

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK  
Board of Directors' Meeting Minutes  
September 27, 2019 Meeting

(Names shown are July meeting's attendance)

**Members:** Ray Gadd, Chair  
Clara Reynolds, Vice-Chair  
Craig Latimer, Treasurer  
Brena Slater, Secretary  
Josh Dillinger  
Deputy Stephanie Krager  
Guy Blanchette  
Dr. Ayesha Johnson  
Ray Fischer  
Robert C. Rihn  
J. Scott Eller  
Thomas Stormanns  
Tracey Kaly  
Victoria Scanlon  
Joshua T. Barnett

**Members Absent:** Kathleen Peters  
Patrick Heidemann  
Kevin Lewis  
Teri Saunders  
Nancy Hamilton  
Nathan L. Scott  
Alvin Wolfe

**Board of Directors'**

**Attorney:** John Bakas

**CFBHN Staff:** Linda McKinnon, President & CEO  
Julie Patel  
Larry Allen  
David Clapp  
Carrie Hartes  
Laura Gross  
Mary Wynhoff

**CFBHN Guests:** Patricia Simpson, DCF  
Melissa Leslie, DCF  
Ralph Silverstein, DCF  
April Lott, Directions  
Joe Rutherford, Gracepoint  
Barbara Daire, Suncoast  
Dr. Jordan

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**1. TOPIC: Call to Order/Introductions/Announcements**

- The meeting was called to order at 10:07 a.m.
- Hillsborough County Staff takes on mental health services article
- Sarasota's New Community Court article
- Suicide Prevention Week – Governor DeSantis  
Chair mentioned recent suicide & how important it is to educate others on and the need to invest a lot of energy into.

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**2. TOPIC: Consent Items (Routine Business/Committee Recommendations)**

## Discussion

### & Decisions:

The Board approved:

- The July 26, 2019 Board Meeting Minutes
  - June / July 2019 Financials
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### 3. TOPIC: Action Items (Items Requiring Presentation, Public Comment & Discussion Prior to Action)

#### Discussion

#### & Decisions:

##### **Proposed Executive and Board Slate**

The By-laws require at least 2 providers to be on the Executive Committee. Vickie Scanlon was recommended. The motion approving Vickie was approved. The amended slate will be approved ratified at the November meeting.

Members were reminded that when sitting on the Executive Committee they are not representative of their agency but rather representative of the Network as a whole and decisions that are made should be in the best interest of the Network.

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### 4. TOPIC: Information Items:

#### Discussion

#### & Decisions:

##### **CEO Report:**

The CEO provided some insights from DCF's recommended budget for the new fiscal year.

The Jerome Center in West Palm Beach has filed for bankruptcy and closed its CSU. Clients from Clewiston do utilize that CSU so the Network is working with the ME in that region (SEFBHN) as well as with the Jerome Center in efforts to successfully transition clients. This will have an impact on CSU's in our region as we will have to absorb some of those admissions.

CFBHN contracted to provide Motivational Interviewing workshops on 9/24-Tampa, 9/25-Ft. Myers, and 9/26-Winter Haven.

New DCF recommended budget includes the following items:

- Charlotte CAT Team: changed from nonrecurring to recurring funding to establish funding additional teams in Lee, Polk, Highlands, Hardee, and Pasco counties.
- No Care Coordination funding at our level or for incidentals.
- SOR funding for medication assisted treatment (MAT) is almost \$9M for community and DCF has about \$3M in that budget to oblige.
- DCF's legislative requests – \$93.75M for integrative systems. Linda advised it was going to be used for an IT system that could benefit service delivery.
- \$2.5M for enhanced 2-1-1 call volume, Peer coordination, & suicide prevention that should be fully supported.
- \$3.293M for cost of living for mental health contracted agencies but no clarity on whether that's for specific teams, state hospitals, etc.
- No additional funding for FACT or FIT

The CEO was asked if she has heard anything about Medicaid looking to enhance funding for FACT as this was heard from Secretary Poppell at a recent conference. She has heard some very brief discussions about that and believed there was a FAME meeting being held today to discuss more about it.

CEO spent last week in Washington & visited with many of congress staff members and learned of four major priorities presented to them.

- 1) Mental Health Improvement Act - asking congress to change requirements for billing of Medicare allowing for LMHC's and Licensed Marriage & Family counselors to also bill Medicare that's currently limited to social workers. This would increase access to services.

