



**Executive Committee Meeting Agenda
December 16, 2022 <> 9:00am – 9:45am
MS Teams Meeting**

- 1. Call to Order/Introductions/Announcements**
- 2. Consent Items (Routine Business/Committee Recommendations)**
 - Approval of the October 28, 2022 Executive Committee Minutes
- 3. Information/Discussion Items**
 - *Impower Update*
- 4. Action Items (Items Requiring Presentation & Discussion Prior to Action)**
 - *Formal Resignation of Current President/CEO*
 - *Selection Committee and outline President/CEO search process*
 - *Staff may be requested to exit the meeting by Executive Chair*
- 5. Open Agenda**
 - *N/A*

Adjournment

NEXT MEETING: Friday, February 24, 2023



Central Florida Behavioral Health Network, Inc.
Executive Committee Meeting Minutes
October 28, 2022

Attendees: Nancy Hamilton, Chair
Brena Slater, Vice-Chair
Craig Latimer, Treasurer

Board Attorney: John W. Bakas

CFBHN Staff: Linda McKinnon
Alan Davidson
Julie Patel
Laura Gross
Mary Wynhoff

1. TOPIC: Call to Order/Introductions/Announcements

The meeting was called to order by the Chair at 9:15a.m.

2. TOPIC: Consent Items

Discussion

& Decisions: The Committee approved:

The August, 2022 Executive Committee Meeting Minutes

3. TOPIC: Action Items

Discussion

& Decisions: Salary Survey – Tier 3 Implementation

With approval by the executive committee, the network previously implemented Tier 1 & Tier 2 salary increases to bring some of the network staff's vital positions up to the minimum threshold for those positions to be competitively paid. The network currently has the funds to complete the Tier 3 implementation and is requesting approval to do so.

Brief Overview of Tiers 1, 2, & 3:

Tier 1 – Staff who were the farthest out of line of meeting the minimum threshold for their position to be competitively paid received salary increases.

Tier 2 – Staff who were less out of line but needed to be brought up to within 10% of the minimum threshold for their position be competitively paid received salary increases.

Tier 3 – Staff, including management positions, who were less out of line but needed to be brought up to the minimum threshold to be competitively paid. Tier 3 was put on hold until the funds would be available to implement this last tier.

DCF recently gave the network an amendment for approximately \$343K in recurring funds to be added to network's contract and completing Tier 3 would cost around \$330K.

Julie will send a copy showing the percentage increases to Brena per her request.

A motion was made and second to approve the implementation of Tier 3 as recommended by staff.

Request to indefinitely postpone the Behavioral Health Fee

The fee was applied to providers and rewarded to providers who met the 5-Star requirements. It's been suspended in recent years due to staffing & financial issues as well as the inability of providers to meet the scorecard requirements.

Motion made and second to indefinitely postpone the Behavioral Health Fee.

4. TOPIC: Information/Discussion Items

Discussion

& Decisions: DEI – Section 760.10(8) Florida Statutes – John Bakas

The Board will not need to change any of its operations currently in place. The network staff has made a minor adjustment in making the DEI program voluntary but the program will continue as it has in the past.

The law has had one challenge already and that case is currently on appeal. The law doesn't affect the network or its board but as always, they'll need to be careful not to do what this law is prohibiting summarized in the 3 elements below.

1. Requirement – employer requires their staff to be involved in a program
2. Advocacy – employer advocates for the beliefs in the eight concepts presented in the statute.
3. The 8 Concepts – the promotes/advances any of the eight concepts/ideas that are presented in the statute

There was a discussion about the law's guidelines which are somewhat confusing & vague but it comes down to employers being prohibited to advocate, promote or advance on any of the eight concepts in the statutes.

5. TOPIC: Open Agenda

Discussion

& Decisions: **New Business**

The committee will begin to prepare a concrete plan for the transition and

selection of the next network CEO by the December 2022 board meeting. The goal of the committee is to have a concrete decision by the February 2023 meeting.

The CEO selection committee will remain at the Executive Committee level.

The board discussed succession planning for both the CEO and Board Chair. Requirements for the Board Chair of a new CEO will include a significant time commitment, support and guidance as well as financial and board oversight that is not required of a seasoned CEO. It was determined that these factors need to be considered in the selection of the next board chair.

6. TOPIC: The meeting was adjourned at 9:41a.m.

Discussion

& Decisions: The next meeting is scheduled for December 16, 2022.

