

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK
Board of Directors' Meeting Minutes
August 27, 2021 Meeting

Members: Clara Reynolds, Chair
Brena Slater, Vice-Chair
Dr. Ayesha Johnson, Secretary
Dr. Jerome Jordan
Craig Latimer, Treasurer
Deputy Stephanie Krager
Guy Blanchette
J. Scott Eller
Josh Dillinger
Nancy Hamilton
Nathan L. Scott
Pastor Douglas Walker
Robert C. Rihn
Stacey Cook
Tracey Kaly
Thomas Stormanns
Victoria Scanlon

Members Absent: Kathleen Peters
Ray Fischer
Ray Gadd, Past Chair
Terri Cassidy

Board of Directors' Attorney: John Bakas

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

CFBHN Guests: Barbara Daire, Suncoast
April Lott, Directions, RC C6
Patricia Overway, DCF (briefly)
Robin Ragan, DCF
Carrie Zeisse, Tampa Bay Thrives

1. TOPIC: Call to Order/Introductions/Announcements

- FAME May – June 2021 Newsletter
- The Academy at Glengary Newsletter
- DIJECT Diversity Newsletter
- Tampa Bay Thrives – Presentation by Carrie Zeisse

The organization was founded in 2019 by 30 community leaders as the West Central FL Mental Wellness Coalition due to the growing behavioral health needs in the greater Tampa Bay area. They are a non-profit diverse cross-sector coalition mobilizing the community to strengthen behavioral health outcomes for depression, anxiety and substance uses disorder with the deep commitment and support from local organizations and community leaders.

In an effort to establish strategic priorities, surveys were sent out and the responses led them to much of the work they've done over the past year. Despite other significant community efforts, their research reflected 85% of respondents with commercial insurance reported many challenges to access-

ing care or getting referrals for behavioral health. A variety of reasons that respondents cited included unaffordable costs of care, even with insurance, shortage of accessible in-network providers or difficulty finding a good provider fit, lack of insurance coverage or trying to determine covered services, and long wait times for appointments.

Their immediate priority focus areas are to improve navigation resources for appropriate care for those in need, provide access to short term counseling for individuals suffering from depression, anxiety, or substance use disorder, and using public awareness campaigns to help destigmatize mental health challenges treatment.

The pilot project, “Let’s Talk” was launched in July 2021. That toll free number is 833-DIAL111. This service targets navigation and is not intended to replace or interfere with existing protocols for emergencies, crises, involuntary committals, or reports of abuse and/or neglect. The project is a free 24/7 navigation support service to all individuals in need, including navigation to local providers and connection to crisis supports when necessary. It’s an open platform for individuals to feel comfortable in reaching out and to know that it’s ok to ask for help and focus on your mental health on a daily basis in the same way that one would with their physical health.

Carrie shared a short Let’s Talk PSA video announcement and there was one question afterwards.

Q: Who is facilitating the call center?

A: Vibrant Emotional Health based in New York City is coordinating the call center and is making the referrals for Hillsborough County where the pilot is currently operating. Let’s Talk partners with the Crisis Center team to ensure the appropriate hand-offs between Let’s Talk and the Crisis Center.

The pilot is currently being used in Hillsborough County only but the goal is to expand to Pasco, Pinellas, and Polk counties. Anyone seeking more information or to have materials/handouts delivered, please go to the Let’s Talk website: www.letstalktampabay.org.

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

Discussion

& Decisions:

The Board approved:

- June 25, 2021 BOD Minutes
- April 2021 – May 2021 Financials

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

Discussion

& Decisions:

Equity of Funding Policy

The policy has been a work in progress for a few years and was developed to consistently fund services across the region. A PowerPoint was shared to show how the original was before changes were made, what specifically was NOT changed from the original policy, a description of the changes made, and other areas to review in the future.

NOT Changed from the Original Policy:

- The principle of “Do no harm” does not permit the redistribution of funding to ensure that programs and system of care improvements will not be harmed.
- The commitment of our staff and board to move toward a more equitable distribution of funding. This applies to new funding and in reduction.
- The Equity being defined as 7%
- Using data from an outside source (census data) to record uninsured & overall populations
- To regularly review every 12 to 18 months and revise, if necessary.

