**Minutes**

Wednesday, March 16, 2022

**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 Marstiller

Florida Agency for Health Care Administration

Dr. Uma Suryadevara

Speaker of the House Appointee

Judge Ronald Ficarrotta

Governor Appointee

Wes Evans

President of the Senate

Appointee

10:00 a.m. – 11:00 a.m.

**Proceedings**

**Call to Order and Welcome**
Commissioner Jay Reeve, Chair called the Data Analysis Subcommittee meeting to order at 10:36 a.m. and welcomed commissioners.

**Roll Call**

The roll was called by Pat Smith and a quorum was confirmed.

**Members in Attendance**

* Christi Anderson
* Melanie Brown-Woofter
* Melissa Carlson
* Annette Christy
* Terry Cochran
* Sharyn Dodrill
* Suzette Fleishchmann
* Heather Flynn
* Sue Gallagher
* Kathleen Moore
* William Prummell
* Paul Stiles
* Uma Suryadevara
* Cynthia Henderson
* Jay Reeve
* Laura Diaz de Arce
* Simone Marstiller
* Natalie Kelly
* Paul Bebee
* Larry Rein
* Lauren Whritenour
* Silvia Quintana
* Pat Smith
* Ann Berner

**Approval of Minutes**

The minutes from January 19, 2022 were approved by Commissioner Kathleen Moore, Seconded by Sue Gallagher & Commissioner Uma Suryadevara.

**New Members:** Silvia Quintana, Suzette Fleischmann, Larry Rein, Laura Diaz de Arce.

**Overview of Prevalence Data for Behavioral Heath**

Commissioner Jay Reeve

Commissioner Reeve *expressed his desire to move beyond anecdotal data in planning for system development*. Looking to get good prevalence data, patterns of prevalence. Wants to look at comprehensive utilization and diagnostic data. Step one figure out what we have in data and figure out what we need in data. Step two data sharing initiatives. Asked if the direction sounds like a plan.

Heather Flynn – build on what we have and look at other states to see what we need.

**Volunteer Workgroup Report**

Commissioner Kathleen Moore – created an excel spreadsheet split by county and state collaborative. Started by 5 county examples and 7 state examples. Focused on collaboratives. Looked to see if there is a funding source for this initiative, website, and barriers to implementation. Looked at ability to look at and share data. Does it make sense to have a state data collaborative? Or how do we want to frame that and the recommendations? Being able to look at what is going on and barriers and challenges each county and state has had to move forward.

Kathleen Flynn – collecting publications from other states, what is the best way to integrate?

I should have sent them to Pat to send out. There is some good national guidance. Clear themes to barriers and successes.

Simone Marstiller – What kinds of data points? What are we trying to measure? What models are out there as a guide? Important thing to us and broader commission is what are we trying to answer, which will tell us what data we are trying to collect.

Kathleen Moore – depends on goal and role of each county and state. Lots of different data sources that we can utilize. Each county has lots of data sources and has agreements for data sharing.

Jay Reeve – One way to conceptualize this is that there is a trove of data reported to *AHCA* and a trove of data to DCF. Those data are about utilization of services and AHCA data includes diagnostics. One thing crucial that comes out of this is a statewide sense of what kind of number talking about by diagnostics and what number talking about by utilization. Once we have that and if we drive that from AHCA and DCF and perhaps DJJ, as well, statewide data that can give us a prevalence data from around the state which can be added to local data and local data collaboratives. If I had a wish list for this, it would be to have a data warehouse.

Paul Stiles – Data is everywhere. Lessons learned from Pinellas collaborative: educate on how to use information, maintenance. Agree with baseline information, always add data if needed.

Laura Diaz de Arce – We may want to start looking at barriers to access, self-reporting. Utilization is mixed depending on ability to communicate what sources are available. Look at what we can replicate from the documents Dr. Flynn mentioned that is working and look at what other states utilization models?

Sue Gallagher – opportunity to center frame of equity, best practice resources around equity

Kathleen Moore– Sue that would be great. Also, want to focus on barriers to implementation. We can do that for our next meeting for sure.

Heather Flynn – I was going to say what Sue suggested. You don’t want to enter into a perpetual loop. Want data to inform and support and a resource for researchers that will have questions when the data emerges. I have a draft of 3 key questions. Of course, legal and use agreements need to be there. The partners can make this to be something strong in innovation and data science. Data is one thing, harmonization, sophisticated approach to cleaning data, and statistical approach is what the researchers can bring. I want to emphasize that piece as well which will take a lot of funding. We need better data to inform which is coming from every taskforce.

Sue Gallagher– I think you are right on the analytics and innovation.

Kathleen Moore – I would like to gather those resources from Heather and others that said would send me some. We can be the holders. I will send this to Pat, and she can share with the group for comments. If there is something you feel needs to be added to the spreadsheet it can be simple. I think what Paul said too is to keep it up.

Uma Suryadevara - Do we have top ten issues in Florida? An idea of which ways to go?

