Data Analysis Subcommittee

Commission on Mental Health and Substance Abuse







Data Analysis Subcommittee Members

Name	Title	Agency
Dr. Kathleen Moore, Commissioner, Chair	Research Professor and FMH Executive Director	USF, Florida Mental Health Institute
Larry Rein, Co-Chair, Commissioner	President and CEO	ChildNet
Dr. Jay Reeve, Commission Chair	President and CEO	Apalachee Center
Dr. Heather Flynn	Professor and Chair	Department of Behavioral Sciences and Social Medicine, FSU
Sue Gallagher	Chief Innovation Officer	Children's Services Council (CSC) of Broward County
Laura Diaz de Arce	Quality Control Supervisor	Mental Health America of Southeast Florida
Stephen Lord	President and CEO	Circles of Care
Rick Burnette	Associate Provost for Strategy and Analytics	Florida State University
Tim Brown, PhD	Assistant Vice President	Florida State University NWRDC
Jorge Vidal	Director of Data and Analytics	Florida State University NWRDC
Alexander Ford	Chief of Data Analytics	Agency For Health Care Administration
Cole Sousa	Chief Information Officer	Florida Department of Children and Families
Giri Vasudevan	IT Enterprise Data Management Manager	Florida Department of Children and Families
Julie Jean	Data Administrator for Substance Abuse	Florida Department of Corrections
Adam Wasserman, PhD	Data Administrator for Mental Health	Florida Department of Corrections

Data Analysis Subcommittee Meetings and Presentations

Meetings

February 5, 2025 April 9, 2025 May 14, 2025 August 13, 2025

Presentations



Amy Hawn Nelson, PhD, UPenn Faculty and Director of Training for Actionable Intelligence for Social Policy (AISP)



develop shared. purpose-driven data infrastructure

Quality Framework for **Integrated Data Systems**



Data infrastructure building for integrated data systems to

Legal Considerations for **Data Integration**





Recommended Data Collaboration Roadmap

The Data Analysis Subcommittee of the Commission on Mental Health and Substance Abuse have designed the following phased approach roadmap for data sharing, collaboration, and analysis in the state of Florida.

Aim 2: Create a Florida behavioral health data repository or comparable effective system that includes harmonization and cleaning of identified data sources for analyses.

Key Steps:

- Once a statewide data collaborative has been created and information sharing guidelines have been developed, then a behavioral health repository can be formed to include various data from organizations such as (but not limited to) DCF, AHCA, DJJ, and FDLE.
- The overall goal is to provide information on access, quality, costs, and outcomes of the behavioral health system in Florida



Aim 1: Formalize a key stakeholder coalition to determine optimal sources, and outcomes of data within the state of Florida

Key Steps:

- Bringing data together safely and responsibly, policymakers and practitioners are better equipped to understand complex needs, allocate resources, measure impacts of policies and programs, engage in shared decision-making about data use, and institutionalize regulatory compliance.
- Assess county- and state-level data collaboratives to account for specified approaches related to the creation of Memorandum of Understanding (MOU) documents, linking resources across agencies, and assignment of unique identification numbers.

Aim 3

Aim 3: Provide information on availability and adequacy of behavioral health sources in Florida for high risk individuals.

Key Steps:

- Assess high-risk individuals served either through Medicaid or DCF and evaluate key questions related to cost, access, quality, and outcomes.
- Integration of behavioral health information from multiple sources have significant improvements in accuracy of personal demographics, diagnoses (including co-morbidities), service use types and frequency of use, and personal outcomes and health care quality
- Establishing a Florida Behavioral Health Data Repository (FBHDR) oversight steering committee can identify appropriate data sources and can guide and prioritize analytic direction and initiatives.

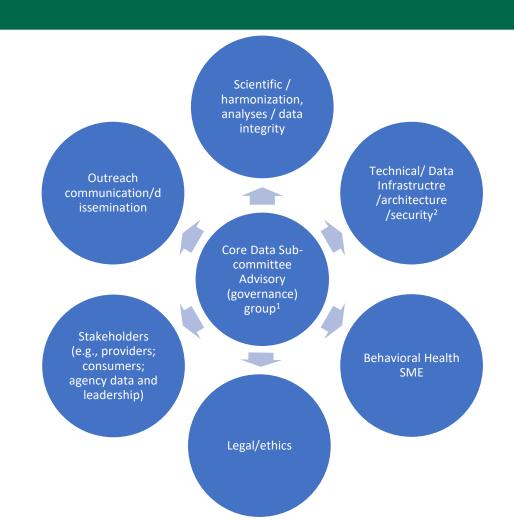


Formalize a key stakeholder coalition to determine optimal sources, and outcomes of data within the state of Florida



Core Data Subcommittee Advisory Group

- Several key stakeholders will serve as the initial BH Data Stakeholder Coalition and will work to identify additional representation from Florida stakeholder groups.
- These include representatives from:





Create a Florida behavioral health data repository or comparable effective system that includes harmonization and cleaning of identified data sources for analyses



Senate Bill 168 (Tristan Murphy Act)

- The "Tristan Murphy Act" was signed into Law by Governor DeSantis on June 25, 2025.
- The bill amends s. 1004.649, F.S. to establish the Florida Behavioral Health Care Data Repository within the Northwest Regional Data Center (NWRDC). The data repository is created to collect and analyze existing statewide data related to behavioral health care in the state. This data analysis is intended to:
 - Better understand scope and trends in behavioral health services, spending, and outcomes.
 - Better understand the scope of, trends in, and relationship between behavioral health, criminal justice, incarceration, and the use of behavioral health services as a diversion from incarceration.
 - Enhance the collection and coordination of treatment and outcome information as an ongoing evidence base for research and education related to behavioral health.
 - The NWRDC will work in collaboration with the Data Subcommittee on all aspects of the development of the FBHDR.



