

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Board of Directors' Meeting Minutes
February 26, 2021 Meeting

Members: Clara Reynolds, Chair
Brena Slater, Vice-Chair
Dr. Ayesha Johnson, Secretary
Craig Latimer, Treasurer
Deputy Stephanie Krager
Guy Blanchette
J. Scott Eller
Joshua T. Barnett
Nathan L. Scott
Pastor Douglas Walker
Robert C. Rihn
Tracey Kaly
Thomas Stormanns
Victoria Scanlon

Members Absent: Dr. Jerome Jordan
Josh Dillinger
Kathleen Peters
Nancy Hamilton
Ray Fischer
Ray Gadd, Past Chair

**Board of Directors'
Attorney:** John Bakas

CFBHN Staff: Linda McKinnon, President and CEO
Alan Davidson
Carrie Hartes
Julie Patel
Larry Allen
LaTasha Cohen
Laura Gross
Mary Wynhoff
Stephanie Johns

CFBHN Guests: April Lott, Directions
Barbara Daire, SunCoast
Melissa Leslie, DCF
Patricia Overway, DCF

1. TOPIC: Call to Order/Introductions/Announcements

- The meeting was called to order at 10:00a.m.

FAME Mental Health Facility be Prioritized Request

Informational regarding request to Governor about prioritizing vaccine for MH residential facility Network Service Providers (NSP's).

HB945 Overview – Alan Davidson

This act, signed into legislation July 1, 2020, relates to children's mental health but also includes young adults up to age 25. It's building on the mobile response team (MRT), and is hoped to serve entire populations. NSP's are aware of the bill requirements and have the required processes in place.

DCF & ACHA play a large part in this bill and are required to identify the children, adolescents, and young adults that are high utilizers of crisis stabilization units. Both agencies are to submit quarterly reports to the Legislature during FY20-21 and FY21-22. Also, a joint report from DCF and ACHA

on their findings of the quality of care provided in the CSU's is required to be submitted to the governor and legislature by November 15, 2020.

DCF contracts with the MEs who collaborate with local law enforcement and public schools for the crisis response services provided by Mobile Response Teams (MRTS). The MRTs establish response protocols with various agencies such as local law enforcement, CBC's, Child Welfare System, and Department of Juvenile Justice and immediate, onsite behavioral health services are provided 24/7 with available resources.

MRTs triage the calls for assistance. If it's determined that an in-person response is required, it should occur within 60 minutes using best practices as well as screening, assessments, early identification, and referrals to community services.

Some rural counties such as Glades are finding it difficult to meet the in-person 60-minute or less response requirement.

Pastor Walker asked if there's a provision for law enforcement training or training into this bill. There is not. Behavioral Health providers currently work with law enforcement to provide CIT (Crisis Intervention Team) training.

Many stakeholders are included in this bill such as the ME's, children & adolescents with behavioral health needs and their families, law enforcement agencies, DCF, Child Welfare systems, Department of Juvenile Justice systems, SEDNET, school districts, AHCA, and other community partners.

The MEs are required to prepare a plan(s) promoting, implementing, and coordinating a system of care for this population to integrate Behavioral Health services through state-funded child serving systems and facilitate access to Mental Health and Substance Abuse treatment and services. The plan(s) must be submitted to the Department by Jan. 1, 2022 & implemented by Jan. 1 2023.

First steps include integration and care coordination by creating a list of each essential partner and stakeholders to involve as many voices as possible around the planning. It was suggested to that utilize these forums that already exist (i.e. Regional Councils'). Others agreed to involve and encourage the use the regional councils as a major voice.

Key issues to focus on are MOUs with non-CFBHN funded acute care providers identify solutions for care coordination needs.

It's important to understand the role of the network for high utilizers & care coordinators as ME's are a small funder of children's services as most children are covered by Medicaid.

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

Discussion

& Decisions:

The Board approved:

- The December 18, 2020 Minutes
- The October 2020 – November 2020 Financials
- FY 20-21 Budget Amendment –

Many of the changes due to time limited C.A.R.E.S. Act funding that ends at the end of December 2021. The funding recipients (FACT, FIT, CAT, Jail diversion, WRAP training) are required to expand which is concerning due to providers already working at full capacity and there's much concern regarding how to assure service continue for individuals funded. Regarding potential cuts, our plan is to use Carry Forward funding. If there is no cut this year the funds will be carried forward to address potential reductions in FY21/22.

Linda expressed it's been difficult with the various pots of money received and having to develop plans for DCF approval of what may or may not be accepted and thanked providers for their timely reporting.

Bob Rhin asked for any information that could help in the process of preparing for next year's budget. Julie suggested planning for the 6 to 10 % reduction of general revenue funds. The network can cover 3% using the carry over funds "if" that's not taken this year. A recent exercise done reflects looking mainly at state funds like general revenue which is most used for clients.