Respectfully submitted by _____ - Ray Gadd, Secretary



Public Comment Request

Date: December 8, 2022

Meeting: Board of Directors Meeting

Request for public comment. Please complete the information below and return via email to lgross@cfbhn.org or to Laura Gross in person prior to the meeting.

Name of Speaker: Anna Kesic or Amy Blakely

Topic: IMPOWER is asking to use its contracted funds for OP Therapy and Psychiatric services throughout the entire catchment area of CFBHN rather than restricting it to certain counties. We are only servicing clients through telehealth and have several open clients currently funded with statewide Covid dollars, which expires in May, and many will be left without medication/treatment. We have 70+ active clients in other counties outside of Glades and Hendry. We leave upwards of \$300k on the table year after year that is in our contract that we are unable to spend in those counties. That funding goes to other counties anyway, and we would like to keep for clients we already serve with COVID \$. Equity policy was developed when providers were on the Board and may need to be updated, especially with the use of telehealth where county boundaries are less important than access to care.

Your position on the topic:

Approved We are asking for approval.

Opposed

Neutral

Due to the time constraint each speaker will be allotted 3 minutes to speak. The public comments portion of the meeting is allotted to a total of 15-minutes.

Equity of Funding

Policy

Central Florida Behavioral Health Network, Inc. (CFBHN) makes decisions regarding the distribution and management of Department of Children and Families (DCF) contracted funds in a fair, efficient and equitable way for all parties involved.

Purpose

Guided by this policy, CFBHN strives to achieve funding equity throughout the network and respect the intent of the purchaser and the needs of the community.

I. Definitions

- A. Adjusted Funding: The total Base Funding reduced by the total Special Project/Proviso Funding.
- B. Base Funding: The total funding in a Network Service Provider (NSP) contract, excluding Special Project/Proviso funding as defined in Section I. N.
- C. Disproportionate Amount: A selected percentage (up to 25%) of the funding reduction chosen to bring those outside of equity closer to the mean by taking an initial reduction from those above equity and applying an increase to those under equity prior to taking the full reduction from all circuits.
- D. Funding Reduction: A funding reduction that DCF has not earmarked for a particular NSP or service.
- E. Inequity Funding Amount: The totals (per uninsured and with a calculated funding amount) for those circuits that fall outside of Equity, whether above or below.
- F. Inequity Amount per Uninsured: This dollar amount is calculated by taking the Total Funding per Person for the Uninsured Population for the circuits who are outside of Equity and subtracting the calculated percentage above the mean if a circuit is above equity, or subtracting the calculated percentage below the mean if a circuit is below equity.
- G. Inverse of the Weighted Ranking: The weighted ranking of a circuit, subtracted from 1, divided by the sum of the weighted ranking for each Circuit subtracted from 1, carried out to 2 decimal places. $\{(1-X1)/(1-X1)+(1-X2)+(1-X3)+(1-X4)+(1-X5)+(1-X6)\}$
- H. LAPSE Funding: Funding reduced from a contract due to: (1) An inability to earn the dollars; and (2) Failure to notify the CFBHN contract manager of the lapse prior to April 15.
- I. Mean Ranking: Calculated using: (1) The total sum of the network funding for all CFBHN circuits and (2) The total population with no health insurance within all CFBHN circuits.
- J. New Funding: Additional funding that DCF has not earmarked for a particular NSP or service.
- K. Per Uninsured Inequity Funding Amount: This dollar amount takes the Per Uninsured Inequity dollar amount per circuit, and multiplies it by the uninsured population for that circuit to get a dollar amount that equates to how much funding a provider would need in order to fall within the current equity range.

Equity of Funding Policy

(continued)

