

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
 APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
 HUMAN SERVICES
 Senator Flores, Chair
 Senator Stargel, Vice Chair

MEETING DATE: Wednesday, October 25, 2017
TIME: 3:30—5:30 p.m.
PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Flores, Chair; Senator Stargel, Vice Chair; Senators Baxley, Book, Passidomo, Powell, and Rader

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Opioid Funding Issues		Presented
2	Update on Behavioral Health Revenue Maximization Designated State Health Program		Presented
Other Related Meeting Documents			

PATTERNS AND TRENDS OF THE OPIOID EPIDEMIC IN FLORIDA

**Jim Hall
Senior Epidemiologist
Center for Applied Research on Substance Use and Health Disparities
Nova Southeastern University**



DEFINITION OF OPIOID

“Similar to opium”

**Morphine and similar drugs
derived from opium**



**All substances, both natural and
synthetic, that bind to opioid
receptors in the brain and body**

TYPES OF OPIOIDS

- **Illegal Heroin**
- **Legal Prescription Opioid Pain Relievers**
(e.g., Oxycodone, Hydrocodone, Methadone, Morphine, Rx Fentanyl, *et al*)
- **Illicitly manufactured Opioid Analogues**
(e.g., Fentanyl, U-4700, *et al* sold as Heroin or adulterants to Heroin, Cocaine or other drugs, and counterfeit prescription medications)