Jay Reeve – Historically, as a state, last 17 years I have been here, we have tended to respond by anecdote. Instead of asking questions, for instance, what is prevalence rate of persons dx with schizophrenia to access the emergency Department.

Uma Suryadevara – Okay. Thank you.

Silvia Quintana– Culture diversity needs to be captured in this data. We need to inform ourselves on best practices using cultural diversity from the beginning.

Jay Reeve – That is a good suggestion. I think I am hearing a road map. Step 1, take a look at national and state best practices. Step 2, establish some kind of prevalence on utilization rates driven from data sources AHCA, DCF, Managing Entitles, the plans, and DJJ. Once that is done, step 3, start identifying barriers to data gathering. Include discussion of cultural barriers to sharing the data. Step 4 we have data what does it tell us what we need to do as a system and where do we need to go.

Laura Diaz de Arce – Come up with a couple of questions from this meeting? Then, come up with a way to ask about barriers experiencing? I know in a lot of cases first time dx is often wrong. We should take that as a grain of salt….rather than trying to narrow down how people being treated….access to treatment. How are people getting committed under a BA/MA? What populations are accessing services?

Jay Reeve – I hear you about the inconsistencies of diagnosis. I want to go a little deeper than MH and SA with the caveat that it is not set in stone with most episodes. Break down into populations with folks who are in the cluster range of Schizophrenia Diagnosis, cluster of bipolar disorder, and so on. I take your point and want to make sure the data is right.

Paul Stiles– That is fine to take a look at the reports from AHCA and DCF but that is only for the people eligible for their services. Will need commercial insurance to get a prevalence rate. Integrating the data is not always easy. Race and ethnicity is unreliable. Even birthdate is not always accurate. A mother may bring a child to care for and use her birthdate. I think as a start you are right. Preface it with this is one part of the elephant. This is what is going on with the trunk. I like the idea of asking preliminary questions here. We are thinking big and have to be realistic of what we are looking at.

Jay Reeve – You are making excellent points. The potential limitations to initial steps that you are bringing up is that one of the luxuries as a commission is that we are bringing those folks around the state together.

Paul – We can look at statewide data on the trunk elements. We can use the local piece of what we are doing. We are big brother. We can track them and see what they are doing. For the Pinellas system, we asked how we identify the heavy hitters and intervene. There really wasn’t a lot across systems. If in criminal justice, they were there. If in psychiatric, they were there.

Jay Reeve- Fair enough. Good points.

Heather Flynn – After last call, talked about integration, starting with DCF and AHCA. I heard from someone that an effort was already started to integrate the data. Secretary Harris is not on the call.

Simone Marstiller– We are working with Deloitte to look at data to see that it is clean so that all the HHS agencies are able to look at the data. I will have more information for the next time.

Jay Reeve – That would be excellent if there is an effort underway. If we can link up what is done on the local level if not conceptually hard to do with that data to have unduplicated data, that would get us far down the road to look at areas of need. We have a reasonable way forward.

Second after Kathleen and group send their models out is to look at what AHCA and DCF will highlight on their project. Heather had excellent point, state and its leadership with the Governor’s Office have been very interested in resourcing behavioral health. The Florida Legislature approve over $120 Million in funds; something I have never seen. We will be able to track data, have models for sharing data, ask questions of the data system, and have responses.

Uma Suryadevara – Looking at Commissioner Moore sent, the sad part is the funding. I am hoping to see more streamlined funding. UNC Charlotte had grant funds. The funding comes from different places.

Jay Reeve – I have no doubt in particular with the leadership on this call is that Florida will be able to accomplish it.

Kathleen Moore– Uma we will keep doing this. The spreadsheet is fluid, and we will keep adding.

Uma Suryadevara – this is great. I have an idea of where we need to go.

Sue Gallagher – the Broward data collaborative entering into a public/private initiative for young people exiting a Baker Act. It is looking at bringing AHCA, DCF, DJJ, School data together for serving young people.

Paul Stiles- that is a great example of what I am talking about. At the local level, you can just call up someone.

Sue Gallagher– and you have the infrastructure to support it.

Annette Christy – Sue I would like to talk to you separately. We get all the Baker Act exams data that is not just private or public it is all. I will seek you out to talk.

Jay Reeve – Any other comments from Commission Members.

Heather Flynn – If we are only meeting every other month, it is a lot of work.

Simone Marstiller – Email each other through Pat because it would be a violation of Sunshine Law.

Jay Reeve – I think it’s best to email Pat. We appreciate all you are doing and keep it up, that would be great.

Kathleen Moore – on our end, if you send me those resources, we will do the synopsis and add to our spreadsheet and send to Pat and report out to our next commission meeting next month.

**Public Comment**

Reeve – The floor is open to non-commission members for public comment. Hearing none.

**State and National Models**

**Next Steps/Action Items**

**Next Meetings:**

Full Commission Meeting – April 20, 2022

Data Analysis – May 18, 2022

**Closing Remarks**

Reeve – I urge everyone to not let "perfect" be the enemy of the "good", progress is being made

Adjourn 11:33 a.m.