April commended Julie & Carrie and the network who have been amazing in helping to make things work.

Motion was made & second to recommend approval of budget amendment.

3. TOPIC: Action Items (Items Requiring Presentation, Public Comment & Discussion Prior to Action)

Discussion

& Decisions:

Board Application – Terry Cassidy

Ms. Cassidy is the Executive Director of Behavioral Health Services at the Bayside Center for Behavioral Health at Sarasota Memorial Hospital. Terry will represent private receiving facilities.

Terry would bring a lot of experience having worked in policy at the federal level, with SAMSA, as well as her provider experience. She could bring much clinical expertise, great energy and perspective. She's highly recommended for consideration to serve on the board. Chair advised that Terry is a Caucasian female given that the board is very focused on being diversified. The board will continue to try to fill vacancies with appropriate candidates with emphasis on diversity.

A motion was made & second to approve Terry Cassidy's nomination for board membership.

CFBHN COOP Mid-Crisis Evaluation – presented by Stephanie Johns

Stephanie explained that normally once a COOP has been initiated and closed, an internal evaluation is done to review how the process went and to discuss lessons learned. However, due to the ongoing pandemic, this mid-crisis evaluation is a summary of how the network has handled and continues to handle all the challenges resulting from COVID. This includes feedback from CFBHN staff, providers, and stakeholders via a survey.

Lessons learned:

- 1) *Through the use of technology, it's possible for a remote workforce to sustain an organization's business operations.* Though there was little time to prepare, which included much equipment & licensing agreement expenses, it was quickly found to be well worth the investment. Laptops and teleconferencing platforms such as MS Teams and Zoom allowed the NSPs to continue doing business while permitting staff, who were able, to safely work from home. These platforms also allowed for the network, as a whole, to maintain business operations.
- 2) *The value of telehealth.* Many providers noted this has allowed them to interact with clients and continue to offer services & provide care in a safe manner for both the clients and staff. There have been some challenges for staff & clients to get used to this way of providing/receiving services and learning some of the technology. Overall, it's been working and has been very beneficial.
- 3) *Pandemic planning is imperative for services that are essential, or involve in-person contact with others.* There were no reference points to use or consider in knowing what this health crisis might look like as this was the first pandemic in our lifetime. Many discussions took place involving the PPE (personal protective equipment) supplies needed, making sure infection control procedures were up to date, and staff planning.
- 4) *Frequent real-time communication among stakeholders & the entire network, especially in early stages, is valuable.*

CFBHN sent out weekly updates related to COVID and there were many calls between providers and the network. In the first weeks/months, calls with the DOH were crucial in aiding facilities when outbreaks started to happen and it was really important for providers who had gone through the experience to be on the calls to help guide other facilities that were just starting to go through the process.

Joshua Barnett asked how the network's COOP plan compared to DCF's COOP plan. The network is independent in regards to this plan and doesn't necessarily coordinate with DCF. The department does, however, look at the network's emergency preparedness plan and some informational pieces of the network's COOP plan are shared with DCF.

He felt there was some confusion relating to directives and authorized procedures in the early stages of the pandemic and though he understands the COOP plans are agency specific, perhaps there could be some lessons learned as well given the coordinated effort of communication & directives from DCF and ACHA as it related to funded services.

Stephanie advised she's not aware of any evaluations or analysis have occurred with DCF or ACHA and asked for anyone in the meeting to offer any information if known. CEO mentioned that DCF and ACHA

have a monthly call in place that is open to all providers to deal with issues specific to COVID. Melissa confirmed that both statewide and region calls take place in a coordinating effort in understanding the roles of DCF, ACHA, & DOH and defining the lines of authority and who should make the decisions within those lines.

CFBHN Annual Provider Incident Report

Summary and analysis of all the incident report data collected from the network's NSP's for FY19-20 and is required by CARF on an annual basis. Two main trends were discussed. One was the increase in overall incident reports received, 612, in which 94 were directly related to COVID as any and all things relating to COVID were initially reported which drove the number of incidents up. This process was modified in August 2020 and incidents relating to COVID are now reported only when media or significant updates are involved. The other trend was an increase in reports made relating to manner of client deaths, 240, which is up from 207 for the previous fiscal year. The categories that showed the increases were accidents, homicides and natural deaths.

Internal incidents increased relating to computer and data security with a lot more hacking and phishing attempts as well as SPAM attacks being made. Another data security trend seen was the network receiving unsecured client identifiers and health information.

All data related to incidents received from NSP's and internally are included in the report.

Bob Rhine asked if any trend is seen in first time incidents vs. high need/high utilizers. No analysis has been done on this but these reports are reviewed at the board QI committee meetings and could be reviewed.