**Pinellas
County
Florida**

Real



Fake



COUNTERFEIT
Authentic on top / Counterfeit on bottom



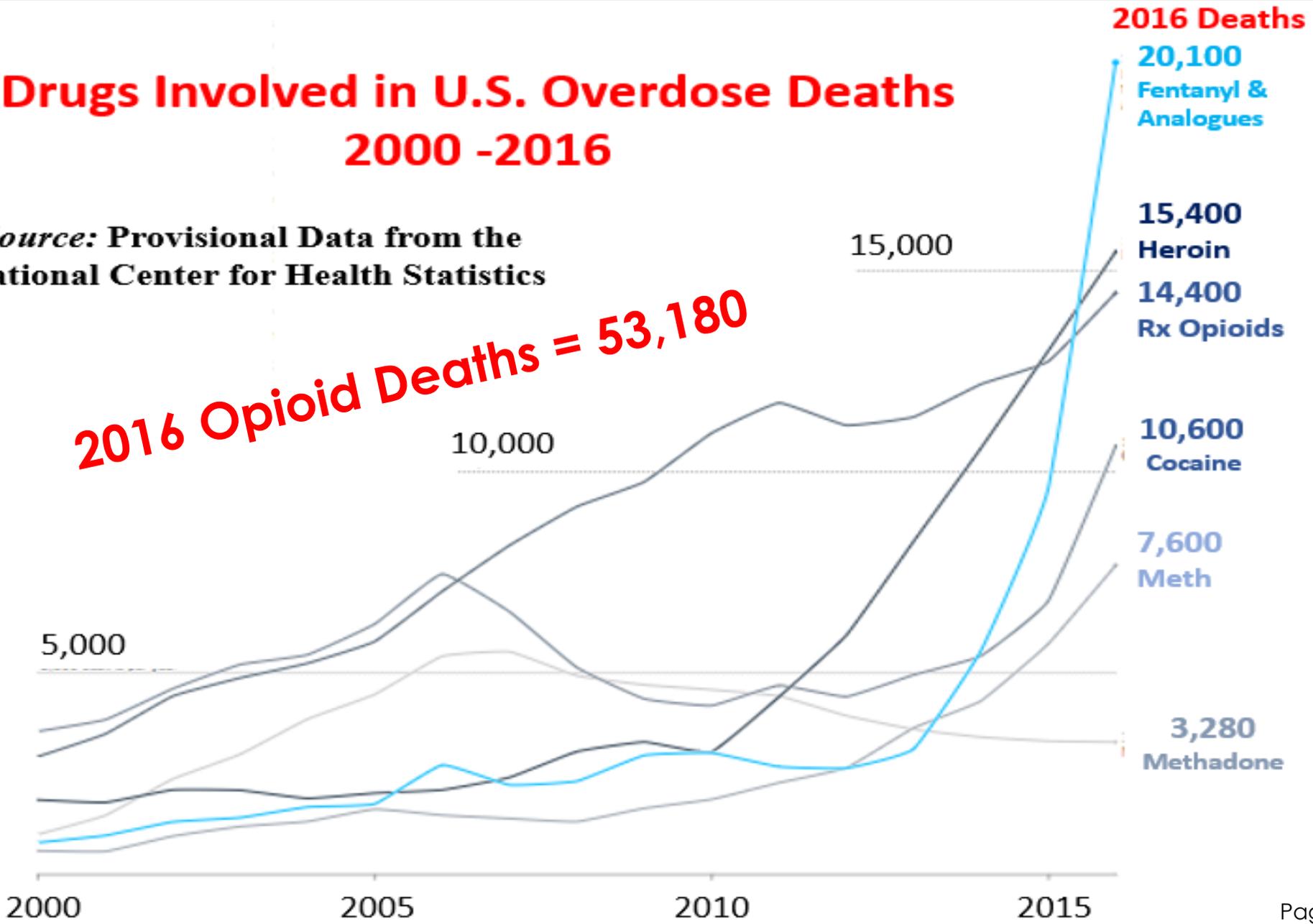
**Counterfeit
Xanax
with
Fentanyl**

AN EPIDEMIC OF DEATHS

Drugs Involved in U.S. Overdose Deaths 2000 -2016

Source: Provisional Data from the
National Center for Health Statistics

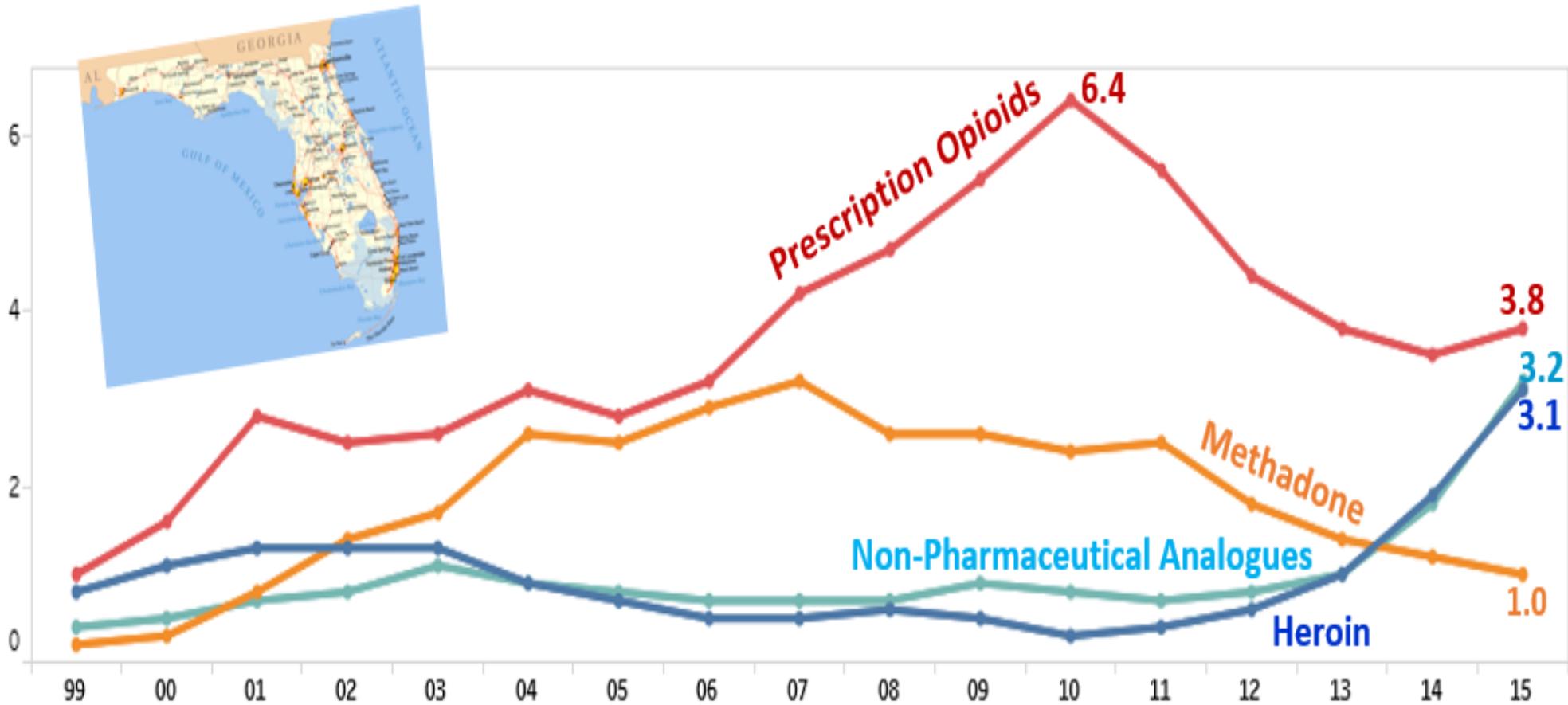
2016 Opioid Deaths = 53,180



AN EPIDEMIC OF DEATHS

- **USA – 146 deaths a day in 2016**
- **Florida – 14+ deaths a day in 2016 (n=5,110)
plus 27 non-fatal Overdoses (n=9,855)**
- **January – August 2017
Death Rate still increasing**

Opioid Overdose Death Rates per 100,000 Population in Florida 1999 - 2015



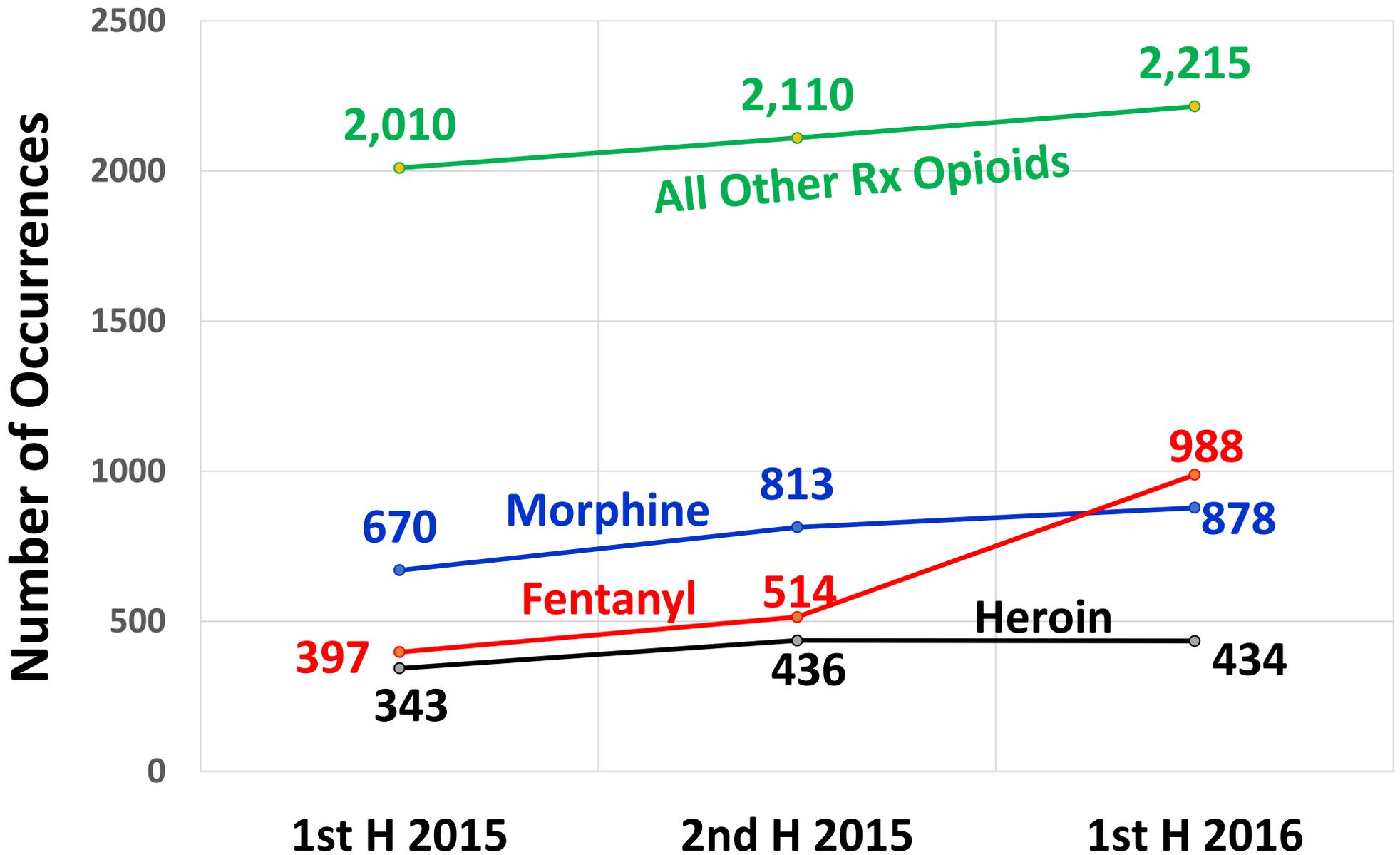
Note: Click the state tile to see the state-specific trend; To cancel, click a blank area on the tile grid map or press Esc.