Policy changes:

Applicable Funding:

- *Only Proviso funding for a NSP is not included in the equity calculations* (reduced amount of excluded funding from 28% - approx. \$54.1M to 6% - approx. \$13M)

Applicable Services:

- *Services are all added together and no longer separated as acute and non-acute.*

Applicable Populations:

- Only the uninsured population from the US census bureau is considered in the equity funding

Funding Reductions, New Funding, and Reallocations:

- CFBHN staff may apply *up to 60%* of a reduction, new funding, or *reallocation – this is new*) to a specific circuit & distribute the remaining funding based on ranking each circuit.

Further clarification relating to applying reductions was requested. Larry explained that when a reduction is received, it's typically applied to specific type of service so, for example, if the network got a CSU reduction, it couldn't be applied to Outpatient and vice-versa. It has to be based on the OCA and type of funding it is. Julie further explained that the combining of the acute and non-acute services allows the provider more flexibility to determine where reduction will come from.

Areas to review in the Future:

Quality of service – are individuals & families served getting better? What measures does the committee want to consider was discussed. It's an ongoing process that will involve the new FASAMS data.
Scorecard – the committee will start looking at the scorecard & how funding is redistributed.

Larry thanked the subcommittee members for all their hard work and for the thorough and thoughtful review of the policy. A copy of the review/PowerPoint will be sent to Scott Eller per his request.

Motion made and second to approve the Equity of Funding Policy as presented. Motion passed.

**4. TOPIC: Information Items:
Discussion
& Decisions: CEO Report**

5. TOPIC: Committee Reports

Executive Committee:

The report was prefaced by acknowledging that the network's strength over the many years is largely due to the board and its membership that has included an invaluable provider's voice to ensure an effective system of care. A recent TBT news story revealed the misappropriations of \$7.5M by Tiffany Carr, CEO of the FL Domestic Violence Coalition, along with the help of their board. This has caused a ripple effect across the state.

The executive committee met today and discussed the board of director's slate. In light of the legislative changes and statewide discussions taking place, including among the ME's, the executive committee voted that effective as of the December 17, 2021 meeting, the board slate will not reflect any contracted network providers as board members. The committee recognizes the importance and value of the provider voice but due to current times, providers can no longer service as board members with the ability to make decisions.

A couple other decisions were made to ensure that representation of the provider voice is still heard. Each Regional Council will choose a non-provider member of their RC to be a board member. If a RC does not currently have a non-provider member, they are asked to meet over the next few months to find someone in the community that can represent their voice as a board member. There also may already be a board member that can appropriately represent a circuit. RC chairs can still report to the board of directors and providers are welcome to still attend board meetings but they can't vote. Providers can also serve on committees to stay involved which also impacts the support of the network.

The chair opened the floor for questions and/or concerns.

Clara was recognized for an amazing and thoughtful approach to not only advising the board of the decision that took place today but for emphasizing the importance of the provider voice.

Members had the following suggestions:

- Create an advisory board/committee to further allow for the provider voice
- Provide guidance in selecting the new board members to ensure diversity is kept in mind
- Encourage committee participation as much of the work done by the committees result in recommendations that are often favorable and acceptable to the board.

- Reach out to the other MEs to find out what challenges they may have encountered, any best practices being used, and any other areas of opportunities to keep the provider voice heard
- Make sure that the expectations of being a board member are clear and that choosing new members is a diligent & thoughtful process in order to appropriately place people.
- Look at other lead agencies for representation, not just exclusively the ME's
- Provide a list of the committees that provider's and other community members can join

The providers were very supportive, understanding and appreciative that they'll still be able to stay involved by participating on committees and appointing others to fill their role to be sure all circuits are represented.

John B. suggested to get a motion from the full board along with the authority to revise the policies of the board and the by-laws to be consistent in reflecting the new structure.

Motion made & second to approve the change of the board composition to exclude any member of the board whose employer has a contract with the network. Motion carried.