- 2) Mainstreaming of Addictions Act – Quotas are currently in place for the number of patients a doctor can treat for medication assisted treatment of Suboxone. It was raised from 170 to 240 patients but it takes about 3years to get up to the maximum allowed. There’s no limit on doctors being able to prescribe opi-oids but there is a limit on doctors that can treat for opioids.
- 3) Medicaid Reentry Act – this allows for incarcerated individuals to have their Medicaid benefits reinstated 30 days prior to release so they can access services once released. Block grant funding increases are strongly encouraged; about 65% of substance abuse dollars are federal and desperately needed in FL as a non-expansion state.
- 4) Excellence in Mental Health Addiction Act – Expansion of CCBHD model which is integrated mental health and primary medical care that has shown promising outcomes in the pilot’s across the nation. Un- fortunately, it isn’t for states like Florida that haven’t expanded Medicaid eligibility but it should still be supported in the legislature as a model that the Network hopes to move to in the future.

4DX Model – The state’s new “4 Disciplines of Excellence and Execution” model that has replaced the former Priority of Effort model. CFBHN is meeting weekly with the local department and via phone calls. The expectation is to reduce all acute care readmissions across the board by 20%. There’s been success in reduc- ing the readmissions for HN/HU populations by 20% or more but this will include anyone with 2 admissions within 12 months.

The 4DX model encourages the department to look at prevention in a new way in order to help those in crisis. The model focuses on weekly meetings with individuals receiving direct services and looking at new innova- tive ideas and practices in reducing an individual’s crisis, particularly those who’ve come into CSU’s, residen- tial, & detox. It looks at using all available services and streamlining processes from the front line to discharge planning.

There was a discussion about the low income pool (LIP) and the 11-15 Medicaid demonstration waiver that in the absence of expansion may help to support some of the efforts that are being discussed today. This may be an opportunity to explore if and how the waiver can be revised.

### **Department Directors Report**

Julie explained the funding issue relating to a special appropriation received last year as a new project for First Episode Psychosis (FEP) targeted for Hillsborough County. A procurement was done and Success for Kids & Families was awarded \$750K in which \$380K was non-recurring funds. This year, the state removed the \$380K from the Network’s base to fully fund the project which resulted in a \$380K deficit for the Network in MH000.

In reviewing the Network’s budget, it was determined that 2-year lapse funds and approximately \$70K from the closing of Friendship Palms under Project Return could be applied towards the \$380K which would re- duce the deficit to about \$250K.

Two options were provided on how to apply the reductions. The first option is to apply the deficit to all the Providers who have (MH000 & MHFSF) funding. The second option is for just Hillsborough County to ab- sorb the entire deficit. The RC’s were surveyed and recommendations from all but C13 were to take it all from Hillsborough County.

Craig made a motion to accept the first recommendation that distributes reductions to all the Providers and to continue the discussion.

Craig made a motion & it was second to call the question. A vote was taken on the original motion to accept the first option with reductions being applied to all providers. The voting results were: 6 – yes, 3 – no; the remainder abstained. The motion carried for option one.

Executive Committee:

The proposed slate was approved and presented to the board.

Governance Committee:

None

Finance Committee:

They met and approved the June and July financials.

Quality Improvement Committee:

The Continuous Quality Improvement Plan was reviewed & approved and will be brought to the board for approval in a later meeting. Regional performance reports were reviewed. Also discussed was Equity, FASAMS and how it will affect the performance measures, and the Scorecard & moving forward with data being provided to agencies in a different format. The committee voted to form a sub-committee to look at these specific issues. An update on the Strategic Plan was provided which lead into a discussion on the Needs Assessment that ended on Wednesday.

IS Strategic Committee:

Meetings for non-IT professional have been taking place and there will be another one in the near future. Many of the EHR vendors have stopped the development of FASAMS due to changing requirements. The Network is still accepting data in the former SAMHD format & submitting it in that format.

Testing is being done on the financial exchange system (SAFE) that will allow smaller providers to do direct data entry and larger providers to go in and correct records individually which, is a huge advancement. DCF hired a consulting firm to review the FASAMS system. The report is not favorable. It identifies many of the concerns that the ME's have been expressing for quite some time. It was asked if the report could be distributed. Dr. Wasserman, who was lead on FASAMS, is no longer with DCF & no word on who will replace that position.

Josh B. had some comments about the HIE (Health Information Exchange) as it was on the report. He said the state's endorsed HIE through ACHA doesn't include behavioral health so when working with agencies that are familiar with HIEs, that they are notified there are other options and if exploring it, to use the state's platform with HIE Network. Also, he requested proposed dates for the All County meetings so they can get scheduled due to some agencies having to revise their mental health transportation plans.