- heroin
- Methadone
- Natural and Semisynthetic Opioids
- Synthetic Opioids (other than methadone)

*Calculate Rates Per: 100,000 population

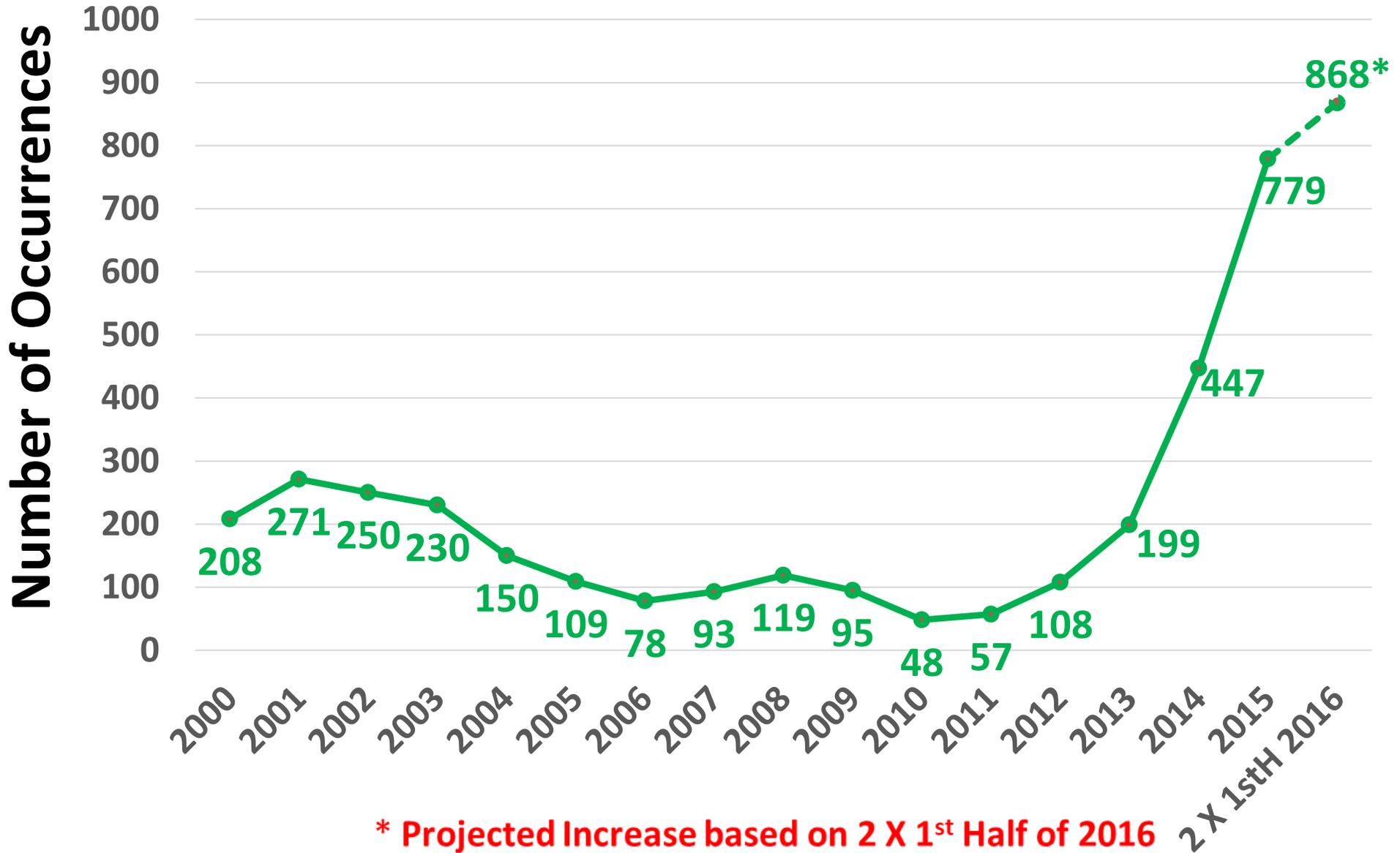
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016.

Heroin, Morphine, Fentanyl, and Other Rx Opioid Occurrences Among Deceased Persons in Florida: Jan 2015-Jun 2016



