<div align="center">**DCF/DAC-Subcommittee JAD Meeting**</div>

Date: 12/08/2020

Start Time: 10:00

End Time: 11:00

Attendees: Mike Lupton, Larry Brown, Debbie Stephenson, Jesse Lindsey, Mark Granto, Sharyn Dodrill, Ryan Lavender, Jonathan Hall, Paul Bebee, Katie Morrow, Danielle Downing, Diego Wartensleben, Matt Lightener, Jennifer Ramirez, Roderick Harris, Joanne Szocinski, Lisa Tajdari, Victor Gaines

Agenda Item 1: Guidelines for Resubmission into v14

- Jonathan said this pertains to those who are planning on purging v13 and resubmitting in to v14
- This will provide some guidelines and date ranges
- Jesse: I don't have a whole lot but let me share my screen. It's essentially the same instructions received from Adam which identified the start of FASAMS as 7/1/18. We wanted to put our heads together with DCF and I pulled this email from the historical record. Similar to the go live date
- Nathan confirmed Jesse's report was correct and the issue of rules was variable as opposed to fixed
- General discussion held. Discussed where the historical data begins – 2018 or 2019 – which Jesse addressed by highlighting those long term clients (over 2 years history) compared to more recent clients. Mark reported that the facilities had entered their data in to v14 with no problems allowing the updated data to be entered. Jonathan asked for clarification on the issue. Jesse reviewed briefly the relaxation of the business rules.

Agenda Item 2: Providing Access to FASAMS Base Tables:

- Jonathan reviewed the history of the issue, the various ways SAMH attempted to provide that access, to gain visibility into what is in the system, confirming no value changes in the data recorded, want to discover the best way to provide that access.
- Nathan said another option would be a for a sophisticated result search detail. For example you are looking for a specific service record and you could go in and have a wide array of options for getting a report out on that data. He spoke to the possibilities of this option and how beneficial it would be for the ME IT representatives
- Floor opened for comment
- Jonathan asked what increased access would do.
- General discussion about the value really comes from being able to take FASAMS data and compare it to provider/ME data and see that they are matching or not matching which is where the real value derives. Roderick said that if we can confirm the data is the same then our confidence in the numbers you report to the legislature and others increases which is why we need the increased level of access.
- Jonathan summarized, thanked everyone for reclarifying the issue and the plan will be to come to a decision and then implement it in hopefully the next round of enhancements, probably 4/1/21 or 5/1/21, but this is something that we want to move on quickly. Confirmed they wanted SQL access to search through the tables but with expanded capabilities.

Agenda Item 3: Review of LSF v14 Pilot Testing:

- Jonathan reviewed the current status of the workgroup and that the only remaining data sets to submit are service events. He reported the process has been going through fairly consistently

and any problems they've run into we've managed to address without major effort. The only real error had to do with something in the subcontract, but it was a vocabulary issue that was quickly remedied.

- Katie said they think the biggest thing has to do with the vocabulary, but we've found that the co-occuring disorder issue is a lot easier to program into the system. They are working actively with their providers for a smooth transition to v14.

Agenda Item 4: SOR:

- Jonathan gave brief review of Governor's Taskforce on SOR and their desire for a statewide registry of detox and another sub abuse type bed. Primarily to show the availability of those beds and provide that information to the general public. The taskforce decided to develop and pilot this in the Sun Coast Region. He asked if the MEs already have something in place to provide the public with information on services and bed availability.
- General consensus that developing a bed registry of this type would require direct input from the providers and sub-contractors into FASAMS.

Meeting Adjourned