Legislative Committee:

No report

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**6. TOPIC: Regional Council Reports**

Circuit 20:

- Meeting every other month, last meeting was held 8/9.
- Discussed Hendry-Glades County services thru IMPOWER and others.
- There have been multiple requests about the C20 Mobile Crisis Team not being affiliated with any of the providers & she's wondering if any data is available to ensure they have coordinated care through the mobile crisis team.

Circuit 13:

- Met on Tues., 9/24 – request from Regional Council to look at policy. Success for Kids and Families were at the meeting and did a presentation on the program (that was discussed earlier). It was learned that S4KF had already referred some clients to other agencies, including Northside, MHC.
- Discussed the closing of Friendship Palms under Project Return and how can the RC be more collaborative when critical services are lost.

Circuit 12:

- The meeting scheduled for 9/23 was postponed. Centerstone hosted a suicide prevention event on Saturday, 9/21, at Nathan Benderson Park and well over 1,000 people attended.
- Coastal/First Step merger acquisition is moving forward.
- First step to open a 40-bed, county funded, 90 to 120-day treatment/jail diversion program. First year will be \$4M with \$500K being used for capital. This pilot model will be staffed by First Step and Sheriff Deputies.

- CASL trying to settle on the date when Arbor Villages will open. A meeting is scheduled 10/23 with the City of Sarasota to determine what still needs to be done to get a certificate of occupancy.
- Discussions about regional planning councils weren't well received but it's hoped to revisit that topic at a later date.

Circuit 10:

- They met on 8/2. They're continuing to work with care coordination participants with 3 being active and about 49 total.
- Helping Hands program has moved from us to the county funding the program directly
- Advised of Horizons, an Acts facility in Mulberry being closed and one provider looking at that building. Funds that were used for Horizons are now regional funds & perhaps there needs to be a discussion on how funds are moved.
- Brief discussion of the continued siloing of funds that's having an impact on everyone in the Network causing more of an administrative burden. CEO advised there's been a lot of discussions with the DCF secretary about the siloing of funds & there have been continual recommendations to use other methods to track those funds. The Secretary has asked the Network to identify things that have to be done but that increases the administration burden and reduces clinical services & this falls into that category.
- CEO provided the example of the activity involving the preparation and completion of travel reimbursement forms that are such a burden on staff. She's asked her staff to document the time spent doing this task & thinks it would be great to have all the Network's providers get involved with this documenting to be able to provide a clear argument to DCF. Right now isn't the time though with other higher priorities at DCF such as FASAMS. She recommended talking to local legislators about this subject.

Circuit 6 Pinellas

- They're working in partnership with the System of Care (SOC) collaborative that includes about 50 providers and are in the process of writing & rewriting their Wellness Connection Behavioral Health HUB. This will look at how clients enter & exit the CSU's and get connected to services.
- Suicide prevention is still a strong focus.  
Barbara D. commented that suicide is really a critical epidemic & referred to some data that reflected 25% students have considered suicide. It's in the top ten of health issues in the nations but is the only issue that keeps rising instead of going down.

Circuit 6 Pasco

- Lots of collaborations with Sheriff Office & providers to create a system where incarcerated individuals can get services once released.
- Next meeting will be in November.

**7. TOPIC: Open Agenda**

Board Diversity Committee met on Monday, 9/23 and finalized a survey to be distributed to members. Members are asked to complete and submit the surveys.

Joshua B. said that through working with the Network, they now have an Opioid focused peer program that will stay in hospital based services & will be expanded to other counties outside of Manatee. Other peer programs are being recognized across the state & peers are being included in programs that they haven't been previously.

**8. TOPIC: Adjournment**

The meeting was adjourned at 11:40a.m.

The next meeting is scheduled for November 6, 2019 prior to the 5-Star Event. The event will be held at The Meadows in Sarasota.

A Save the Date was sent out by Doris Nardelli thru Constant Contact.

Approval

The minutes of this meeting were approved at the Board of Directors' meeting conducted on July 26, 2019. A signed copy of the minutes may be requested in writing to:

Brena Slater, Secretary - CFBHN Board of Directors via email to [lgross@cfbhn.org](mailto:lgross@cfbhn.org), via fax to 813-740-4821 or via written request.

Brena Slater, Secretary  
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Respectfully submitted by \_\_\_\_\_ - Brena Slater, Secretary