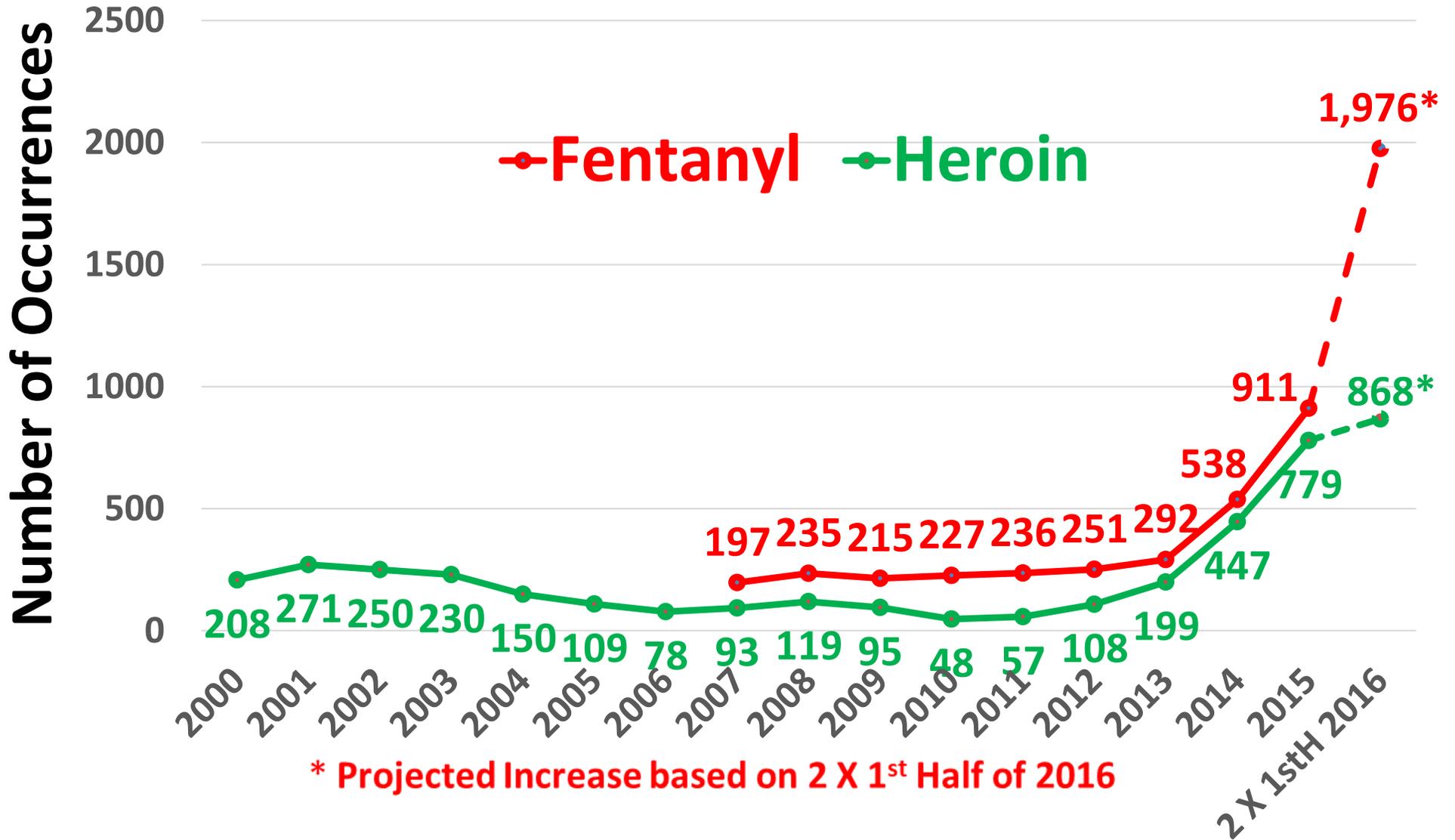
Source: FDLE - Florida Medical Examiners Commission

Number of Heroin Related-Deaths in Florida: 2000 to 2016*



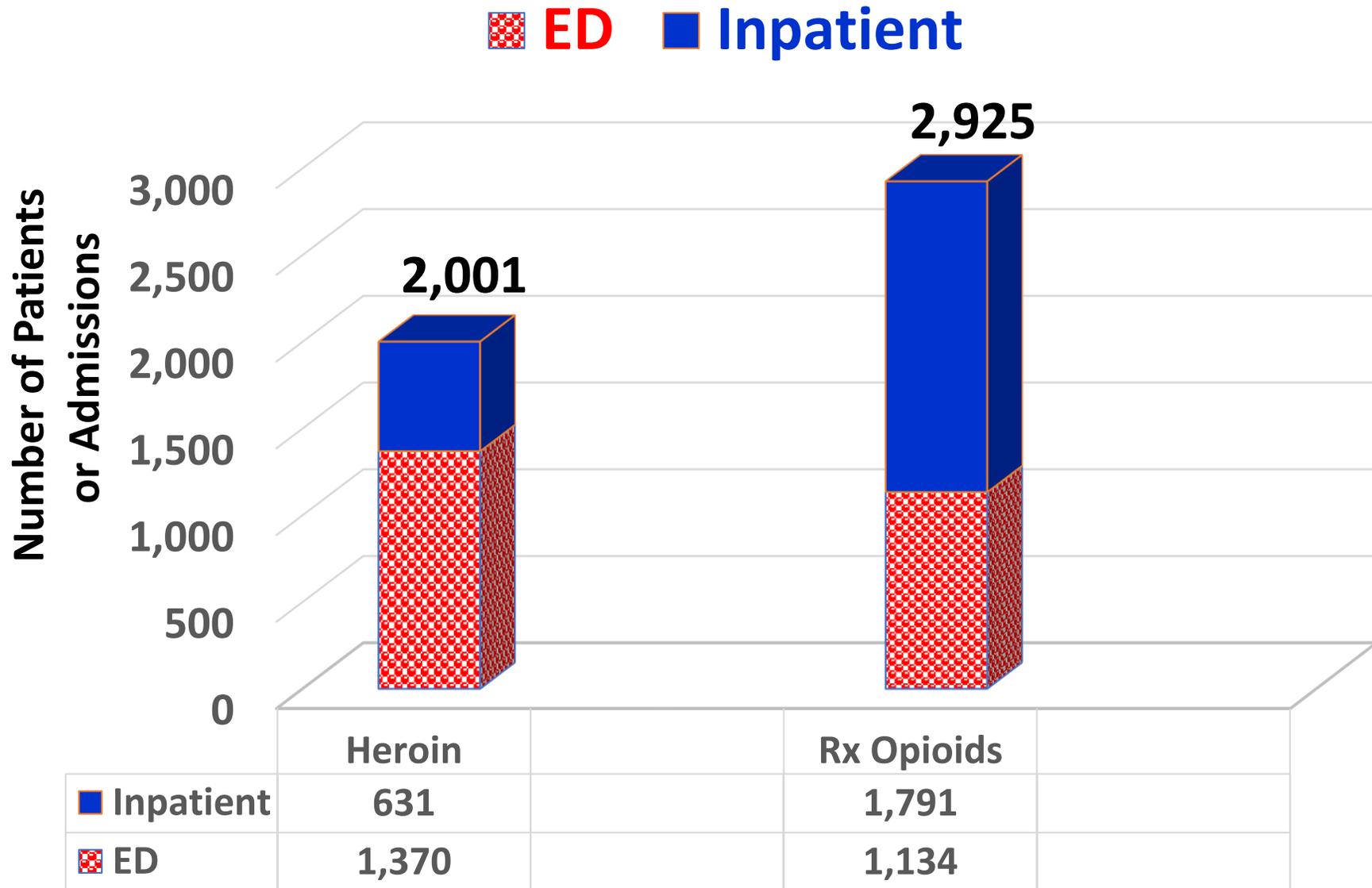
Source: Florida Medical Examiners Commission Reports