- L. Per Uninsured Inequity Ranking Percentage: this percentage is calculated for those above equity and for those below equity. It takes the Per Uninsured Inequity Funding Amount for a circuit and divides it by the sum of the total Per Uninsured Inequity Funding Amount for those who fall within the same ranking. $\{A1/(A1+A2) = \% \text{ Above}\}$ or $\{B1/(B1+B2) = \% \text{ Below}\}$
- M. Reallocation: For the purposes of this policy, a reallocation is a mandated realignment of funds from one Other Cost Accumulator (OCA) to another OCA in order to fund specific projects.
- N. Special Project/Proviso Funding: Funding that (1) DCF has identified as Proviso Project Funding on the Managing Entity Schedule of Funds or (2) Funding that is not specifically contracted to an NSP but has a global purpose and is requested through the Central Florida Health Data System (CFHDS) (example: Transition Voucher Funding). A list of the Special Funding Other Coast Accumulators (OCAs) that are included as special funding (thus excluded from equity) can be found on the Agency SharePoint Portal (<https://cfnet.cfbhn.org/agency/Pages/Default.aspx>) under Agency Shared Documents → Equity → Exhibit A Equity OCAs.
- O. Total Inequity Funding Amount: This dollar amount is calculated by taking the Per Uninsured Inequity Ranking Percentage and multiplying it by the Disproportionate Amount to determine the total amount of the funding reduction to be taken in the Reduction Reallocation 1 for those above equity, and to determine the amount of the funding to be used as a funding increase for those below equity.
- P. Uninsured Population: No health insurance coverage population as reported by the US Department of Commerce United States Census Bureau <https://data.census.gov/cedsci/>
- Q. Weighted Ranking: The ranking of a Circuit divided by the sum of the ranking of all Circuits carried out to 2 decimal places. $\{X1/X1+X2+X3+X4+X5+X6\}$

II. Funding Allocation

CFBHN staff evaluate the intended purpose of the purchaser's funding (by Other Cost Accumulator – OCA) and determine allocation according to this policy.

III. Funding Excluded from the Equity Calculation

Special Project/Proviso Funding as defined in Section I. N. is excluded from the Equity Calculation.

IV. Equity Formula

- A. Each Circuit is ranked by their “Adjusted Funding per Uninsured.”
 - 1. The “Adjusted Funding per Uninsured” ranking is calculated by dividing the Adjusted Funding by the Uninsured Population.
- B. The Mean Equity Ranking is calculated by dividing the “Adjusted Funding” for all Circuits by the Uninsured Population in all Circuits.

Equity of Funding Policy
(continued)

- C. Equity is defined as achieving 7% above or below the Mean Equity Ranking. The ranking methodology is used to calculate revised rankings annually, each November and as needed.

New Funding is applied by allocating a portion (not to exceed 60%) of the New Funding total to each Circuit that falls below Equity and demonstrates a need and the ability to use the funding. The remainder will be allocated by the Inverse of the Weighted Ranking of each Circuit. One-time, non-recurring funding will be reviewed by CFBHN staff and applied in a manner which CFBHN determines is in the best interest of the Network and the system of care.

- D. Funding Reductions/Reallocations are applied in two separate steps once the Per Uninsured Inequity Ranking Percentage has been calculated as defined in section I. L. above by taking the Per Uninsured Inequity Funding Amount for a circuit and dividing it by the sum of the total Per Uninsured Inequity Funding Amount for those who fall within the same ranking (shown in Columns F-H in the Examples below), it can be applied the Reduction Reallocation 1.

1. The first step in the reduction allocation (Reduction Reallocation 1) looks at those circuits who are outside of equity (either above or below) and assigns a funding adjustment by taking the Disproportionate Amount for each circuit and reallocating funding as identified by the following:
 - a. For those circuits above equity, an initial reduction will be taken by multiplying the Per Uninsured Inequity Ranking Percentage per Circuit (Column H in Examples below) by the Disproportionate Amount to identify the total reduction assigned to that circuit.
 - b. For those circuits below equity, an initial increase to their funding will be added by multiplying the Per Uninsured Inequity Ranking Percentage per Circuit (Column H in Examples below) by the Disproportionate Amount to identify total increase assigned to that circuit.

Examples: In the tables below, n equals the row for circuits where calculations apply. In Table 1, calculations are only completed for circuits above or below equity.

Table 1: Calculation of the Per Uninsured Inequity Ranking Percentage and Reduction Reallocation 1.

Notes: Equity amount used is \$248.92; 7% above is \$266.34, and 7% below is \$231.50.

In the table below, the Disproportionate Amount is 25% of \$1,000,000.

