity and compare to Medicaid enrollment and encounter data. By next fiscal year we should have that data. Limitations, managing entity to managing entity data will still be specific to the managing entity. Database was originally supposed to have a master client index. Managing entities cannot see across to other managing entities. We can get a better picture if managing entities can see across managing entities and AHCA. This maybe low hanging fruit that we can easily address.

Commissioner Hunschofsky – We have data analysis subcommittee, but this can also be a business operations issue.

Commissioner Berner – Maybe by next meeting others can get eyes on the report.

### **How CFBHN Supports Local Schools on Providing Accountability for Their Behavioral Health Funding – Linda McKinnon**

Linda McKinnon – What we found is every one of the schools have a different plan for how they are utilizing the funds for mental health. Ray Gadd talked to us about the managing entities helping to coordinate this funding would improve access to services the kids need to ensure services were connected and coordinated within the community. Both Pasco and Hillsborough County school systems were looking to better coordinate with the community to maximize funding and collect uniform data. One of the things we did when contracting with the providers was to ensure they provide the same outcome information that we provide on other children we serve. At the managing entity level, we have a person on-site, sit-in on staffing, we make the connections to services. Schools were not using the Child's insurance for behavioral health services, we started helping access that insurance. We ensure there is good coordination and communication.

Luis Rivas– SB7030 came out and we embraced it. The 15/15/30, we are able to work with the school system to not duplicate services. There is a lot of communication. Multi-Tier approach pyramid: services delivered at the lowest level possible, constant communication, CFARS. Screening and assessment provided in a timely manner.

Linda McKinnon– According to Ray Gadd, the baker acts coming out of that school system have reduced dramatically.



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Luis Rivas – Reduction in baker acts because of coordination with local MRT. Communication and conversations happening at the school level. Every district/school is different. Is tailored to the unique needs of the school. In Hillsborough County, we stationed an on-site therapists. Now in 94 schools. We also now contract with three different providers.

Linda McKinnon – Unlike DCF, we don't have to just work with non-profit providers. We can work with the smaller, less traditional providers.

Clara Reynolds – You are not billing Medicaid or commercial insurance, the school district is paying, correct?

Luis Rivas – Yes and no. We work with our provider to decipher that. We pay up to where we can get from their insurance. Its situational. School funding is utilized as a last resort.

Linda McKinnon – If payment is a barrier to service, we pay for it.

Luis Rivas– In Pasco, we had a high waitlist for CAT teams. We worked with Gulf Coast Jewish Family Community Services to create a service to fill the CAT Team gap. Trying to expand that service.... Reviewed data for Hillsborough and Pasco Counties.

Linda McKinnon – CFBHN is not billing Medicaid, the provider bills the appropriate source.

Jimmers Micallef – That applies to all managing entities.

Linda McKinnon – This model has been successful. Broward ask for presentation on this, and they have implemented this model. Don't know what their outcomes are.

Commissioner Hunschofsky – Appreciate the work you are doing. Great things happen when silos are broken down.

### **Review of Commission Timeline**

Commissioner Hunschofsky – Want to really stay focused on providing concrete recommendations. Must be mindful of timeline and deliverables.

Jeff Cece – Interim report due January 1<sup>st</sup>. Need draft interim report ready to circulate by November 1<sup>st</sup>. Need volunteers to draft sections of report.

Commissioner Hunschofsky – Anybody want to volunteer to draft recommendations. The following individuals volunteered: Commission Reynolds, Amy McClelland, Carali Mclean, Christine Cauffield, Linda McKinnon and, Melanie Brown-Woofter.  
Will put together framework and send out.



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### **Next Meetings**

Full Commission – June 15, 2022

Criminal Justice Subcommittee – July 20, 2022

### **Public Comment**

No public comments

### **Closing Remarks**

Commissioner Hunschofsky

Meeting was adjourned at 10:00a.m.