Motion made & second to permit the review & revision of the by-laws and policies & procedures to reflect the new structure in the motion just passed. Motion carried.

Key network staff will work with John, the board attorney, in revising the all said documents to be taken to the governance committee for approval and then brought back to the board.

The Board Attestation form will be revised to a sampler version by the board attorney and will still need to be signed by December for all contracted providers currently on the board.

Governance Committee:
Scheduled for August 30th

Finance Committee:
Present in Consent Items

Diversity Committee:
No report from the committee but the CEO had an announcement to share.
The Foundation for a Healthy St. Petersburg provided \$35K that was earmarked for the PICA grant that has ended, to use for diversity education and training for the board and staff.
The network's new revamped Diversity newsletter was briefly shared. All are welcome to submit items to be presented in the newsletter. The network was commended for setting a great example of taking charge with diversity education.

Quality Improvement:
Presented in Department Directors Report
The Committee did vote to give staff the discretion to mark a Scorecard item as not applicable due to continued COVID issues & on FASAMS. New measures cannot be added unless required by the Dept. but marking something N/A is acceptable.

IS Strategic Committee:
Presented in Department Directors Report

Legislative Committee:
Discussed the appropriations process for the legislature. Carol Eloian provided a presentation relating to utilizing peers in a more robust way in light of the labor challenges many are experiencing. The committee re-committed to meeting with legislators in the upcoming session. Pastor Walker invited anyone interested to feel welcome to join the committee. More participation means more voices and more that can be accomplished.

CEO mentioned that Clara, Ray Gadd (past chair), Melissa Larkin-Skinner with Centerstone, and Doug Leonardo with Chrysalis Health were all appointed by the Governor to the Commission on Mental Health and Substance Abuse. Ann Berner, CEO of Southeast FL Behavioral Health Network will be representing the ME's and Charlotte County Sheriff, Bill Prummell, will be chairing the commission. Linda and FAME CEO, Natalie Kelly had the opportunity to meet with Sheriff Prummell, who was eager to educate himself more on what the ME does. He requested a list of anyone else that may be interested in speaking to the commission.

Linda asked board members if either they're interested or know of anyone who may want to speak to the commission to reach out to Laura Gross.

6. TOPIC: Regional Council Reports

Circuit 6 Pasco:

Met on 7/22 – The Pasco County ASAP had their Recovery Walk at Sims Park in New Port Richey in which over 200 people attended and over \$10K was raised for the coalition. PCSO is looking to expand their behavioral health intervention team and has applied for grants to do so but haven't heard anything yet. Working closely with schools and trying to stay connected with kids in crisis and divert baker acts. Next meeting is 9/23.

Circuit 6 Pinellas:

Work continues on the Wellness Connection; will address the RC Chair with the new information learned today (??) PEMHS CSU significantly impacted by uptick in Covid cases. There's much concern relating to loss of life among provider staff. The county is working together very well to keep everything operational and the people served.

Circuit 10:

Had a short meeting (didn't say when) – HB945 was discussed for their area; FIS reports are up to date; there's 61 care coordination individuals between Winter Haven Hospital, TCHS, and Peace River; Children's Service Network in Highlands looking for a new CEO; Peace River had 9,000 calls on their crisis hotline – an increase of over 2,000 from pre-pandemic. The New Beginning Men's Residential program, currently on campus, will be moved to Lakeland in about 6 mos. They've had 45 scheduled visits with a DCF licensing agent covering over 60 areas. It's been an interesting process but a positive experience with no identified finds.

Circuit 12:

Discussions continue around the \$15 minimum wage requirement; some concerns about ACHA taking over FACT teams; Tom Knight, former CEO of First Step has stepped down and Shawny Robey is the new CEO; the Mental Health Community Center (?) contract put out to bid and CASL put it in a bid in an effort to keep services in the community; Drop-in centers being operated by NAMI in Sarasota. The Covid spikes and keeping programs staffed has been challenging for them as well.

