

MINUTES

DEPARTMENT OF CHILDREN AND FAMILIES QUARTERLY BEHAVIORAL HEALTH KICK OFF MEETING

AUGUST 13, 2021 – 9:30am/est

- Secretary Shevaun Harris welcomed everyone. She discussed all parties work toward rebranding, both mental health and substance abuse authorities, to help avoid deeper end crises. This takes connections and collaborations with community partners and being solution oriented. The desire when the meeting is complete is for all departments to walk away with action items.
- Introductions were made.
- Secretary Harris – DCF
 - o In regard to populations, it is important to reduce the numbers with Neonatal Abstinence Syndrome (NAS). We must focus on coordinating to break down barriers. Parent's substance using are prime targets to help reduce the numbers of children entering Foster care. We need to identify missed opportunities such as calls coming into the hotline, etc.
 - o We have been working with AHCA through requirements of HB945 and focusing on looking at children under 18 who are high utilizers of children services. We need to look at the gaps in continuum of care. Look at individuals with complex need. Think about how we can invite providers to the table. Look at minority mental health.
- Chancellor Hall – DOE
 - o Additional funding of up to \$120 million has currently been received. This is being used to leverage provider resources and as recurring budget. We will double down on training school-based staff on mental health awareness and connect to resources. We have launched telehealth across 18 districts and adopted standards of substance use prevention for k through 12. This along with SB 590: School Safety are both assisting in creating an environment of prevention and connecting students to resources.
- Melissa Jordan - DOH
 - o Access to care has been expanded due to COVID, including expanded work on Neonatal Abstinence Syndrome (NAS), access for Moms in expanding services comprehensively as they return home, touch points throughout pregnancy, etc.
 - o Data has been expanded on the FL Health Charts website and addressing larger issues and we are monitoring. Also, cluster mapping of overdoses, suicide, and access to care and resources are critically important then addressing the action steps.

COMMENT - Tracey – BayCare – In trying to navigate Baker Act and COVID, how do

we get them access to care? Work through whether we need a COVID unit? There is a local crisis, thus we have expanded with partners. In Tampa Bay we partner with local law enforcement due to the connection between overdoses and treatment.

- Silvia Quintana – Broward Behavioral Health Coalition – In 2004 there was a pilot project with Memorial Hospital for pregnant women with substance use issues. Treatment was used to reduce addiction and the program was monitored by physicians. On Friday, August 20th at 7:45, there will be an information call regarding the program.
 - o The Healthy Start Coalition, via CARES money, will use a team of clinicians, supportive employment clinician and peer, to work together to get substance using moms in treatment.
 - o DJJ using evidence-based practice (EBP), via Broward Youth reentry program (3rd year) grant, has had great success.
 - o There is a SAMHSA grant to work with youth using EBP to help the school system. This is the second year, and the numbers look well.
 - o Family CPR uses a family childcare worker as the family coordinator to look after the family and a process of training. Also utilizes peer specialists (Moms in recovery from substance abuse) to train the system and become family focused.
 - Question: Taylor Hatch – What community partners have been activated?
 - Answer: Silvia Quintana – The Mom in recovery becomes a partner. Peer One was built from scratch. Engagement is made up of case manager and peer specialists and supports Mom throughout treatment and makes sure they get peer support in the community (church, clubs, etc.).
 - o Melanie Brown-Woofter – Florida Behavioral Health Association – Commented on Peer programs and local support. It is important to have social determinates of health addressed and strong programs. Moms now have jobs, housing, and childcare when leaving the program.
 - o Secretary Harris – Would like to better understand gaps. Some are in crisis. Target areas of focus are important.
 - o Judge Marsteller – AHCA is currently working on a workgroup to look at minority children’s mental health and the stigma surrounding. This is through high level recommendation to encourage children and youth cabinet website to look at report. We will report action items at the next quarterly meeting. We must catch people in need.
 - o Sylvia Quintana – The Children Services Council for Broward County reached out a year and a half ago regarding Korean/African American Communities. They funded an expert from Louisiana regarding youth and parents. They gave information on what parents wanted but nothing came of it. A year later the Casey Foundation trained speaker from communities for indigenous community workers to help navigate in accessing the system in a safe way. The Children Services Foundation funded “heal Trauma in My Community”, a local foundation helping in

- healing. There are sixty-three languages in Broward. Multiple services are very important.
- Secretary Harris – Judge Marstiller noted a link that will be shared. We must give work life and ownership.
 - Natalie Kelly – FAME – Happy to work with departments. There is proviso in budget that FAME staff will send out to the attendees. Due to HB 945, all Managing Entities (MEs) are working on plan, while also meeting with Stakeholders. A report will be done by the end of the year. Also, care coordination is an important issue, to work with providers.
 - Secretary Harris requested that a presentation be done at the next meeting, identifying gaps. Natalie agreed.
 - Secretary Harris – Suggested that more data be presented at the next meeting and show opportunities and pockets needing focus.
 - Heather – DJJ – Florida has the most comprehensive juvenile justice system in country. Balance must be shifted as needed in a challenge and focus on prevention. For instance, some things we do such as when there is a civil citation / 1st/2nd – citation, no arrest. Are there underlying substance abuse and mental health underlying issues in that situation? We need to address it. For instance, the SNAP (Stop Now and Plan) program. An evidence-based program. Identifies behavioral health issues and works with the families. Issues need to be addressed and emotional regulation. There is also PACE for girls, FL Network of Youth and Families which is addressing shelter needs, etc.
 - Richard Prudom - DOEA –
 - DOEA is focused on investing in Elders. There tends to be more of a focus on the younger population. Elders have been neglected, made evident by the pandemic. Their needs should be addressed more than ever. Social isolation during this time has been hard. This time has shown how important social support services are. Such as, wellness checks, checking on issues, and referrals for assistance. This cannot be done alone. Meals on Wheels has been shown to be so important. DOH aided and funded 40 billboards throughout the state “Talk it Out Florida.” This encourages elders to pick up the phone and have a conversation. Adult daycares are open, but people are reluctant to reengage. They will open as the need arises. People trust peers and the faith-based community and other entities such as these.
 - The American Rescue Plan Act provided 35 million to address many needs created by the coronavirus pandemic. Some items purchased was technology related, but elders find that a challenge. Question is how can they be trained to use? One answer is to engage with schools and youth to help interact. The power of community.
 - We have the responsibility and obligation and we now have the funds. Make a difference. Invest the funds. Sustainability is key.
 - Christine Cauffield – Lutheran Services Florida - Sec Prudom has raised awareness for elders
 - We are happy to share protocols for system of care. There are identified