Number of Heroin and Fentanyl Related-Deaths in Florida: 2000 to 2016*



Source: Florida Medical Examiners Commission Reports

Overdose Poisoning Cases for Heroin and Opioids in Florida Hospitals: January - June 2016



Source: Florida Agency for Health Care Administration

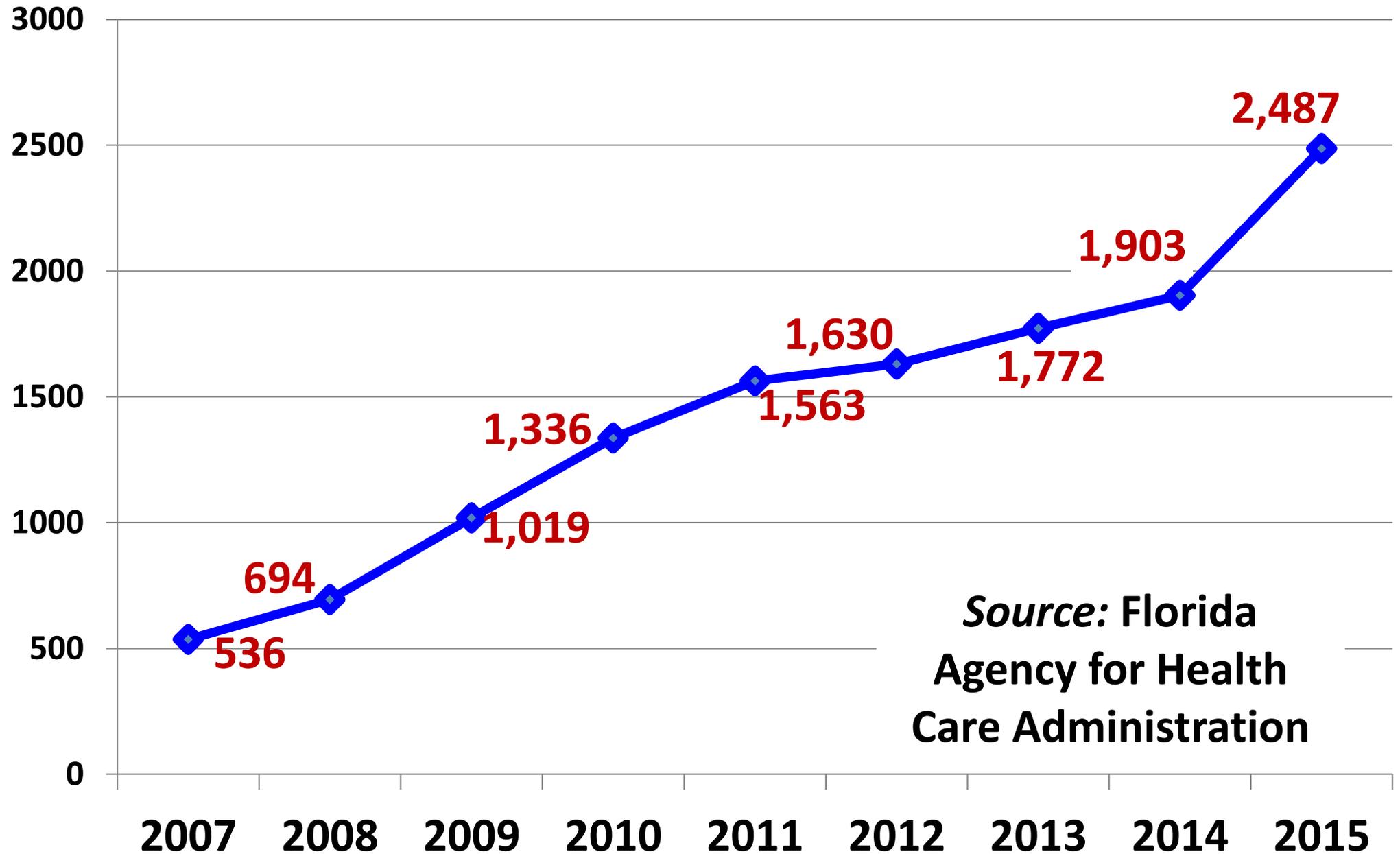
IMPACT ON CHILDREN



**78 % of Children in Florida's
Child Care System for Parent's SUD**