Circuit 13:

Met last week – the council elected Asha Terminello, ACTS CEO, as the new chair. Discussed the MRT's in school districts and the BH team in the Tampa police dept. The lack of licensed clinician's applying for various positions is a concern. Many providers may need to double up on internships to get more licensed clinicians in the field.

Circuit 20:

Met on 8/13 – the council focused largely on Covid; ACHA advising not to send positive, a-symptomatic or low symptomatic individuals to hospitals leaving an issue of how to serve clients without the proper ventilation or equipment; safety is a huge concern; discussed teaming up as a circuit to submit request to DCF re alternative/emergency staffing plans, especially for staff shortages on weekends; funding flexibilities are gone & costs are higher than ever due to staff being out sick and a lot of overtime being used.

Linda mentioned this was discussed yesterday with Secretary Harris during an ME meeting and the network can work with the providers on a case by case basis. A very specific plan would need to be submitted to the dept. The Dept. isn't going to change the structure in how they pay the ME so the data & services will still be needed to get paid.

Clara mentioned that providers with residential treatment can use Monoclonal antibodies have been effective and work prophylactically as well. It was suggested that providers inquire with their county health dept. Guy said that he received a text message from an ER after midnight the previous night that they were inundated, understaffed, and about to lose all of their staff due to the pressure of trying to handle everything. He's not sure what number to provide for these people to get help in managing their own mental health. A Hotline for first responders is available 24/7: 1-866-435-4376 (866-4FLHero). There's also a website: www.lasttoask.com that has information.

Stacey asked if there's any benefit & power in numbers for providers to put together about 5 to 10 flexibilities needed to keep their doors open; she too is very concerned about not being able to transfer COVID patients to the hospitals and fears it will shut down providers that aren't equipped to deal with those patients.

Linda said that the real issue is the dept. will not change how they pay the ME. If the ME can't get paid because of no data/units, how will the ME pay the provider? Perhaps the network & providers can work together on the wording of the request. Medicaid just gave the plans an increase for staffing and though this may be a legislative issue, it may be worth trying to advocate that the providers get a similar increase to cover staffing.

7. TOPIC: Open Agenda

Bob asked Don Van Stee to advise the board of information as it relates to OSHA issuing an emergency standard for medical facilities that dates back to July 2021. Up to \$1,400/week for the first two weeks (depending on their salary) can be paid to staff that are out sick with Covid; based on the number of staff employed: if 500+, the \$1,400/wk. is paid until the employee returns to work or; if less than 500 employers, it's \$200/day for five days/week up to \$1,000. Once staff exhausts all PTO/vacation time, they are to be paid their regular salary until they can return. This appears to apply to those in crisis area and levels 1 & 2 under residential.

Will staff have to prove they contracted Covid in the workplace? If they're out because of Covid, regardless of how it was contracted, the agency will have to pay. Linda requested a copy of the document & Donn said it's on the OSHA website but he'll send the link to Linda.

A motion was made & second to establish an Advisory Committee to report to the board relative to the by-laws that will be updated. The motion passed.

Bob also volunteered to be on the governance committee. He mentioned the sub-committee of the Finance committee has started and they're looking at the minimum wage requirement.

Pastor Walker announced that (?? Temple) will become a testing station Mon. through Saturday from 8am to 6pm. They're also converting one of their buildings to a medical clinic to include a behavioral/mental health clinic.

Thomas wondered if he still needs board approval to become contracted with the network for school-based services. John advised it should be done today because it's a new contract. He said it could be simple and stated what needed to be said in the document. A template of a contract was shown for brief review. There was still a quorum so a motion could be made.

A motion was made and second to approve this item for the agenda. There was over 2/3 approval. Motion carried.

Stacey said her agency was randomly chosen by way of a federal lottery, and OSHA investigator came to the provider and requested a numerous amount of documentation. It was very extensive.

The next meeting is scheduled for October 22, 2021.

8. TOPIC: Adjournment

The meeting was adjourned at 11:59a.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.

Dr. Ayesha Johnson, Secretary
CFBHN Board of Directors
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Respectfully submitted by _____ - Dr. Ayesha Johnson, Secretary