



Commission on Mental Health and Substance Use Disorder System of Care Sub-Committee

Commission on Mental Health and Substance Use Disorder Members

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Florida Department of Children
and Families

Secretary Jason Weida
Florida Agency for Health Care
Administration

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Wes Evans
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Appointee

Richard Weisberg
President of the Senate
Appointee

Meeting Minutes

August 9, 2023, 1:00 p.m.

The meeting was called to order at 1:02 p.m. by Secretary Shevaun Harris, Subcommittee Chair.

Roll call was taken by Aaron Platt.

Present:

Secretary Shevaun Harris, Subcommittee Chair, Commissioner
Austin Noll for Secretary Jason Weida, Commissioner
Uma Suryadevara, Commissioner
Lee Fox, Commissioner
Dr. Kelly Gray-Eurom, Commissioner
Dr. Jay Reeve, Commission Chair
Secretary Eric Hall
Melissa Larkin-Skinner, Commissioner
Lynne Daw for Director Taylor Hatch
Melanie Brown-Woofter
Charlene Zein
Gail Ryder
Nancy Dauphinais
Jarrod Strickland
Nicole Sharbono

1. Approval of the July 20, 2023, Meeting Minutes

Subcommittee Members

- The meeting minutes were approved.

2. Gap Analysis Report Out

Subcommittee Members

Previously selected subcommittee members and subject matter experts provided a gap analysis by region:

- Rita Castor and Lynne Daw of the Agency for Persons with Disabilities (APD) presented the gap analysis for the Northwest region. There was no report out for the Northeast region. Since the last meeting, additional gaps have been identified:
 - There is only one Statewide Inpatient Psychiatric Program (SIPP) in the state that can manage individuals who are in need of a more behavioral cognitive approach it has a long waitlist. Additionally, there are few housing options for individuals discharged from the state hospital with a history of sexual offenses, and a lack of drop-in centers. There are waitlists more than 4-weeks to see a mental health provider.



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- Melanie Brown-Woofter presented a gap analysis for the Northeast region. 57% of the counties in this region are rural and as a result, large areas are considered professional staffing shortage areas for mental health.
- There is a gap for children with multi-system involvement and complex needs, a need for more Crisis Stabilization Unit beds, and high vacancies amongst the workforce.
- Melissa Larkin-Skinner presented the gap analysis for the Suncoast region, which is comprised of 14 counties of small, medium, and large size. Gaps presented by Ms. Larkin-Skinner include affordable housing, residential treatment options, and workforce. Additionally, there is varied engagement amongst law enforcement. The system is overwhelmed and as a result, half of the counties have waitlists for Community Action Treatment (CAT) teams.
- There was no presentation for the Central region.
- Amanda Regis presented the gap analysis for the Southern and Southeast regions. Ms. Regis noted that there is a gap in data around access to rapid care, as data is only collected from contracted entities, not private care.
- There is no Florida Assertive Community Treatment (FACT) or co-responder model in Monroe County and rural counties like Okeechobee require residents to travel for services.

3. Certified Community Behavioral Health Clinic (CCBHC) Workgroup Report Out

Melanie Brown-Woofter, Florida Behavioral Health Association

- Melanie Brown Woofter presented on behalf of the CCBH Workgroup. The presentation reviewed what CCBHCs are supposed to provide and discussed how to increase care across the nine domains.
- In this model, the Florida Department of Children and Families (DCF) would continue to pay the managing entities, who would then use the CCBHC service array to provide services in their respective regions. Residential, inpatient, and prevention services would not be included in the rate.
- For Medicaid, CCBHC would fall under optional services and 409. For the Florida Agency for Health Care Administration (AHCA), managed care and fee for service could both make the payment to the CCBHC. Services that would not be included are detox and inpatient.
- Secretary Harris questioned if prevention services that fall outside of the CCBHC rate could still be provided and how there could be parity between payments from AHCA and DCF for services.
- Secretary Harris also questioned if the CCBH workgroup was evaluating reported gaps across the state to create a comprehensive CCBHC model for Florida.
- Melanie stated that the group is looking at ways to capture more data by creating Florida specific measures that other providers can use since CCBH blends funds to provide services.
- Chair Reeve pointed out that prevention services for the model tend not to be client specific so trying to get to clients before acute episodic issues should be covered.
- Melanie stated that there are standards each CCBHC will have to adhere to. All indicators including quality and data sharing should be addressed by the model.

4. AHCA: Behavioral Health and Substance Use Disorder Data

Austin Noll, DPS for Medicaid Policy, Quality, and Operations



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- Mr. Noll presented data on Florida Medicaid Behavioral Health and Substance Use Services from the Agency of Healthcare Administration.
- The data was broken up between children and adult populations and focused on expenditures for services.
- Dr. Gray-Eurom questioned how the spend distribution compared to other states.
- Chair Reeve shared how helpful MRTs are, which was echoed by Secretary Harris who suggested that coordination between Medicaid health plans and the managing entities has been making a positive difference on Baker Acts.

5. Open Call for Ideas

Subcommittee Members

- Secretary Harris stated that she would like to further explore the idea of regional collaboratives.

6. Public Comment

- Shelley Katz of Lutheran Services of Florida would like to participate in the gap analysis for the northwest region.

7. Closing Remarks

Secretary Shevaun Harris, Subcommittee Chair

- Adjourn.