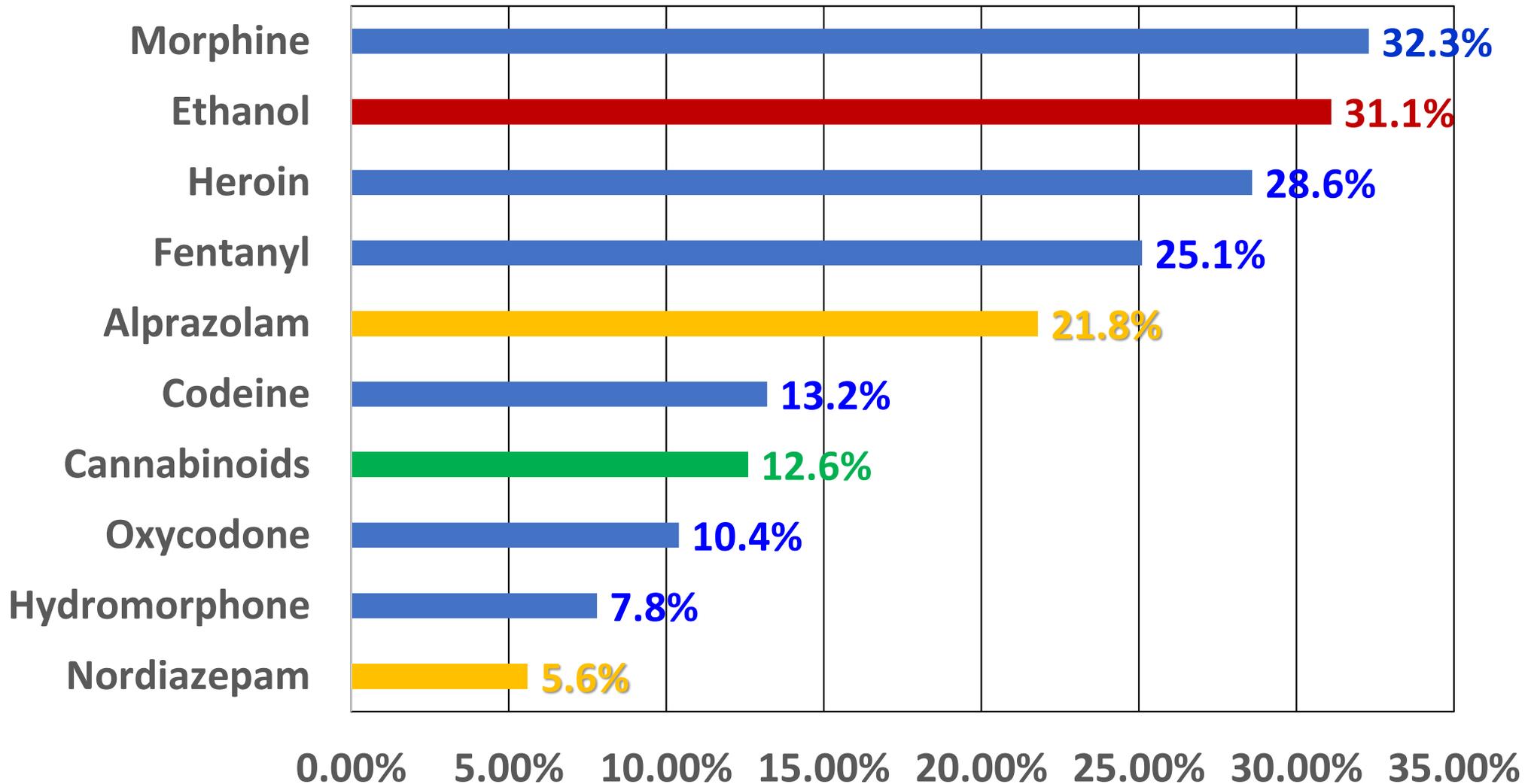
Photo Source: The Daily Beast, Data Source: Florida Behavioral Health Association

Number of Neonatal Abstinence Syndrome Cases State of Florida: 2007-2015



Source: Florida Agency for Health Care Administration

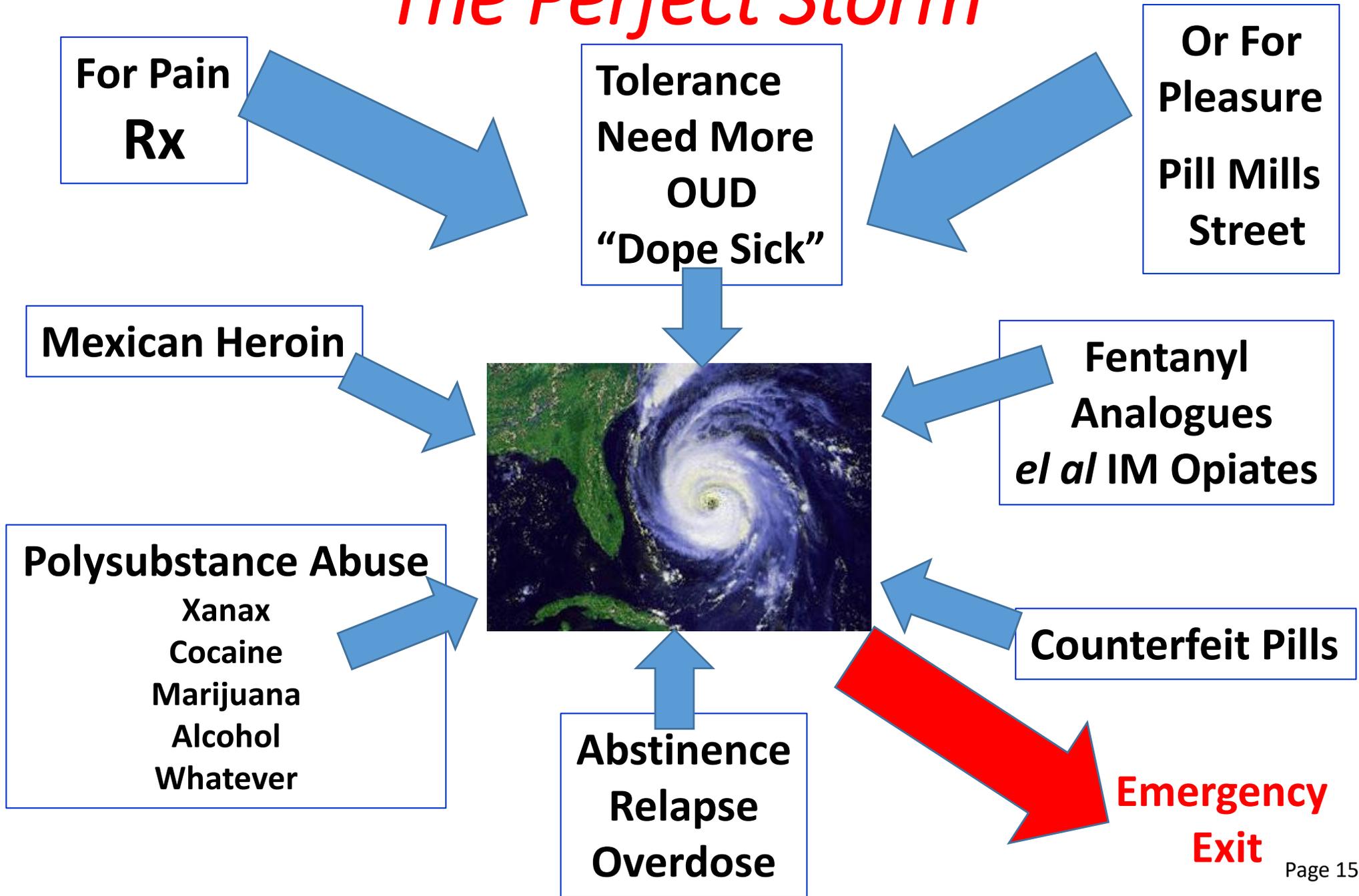
Top 10 Co-Occurring Substances Among Florida Cocaine-Caused Deaths in 2015