Board Diversity Plan 2021 – 2023

LaTasha reviewed the 2-year plan, updated since previously written in 2019. She thanked Clara for emphasizing earlier that the board is still committed to diversifying the board.

Goals: CFBHN's 3 main goals include raising awareness of inclusion and diversity among the board, ensuring that board members are reflective of the diverse communities being served, and implementing diversity, equity, and inclusion practices in efforts to increase recruitment as well as retention of diverse board members.

Action Steps:

1. An ad hoc committee consisting of 3 board members and other community representatives was created and meets quarterly. LaTasha introduced a new member to the committee, Idris Gaines, CFBHN SA Program Manager.
2. Facilitate an annual assessment & review to identify needs, challenges, successes, and opportunities. This assessment was last done June 2020.
3. Based on the assessment results, potential topics and external facilitators will be identified for the annual board diversity trainings.
4. Current board practices & protocols. The committee is in the process of preparing a one-page informational piece to be shared with the board and to be included in a new board member's packet.
5. New members will attend board committee meetings during their orientation.
6. Pairing a new board member with a 'buddy' board member to help with navigating the process and questions. This is still in the development process.
7. Adding a standing board agenda item for a provider to showcase their organization & strategies used to attract & retain diversity within their organization. This will be provided to Community Managers as they begin discussions on diversity to regional councils.
8. Adding a board agenda item for testimonials, as they become available, from stakeholders, families and persons served.

Performance Goals:

Thomas presented a resolution that aligns with the first goal in the engagement of new board members that are reflective of the communities they serve. A copy of the Resolution is being sent to all board members & it can be discussed at the next board meeting.

4. TOPIC: Information Items: Discussion & Decisions:

CEO Report

Contracts has a lot of work due to changes and additional CARES Act funding coming in.

The Department recently put an annual report on their website about the effectiveness of ME's especially relative to the Recovery-Oriented System of Care (ROSC) and the collaboration of key partners. The CEO commended the C&FA team for all the work they've done and she thanked Melissa as well for preparing the report.

FAME will facilitate a legislative ask for \$3.5M to continue care coordination (CC) across the state and legislators will be asked to support this as reduction in readmits to CSU's and jails due to CC services. Linda McKinnon has met with many of the legislators prioritizing meetings with the new legislators first.

Part of the new contract & funding specifically for school telehealth has been problematic due to limitations for use of funds, mainly for telehealth equipment. Some schools have been asked to submit a plan and currently 4 schools have declined the funds for the first year. Not sure what happens to the funds that have been declined. Alan added that it's been difficult for the schools in that it has to be competitively procured by the ME which does not follow school purchasing guidelines.

No cuts are expected for the remaining fiscal year.

The new Secretary, Shevaun Harris, was previously with ACHA. The ME's had an opportunity to meet with her and she's very data-oriented and well aware of FASAMS.

There are some major bills filed with legislation relating to ME's, CEO salaries, and leadership of CBC's and the ME's. John Bakas, board attorney, has been very helpful to the network and FAME in analyzing the impact of these bills. From a board perspective, a larger issue with the bills relates to a conflict of interests with providers being on the board. The bill requires a 2/3 approval from the board for a provider to sit on the board which is very problematic, operationally. The Department requires contract to be funded within 30 days, there's a bidding process, and many amendments that occur throughout the year and adding this additional step will delay contracts.

John Bakas has helped with proposed language and board ethics for the ME to propose along with requested amendments for a meeting with senate staff.

John Bakas summarized the SB92 – seeks to impose on ME's a unique ethics system passed into law in 2017 for condominium boards as a result of a grand jury investigation in south Florida. John believes it's the wrong solution for a problem that doesn't even exist.

SB92 completely conflicts with SB12 which authorizes and requires providers to be on the ME board.

5. TOPIC: Committee Reports

Executive Committee:

Met prior to the board meeting and talked about the nomination of Terry Cassidy for board membership. The 990 form was approved. CFBHN will participate in a salary survey and it was suggested the results be shared, where it makes sense, with board members. It especially makes sense while moving towards the \$15/hr. minimum wage and will be helpful to see where everyone is at. Evidence is needed to take to the legislators as funding needed to bring staff up to that wage will have to come from government grants and contracts.

Governance Committee:

No report.

Finance Committee:

No report.

Diversity Committee:

Presented earlier in the meeting.

Quality Improvement:

Presented in Department Directors Report

IS Strategic Committee:

Still looking at July 1, 2021 for implementation; process guide/manual to be created to help provider's prepare for the live July 1 dated. Test dates will be in March. Most providers do feel they'll be ready in July.

Legislative Committee:

Met on 1/15 – received FAME updates, Natalie Kelly was commended for getting in front of both House & Senate staff; HB945 was presented by Alan earlier; talked about the committee serving in role as CFBHN Ambassadors to communicate value provided by the network, it's resulting impact, and the commitment of the NSP's. This communication helps others who have influence on legislators such as county officials, and chambers of commerce who are thinking more broadly about mental health needs. FAME is aligning its partnership with the Florida Behavioral Health Association to cultivate broader support.