youth through The Children's Care Coordination Project. There are peer specialists placed working with high utilizer children. Parents need substance abuse treatment. As they are helped, recidivism has greatly reduced.

- Grant from HRSA (Health Resources Services Administration) provided 310 certified peer specialists, placing peers in Ob-gyn offices and Primary Care physicians using Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Identify those coming in and out of ER - 3% reduction in recidivism (typical recidivism is 24%)
- Richard Prudom – DOEA - The focus of the American Rescue Plan Act was to develop strategies to find sustainable strategies. Don't let policy and procedures stand in the way of doing the right thing and don't be bogged down by bureaucracy. In technology bandwidth insures access (crucial). We face challenges at the local level. We must address social and health inequities at the start. Flexibility is key and collaboration is important.
- Kristin Korinko – APD – We needed to create a needs assessment as 48% of high utilizers are APD consumers. One thing glaringly absent was mental health needs (dual diagnosis). When looking at the behavioral health aspect, many become hands off at age 18. We have been able to obtain 98 million to address.
- Sylvia Quintana – How do we use money to transform the system and maintain sustainability? Family Peers work well with the child welfare system. The problem is that the reimbursement rates are impossible to meet. This needs to be reviewed. A peer must be supervised by clinician, someone to debrief with. Someone who is experiencing issues do not feel like they deserve a professional, thus peers work.
- Heather DiGiacomo – DJJ - The capacity rate is a challenge with everyone fighting over the same people.
 - Secretary Harris – Capacity tends to be at the top of the list. Data shows more complex needs such as adults in high numbers of people committing crimes with underlying mental health issues.
 - Melanie Brown-Woofter – The system has been built in silos. Integration is important. We must look at the family as a whole. Additional funding has created challenges in capacity. We must look at an impact and better coordination. Sharing data real time is important and reshape the system to look at outcomes. For instance, how can we look at integrating?
 - Erica Floyd Thomas – DCF/SAMH – We should have workforce discussions. We need more providers. Have we reached out to Universities?
 - Melanie Brown Woofter – FBHA – Yes. Through job fairs, internships, apprenticeships, seek social services, etc. Interest has been in higher degrees. We are working on revising the message to encourage social work, etc.
 - Kristin Korinko - APD – There is an internal workgroup focusing on provider development which reaches out to educational entities.

- Chancellor Hall – DOE – HB 1507 passed which transforms workforce degrees/credentials, etc. Look at how jobs are posted. Sometimes the posting doesn't show the demand. Stress the credentials and qualifications.
 - Sylvia Quintana – The salaries received do not match cost of living from college. Reimbursement rates from AHCA cannot match salary needed to live in their community. Look at the cost of living. The deficit of case workers and other positions is increasing.
 - Secretary Harris – We must be creative. Let us work on the things we can fix immediately. Actionable strategies.
- Jay Reeves – Apalachee Center – Administrative flexibility would be helpful to the highest degree possible.
 - Secretary Harris – I believe in streamlining. We need to reduce antiquated reporting requirements.
- Richard Prudom - DOEA – Reward workforce by encouraging training and build their resume. We are looking for providing training opportunities. Two thirds in facilities are living with dementia type issues. Enhance free professional training.
- Melanie Brown Woofter – Take a look at revising credentialing.
- Eric Hall - DOE – Make sure credentials are in the right roles and coordinate. Eliminate power struggles.
- Judge Marstiller – AHCA - Develop one door that citizens can walk through, then to services in the community that is needed. There is a lot of overlap and duplication.
 - Secretary Harris – When you dig deep the family unit will be served, but by various agencies. Often, we are all vying for the same practitioners.
- Lisa Cattani - Molina Healthcare – We need contact information for members assigned. For example: received 8,000 out of 24,000 assigned from Magellan had no phone numbers supplied. Make phone numbers a required element or supply some other way to reach the member.
 - Secretary Harris – One number has been addressed that is not transmitting to AHCA. That is being worked on and will work on narrowing the right fields.
 - Lisa Cattani – Training is necessary. How do we help engage primary care physicians (PCPs) and Pediatricians in using a checklist to include mental health? We will be happy to engage the network. (*Side note: Heather Allman received her business card and sent her information/resources to SBIRT training.*)
- Melanie Brown Woofter – Data sharing to boots-on-the-ground is so very important.
- Paul - FL Assoc of Health Plans – Information to consumers is very important.

In closing –

Secretary Harris –

- For next meeting:
 - o Share additional opportunities
 - o How do you see yourself fitting in?
 - o Data to the table
 - o Illuminate challenges and opportunities and successes.

Erica Floyd Thomas – At the next meeting we will continue the discussion on system of care and dive into data. Goal is to build better partnerships. Collectively we can impact the community.

Dismissed at 11:30am/est.