A Circuit	B Uninsured Population	C Adjusted Funding	D Funding Per Person	E Current Ranking	F Inequity Amount (per Uninsured) Above = Column D - \$266.34 Below = Column D - \$231.50	G Per Uninsured Inequity Funding Amount (total dollars) (Fn * Bn)	H Per Uninsured Inequity Ranking Percentage (Gn/(Gn1+ Gn2))	I Reduction Reallocation 1 calculation	J Reduction Reallocation 1 Total
Circuit X1	59,805	\$14,525,390	\$242.88	Equity	\$0	\$0	0.00%	\$0.00	\$0.00
Circuit X2	108,457	\$31,300,833	\$288.60	Above	\$22.26	\$2,414,253	78.40%	= -(HX2) * \$250,000	(\$195,996)
Circuit X3	102,825	\$24,807,552	\$241.27	Equity	\$0	\$0	0.00%	\$0.00	\$0.00
Circuit X4	100,033	\$27,308,330	\$272.99	Above	\$6.65	\$665,219	21.60%	= -(HX4) * \$250,000	(\$54,004)
Circuit X5	178,122	\$42,731,460	\$239.90	Equity	\$0	\$0	0.00%	\$0.00	\$0.00
Circuit X6	193,781	\$43,948,812	\$226.80	Below	(\$4.70)	(\$910,771)	100.00%	= (HX6) * \$250,000	\$250,000

POLICIES & PROCEDURES

Equity of Funding Policy (continued)

2. The second step in the reduction allocation (Reduction Reallocation 2) removes the actual funding reduction from all circuits. The reduction for each Circuit divides the total reduction amount by the total Uninsured Population for the region, and multiplies that times the Uninsured Population for the Circuit to calculate the reduction applicable to each circuit (Column K).

Table 3: Reduction Reallocation 2 and Total Reduction

A	B	K	L
Circuit	Uninsured Population	Reduction Reallocation 2 Total -(\$1,000,000/(Sum B1-B6)) * Column B	Total Reduction (Column J + Column K)
Circuit X1	59,805	\$(80,489)	\$(80,489)
Circuit X2	108,457	\$(145,967)	\$(341,963)
Circuit X3	102,825	\$(138,387)	\$(138,387)
Circuit X4	100,033	\$(134,630)	\$(188,634)
Circuit X5	178,122	\$(239,726)	\$(239,726)
Circuit X6	193,781	\$(260,801)	\$(10,801)

3. Reduction Reallocation 1 and Reduction Reallocation 2 added together equal the total reduction to be taken for each circuit (Column L).
4. Examples of scenarios include, but are not limited to:
 - a. Reduction of base funding to fund a special project in a specific county
 - b. Reduction of base funding to fund a special project in multiple counties
5. CFBHN staff will assign the reductions/reallocations. CFBHN staff may consult other stakeholders for input on funding changes.
6. If a reduction in funding from an OCA does not impact all circuits, CFBHN staff will review utilization and need to determine where reductions should be made. All other OCA reductions will be made following the equity formulas.
- E. If funding is available beyond the scope of this policy, CFBHN staff may bring a recommendation to the Board for approval.
- F. After Equity is achieved throughout the network, funding adjustments will continue to follow the CFBHN Equity of Funding Policy. Equity calculations will continue to be monitored by CFBHN staff and reported to the Board QI committee, at least annually, to make a recommendation to the Board of Directors to maintain network equity.

Equity of Funding	Date Issued: <u>10/25/2013</u>
Approval:  Linda McKinnon, President/Chief Executive Officer	Last Revision: <u>03/03/2022</u>
	Review Date: <u>03/03/2022</u>



December 16, 2022

Nancy Hamilton, Board of Directors Chair
Central Florida Behavioral Health Network
719 US Hwy 301 S.
Tampa, FL 33619

Dear Chair Hamilton and Board of Directors,

Please accept my notice of retirement as the President and CEO of Central Florida Behavioral Health Network, Inc. effective June 30, 2023. Once hired, the Board of Directors and I will focus on onboarding the incoming President and CEO ensuring a smooth transition for all.

I was given an incredible gift over 20 years ago when the Board of Directors entrusted me with the development of the Network and their belief that by working together we could improve the system of care for the individuals and families in all of our communities. Since then we have grown from a small Substance Abuse only Network of six providers to the largest Network and Managing Entity in the state of Florida. We had the opportunity to create legislation that supports our partnerships and brought many new and improved options for recovery from these devastating illnesses. I am proud to have been a part of it and can say with confidence that Central Florida Behavioral Health Network, Inc. adds value to our clients, providers, and communities.

I am leaving CFBHN with a passionate and competent team that will continue to thrive, perform and excel in their work. Saying that I will miss my role is an understatement. I was truly given the opportunity of a lifetime that I will always cherish; it is time for me to retire and hand over the opportunity to another leader. Thank you, for your ongoing wisdom, guidance, and support.

Sincerely,

Linda McKinnon, LMFT, LMHC
President and CEO