Sources: Florida Medical Examiners Commission 2015 Report and Florida drug-Related Outcomes Surveillance and Tracking (FROST) System

Epidemic of Opioid Use Disorder and Deaths

The Perfect Storm



Epidemic of Opioid Use Disorder and Deaths

The Perfect Storm



Emergency Exit

- **Naloxone Distribution**
- **Appropriate Prescribing By:**
 - Doctor, Dentist, Physician Assistant, Nurse Practitioner
- **Intervention Training for Families**
- **Increased Treatment Availability**
- **Medically Assisted Treatment**
- **Intensive Outpatient Services**
- **Recovery Support Systems**

Our Priority

Opioid United Response

Prevention

Recovery

Including Overdose Reversal

Intervention

Treatment, and

You





Substance Abuse Treatment Services

John N. Bryant, Assistant Secretary for Substance Abuse and Mental Health

Senate Appropriations Subcommittee
on Health and Human Services

October 25, 2017



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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Purpose

- I. Overview of DCF's Substance Abuse & Mental Health (SAMH) role
- II. Managing Entities
- III. Response to Opioid Crisis
 - Executive Order
 - Opioid grants
 - Overdose prevention
 - Specialized services to pregnant women



Overview of SAMH

- Serves as the state mental health authority, single state agency for substance abuse services, and state methadone authority
- Allocates state and federal funds and contracts with behavioral health managing entities to support a statewide system of care for behavioral health prevention, treatment, and recovery services
- Establishes performance and financial accountability outcomes and measures to ensure success
- Licenses and regulates all substance abuse providers in the state
- Authorized by state and federal law to serve a broad cross section of Florida's population



Community SAMH Program Funding FY 2017-18

Program	General Revenue	Block Grant	Federal Grants	Other Funds	Total
Community Mental Health Services	\$353,247,739	\$34,500,437	\$30,259,527	\$7,398,909	\$425,406,612
Community Substance Abuse Services	\$108,262,546	\$134,685,772	\$4,834,577	\$8,343,460	\$256,126,355
Executive Leadership and Support Services	\$28,391,827	\$5,842,424	\$5,068,618	\$1,113,539	\$40,416,408



People Served in FY 2016-17

All SAMH Services

Community SAMH	Forensic Commitment	Civil Commitment	Sexually Violent Predator Program
308,451	3,071	1,900	687

Community Services by Program Area

Adult Community Mental Health	Children Community Mental Health	Adult Community Substance Abuse	Children Community Substance Abuse
170,594	41,830	91,878	26,957



Managing Entities (ME)

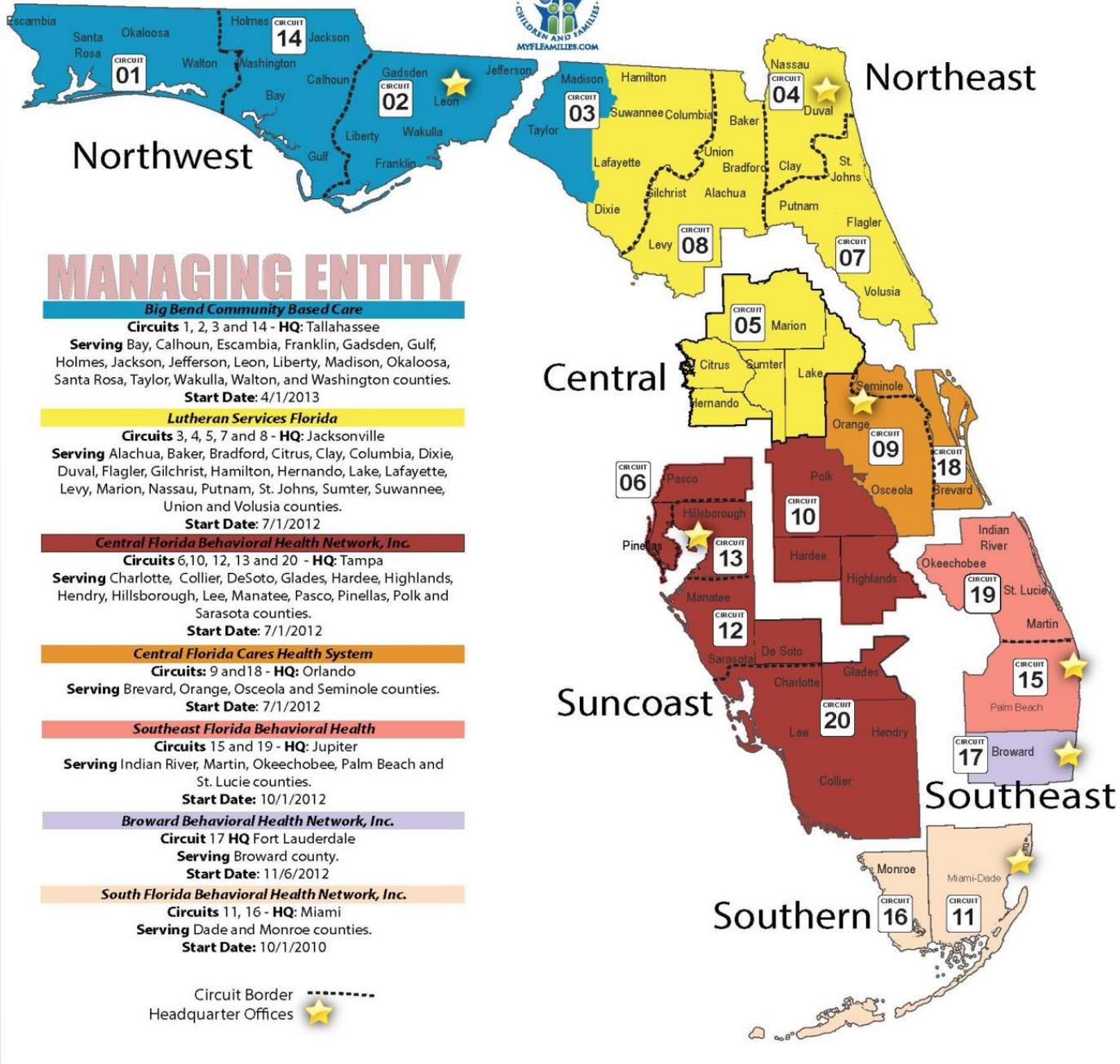
- DCF contracts with seven MEs to:
 - Plan, coordinate, and contract for the delivery of community SAMH services
 - Improve access to care
 - Promote service continuity
 - Support efficient and effective delivery of services