Northwest Regional Datacenter

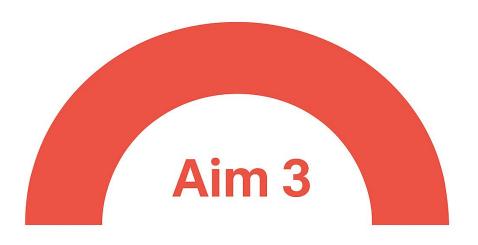
- NWRDC is renowned for its superior customer service, cost-effective solutions, cutting-edge technology, and steadfast commitment to customer satisfaction. In 2022, the Florida Legislature designated NWRDC as the new home for the State Data Center, further solidifying its dedication to meeting the IT needs of Florida's public sector and educational institutions.
- NWFRDC already houses major sources of behavioral health data, currently fragmented and uncoordinated, which leaves us set up for success in creating the FBHDR.





Proposed Governance Structure

- Establish the formal Governance Board/Planning Committee:
 - Legal counsel and individuals authorized to sign agreements
 - Representation from stakeholder agencies
 - Program Coordinator role to manage the workstreams
 - Agencies and owners who possess the data
 - Stakeholders and providers who are impacted by the data
- Data Ownership, Custodianship, and Stewardship
 - Data Owner: Ownership rights over the data
 - Data Custodian: Safeguarding and maintaining the data
 - Data Steward: Data quality, integrity, and appropriate use
- Data Sharing Framework
 - Memorandum of Understanding (MOU): Overarching document establishing the "rules of the sandbox"
 - Data Sharing Agreement: Outlines privacy standards and protocols
 - Data Use Licenses/Agreements: Specific to designated uses
- Privacy and Security Considerations



Provide information on availability and adequacy of behavioral health sources in Florida for high risk individuals



- Specific FBHDR plans and initial fiscal analyses have been developed, including recommendations on the specific infrastructure and subject matter expertise required to feasibly accomplish Aim 3.
- FBHDR to work closely this next year with relevant state agencies, specifically DCF, AHCA, DJJ, DOC, and State Courts Administration (as defined by the legislative bill) – below is timeline:

October 2025 Bill takes effect October 1, 2025 Comprehensive Data Subcommittee Report submitted to the full Commission

Report with a developed plan and proposed budget on December 1, 2025

December 2025

Developed trends and issues report for the FBHDR

Ongoing (Every December)

Additional Recommendations: Support and Enhance Aims

 $\begin{array}{c} 1 \\ \hline \end{array} \longrightarrow \begin{array}{c} 2 \\ \hline \end{array} \longrightarrow \begin{array}{c} 3 \\ \hline \end{array} \longrightarrow \begin{array}{c} -1 \\ \hline \end{array}$

Identify community resource "strengths and assets"

Create a
Behavioral
Health
Network of
Resources

Identify
additional
analysis points
not being
collected that
should be
collected for
outcomes

Implement a
mixedmethods
approach that
includes a
qualitative
component to
inform data

Implement innovative technology

Prospective Impact

FBHDR will be Florida's only statewide comprehensive, coordinated source of behavioral health data. It will provide information on behavioral health data sources in Florida and evaluate critical questions related to prevalence, cost, access, quality, and outcomes for behavioral health.

Data integration and expansion initiative can impact the state and local levels. Intentionally designing a state and local behavioral health data infrastructure and partnership from inception will allow:

- Improvement of behavioral health outcomes
- Maximization of state resources
- Acceleration of innovation and incubation
- Building capacity to leverage and use data grounded in science

Prospective Impact

Proposed Florida Behavioral Health Data Repository (FBHDR) will be an ongoing resource and serve various operational, evaluative, and research purposes. Positive outcomes may include:

- Quantifying the effectiveness and cost-effectiveness of mental health care
- Identifying current innovative and best practices in the delivery of mental health services
- Modeling of proposed service changes to improve behavioral health care for all populations
- Describing prevalence and service continuum for mental health and substance use disorders:

What are the prevalence rates of various psychiatric disorders in the state, including comorbidities? What are the characteristics of individuals with these diagnoses, such as age gender, race/ethnicity geographic location, and rurality?

What are the array of service types that individuals with different psychiatric diagnoses are utilizing? What is the adequacy of services based on geographic regions with particular prevalence density?

What are the outcomes among individuals who access different service types? What are the costs associated with the service types?

Questions & Discussion