19 LBR's reviewed & covered some areas such as housing, SA related, offender based programs, veteran focused, children/youth programs, acute care, and employment.

Joshua announced that he's accepted a position with Pinellas County government and due to his new role and the potential conflict of interests, he's resigning from the board after this meeting. Joshua thanked the members for all the collaborative work and he'll be happy to attend future meetings as a public guest. Chair thanked him and wished him well. Joshua's resignation creates a vacancy for the legislative committee chair and if anyone is interested, please reach out to either Clara or Linda.

Linda thanked Joshua and mentioned that he is now a data scientist for Pinellas County who will be working directly with the network on developing the optimum data set. Pastor Walker is interested in being on the committee.

6. TOPIC: Regional Council Reports

Circuit 6 Pasco:

Met early in Feb; Criminal Justice/MH/SA reinvestment grant applications are out now & Pasco is applying. The goal is to expand alternative to incarceration services. TransCare services started 2/8 to transport kids who have been baker acted rather than police care has already been very successful. They're doing mental health first aid for fire rescue. ASAP (Alliance for Substance Addiction Prevention) is searching for new Exec Director and if anyone knows someone who might be interested, please reach out to Tracey at tracey.kaly@baycare.org.

Circuit 6 Pinellas:

Hired Project Manager Paul Cappello who is responsible for developing the project plan for the full implementation of the Wellness Connection. Providers, Pinellas County and CFBHN are all working on the development of an optimal on the optimal data set.

Circuit 10:

Just had ground breaking ceremony for Swan Lakes Village & looking to increase housing. There's a 40-bed men's unit in Lake Whales that's operated and self-supported by a ministry. Polk, Highland, and Hardee counties are all using telehealth for outpatient services. Agencies providing residential services for both MH & SA are maintaining about 80% population for programs; MAT programs both virtual & in-person are doing well; currently 6 peers working in various hospitals to help patient connect to services; operations continue to be maintained.

Thomas to reach out to Bob relating to the process of getting Peers into the hospitals. Laura to send Thomas' email to Bob. Joshua mentioned that he could provide a final report recently received that is very informational about the operations, implementation, & successes.

Circuit 12:

Scott mentioned the ground breaking ceremony for Swan Lakes Village consisting of 84 units and was recently approved for 96 more units. Arbor Village that opened last year has retained 96 of the 100 clients due to CASL's relationships and community partners and a system that's working well. It's hoped to continue to develop the successful models through partnerships to encourage DCF to fund future opportunities. Future meetings will be bi-monthly. The transition of Tom Knight, new CEO to First Step is going well. Centerstone & their AOT in Ft. Myers is in full swing.

Circuit 13:

Met last Tuesday as a RC; Deputy Krager provided updates relating to law enforcement units involved in behavioral health; spent a lot of time discussing Marchman Acts and seeing gaps – individuals being evaluated & released too quickly and no real effectiveness when no available family to help them; discussed school MH initiatives & school's request for more therapeutic interventions, currently 31 schools have contracted therapists in place and seeing many more which will result in more need. This will be discussed more in April. The 12-bed SRT in opening in Hillsborough County will be used as regional diversion beds. Paula Carter, Program Manager for FACT/State Hospital, at CFBHN manages the admissions for all SRTs.

Circuit 20:

Last meeting was facilitated by Stacey Cook & was very legislative-focused. Requested information/dates to be sent to C20 for those who want to offer input to the legislative committee. Cuts and the need for regional advocacy discussed. A wish list was put in for the new DCF secretary to bring the new ACHA secretary up to speed with the behavioral health system. Vickie hopes to present some of the C20 law enforcement and behavioral health partnerships at an upcoming board meeting.

Linda shared that a Naples community passed a tax referendum to fund a central receiving facility for \$24-25M. It was proposed to build on the DLC campus or next to the jail. BOCC voted to build on the DLC property.

7. TOPIC: **Open Agenda**

DCF Update – Melissa said all has been discussed already; Shevaun Harris started on Monday and looking forward to hearing updates from her.

CASL – Cypress Village in Fort Myers is opening 118 beds in mid-June.

The next meeting is scheduled for April 23, 2021.

8. TOPIC: **Adjournment**

The meeting was adjourned at 11:42a.m.

Approval

The minutes of this meeting were approved at the Board of Directors' meeting. A signed copy of the minutes may be requested in writing to: Dr. Ayesha Johnson, Secretary - CFBHN Board of Directors via email to lgross@cfbhn.org, via fax to 813-740-4821 or via written request.

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Respectfully submitted by _____ - Dr. Ayesha Johnson, Secretary