ME Duties

- Conduct community needs assessments
- Develop provider network and service array
- Assist counties to develop a designated receiving system
- Promote care coordination activities
- Collaborate with stakeholders (housing, private receiving facilities, local government, criminal justice, child welfare)
- Monitor network providers
- Provide data and implement shared data systems





SAMH Strategic Initiatives

- System of care development
- Central Receiving Systems
- Access to quality, recovery-oriented systems of care
- Care coordination and housing
- Community-based health promotion and prevention
- Child welfare and SAMH integration
- State hospital improved quality of care
- Automated substance abuse licensing system
- Information management
- Forensic waitlist management
- Response to the opioid crisis



Executive Order 17-146

- Governor Scott signed on May 3, 2017 to declare a public health emergency due to the opioid crisis
- Directed the state Surgeon General to issue a statewide naloxone standing order for first responders, including law enforcement
- Authorized DCF to immediately draw down \$27 million in federal grant funding for the opioid crisis



Partnerships for Success (PFS) Grant

Grant Period: October 1, 2016 – September 30, 2021 (up to five years)

Budget per Year: \$1,230,000

PFS Goals:

- Reduce prescription drug misuse among individuals ages 12-25 years old
- Increase awareness and knowledge of overdose recognition and response
- Strengthen prevention capacity and infrastructure at state and community levels

Federally Required Activities:

- Prevent onset and reduce progression of substance misuse
- Reduce substance misuse-related problems
- Spend at least 85% of funds in high-need sub-recipient communities

Eight PFS sub-recipient communities:

- Five urban: Broward, Palm Beach, Hillsborough, Manatee, Duval
- Three rural: Franklin, Walton, Washington



PFS Budget Highlights

PFS Activity	Budget Amount
Eleven Life Skills Training programs in middle and high schools in sub-recipient counties	\$385,000
One hospital-based peer support and buprenorphine induction services program for overdose victims (Broward County)	\$150,000
Targeted overdose prevention awareness campaign	\$334,399
Eight local Drug Epidemiology Networks (DENs) and State Epidemiology Outcomes Workgroup (SEOW) research and analysis	\$123,600
One-time Prescription Drug Monitoring Program (PDMP) system enhancements to increase prescriber utilization and co-prescription of naloxone	\$86,927
Overdose prevention and naloxone training for first responders, health care professionals, and community-based organizations	\$6,053
Evaluation of overdose prevention and school-based prevention programs	\$73,300



State Targeted Response (STR) to the Opioid Crisis Grant

Grant Period: May 1, 2017 – April 30, 2019 (up to two years)

Budget per Year: \$27,150,403

STR Goals:

- Reduce numbers and rates of opioid-related deaths
- Prevent prescription opioid misuse among young people
- Increase access to MAT among individuals with opioid use disorders
- Increase the number of individuals trained to provide MAT and recovery support services for opioid use disorders

Federally Required Activities:

- Expand access to evidence-based practices for opioid use disorder, particularly medication-assisted treatment (MAT)
- Eliminate or reduce treatment costs for underinsured and uninsured patients
- Enhance or support peer and other recovery support services
- Spend at least 80% of award on opioid use disorder treatment and recovery support services
- Design, implement, and evaluate primary and secondary prevention activities proven to reduce opioid use disorders and opioid-related deaths
- Funds cannot go to providers that deny access to any patient, client, or participant or consider them “not in recovery” based solely on their use of FDA-approved medications for opioid use disorder treatment



Medication-Assisted Treatment (MAT)

- Includes methadone, buprenorphine, buprenorphine/naloxone (suboxone), oral naltrexone, or Vivitrol, coupled with counseling and psychosocial support services
- MAT has been proven to be the most effective treatment for individuals with opioid use disorder
 - Reduces opioid cravings and withdrawal symptoms
 - Reduces risk of fatal overdose
 - Reduces injection drug use and HIV and HCV transmission
 - Higher retention rates in treatment



STR Budget Highlights

STR Activity	Executing Entity	Budget Amount
Methadone, buprenorphine, and oral naltrexone maintenance treatment (and associated counseling) for indigent, uninsured, and underinsured individuals with opioid use disorders	ME	\$17,787,239
Vivitrol treatment to block the effects of opioids and help prevent relapse to opioid dependence	FADAA	\$3,795,787
Naloxone kits to reverse opioid overdoses	DCF/FDLE	\$1,725,000
Six Behavioral Health Consultants to support child protective investigative staff	DCF	\$600,000
Six Peer Specialists to assist with quality improvement initiatives related to developing a recovery-oriented system of care	DCF	\$343,224
Twelve Life Skills Training programs in middle and high schools in high-need rural counties	ME	\$420,000
Expansion of the Medication-Assisted Treatment Prescriber Peer Mentoring Project	FADAA	\$365,182
Training for child welfare and court staff	FADAA	\$278,980
Six hospital-based peer support and buprenorphine induction services for overdose victims (Miami-Dade, Palm Beach, Orange, Pinellas, Bay, and Duval counties)	ME	\$900,000
Training on medication-assisted treatment, continuous quality improvement initiatives for peer support services, and ROSC and WRAP peer specialist trainings	FADAA, FCB, Peer Support Coalition of Florida	\$165,650
Overdose prevention and naloxone training for first responders, health care professionals, and community-based organizations	DCF	\$7,500



ME STR MAT Allocations

ME allocations for STR MAT funding was determined based on the number of opioid-caused deaths and the numbers of nonmedical opioid users and heroin users in each ME catchment area per the federal grant requirements

Managing Entity	Total STR MAT Allocation
Central Florida Behavioral Health Network	\$5,912,886
Lutheran Services Florida	\$2,981,825
Central Florida Cares Health System	\$2,897,519
Southeast Florida Behavioral Health Network	\$2,218,129
Broward Behavioral Health Coalition	\$1,454,547
South Florida Behavioral Health Network	\$1,085,902
Big Bend Community Based Care	\$1,236,431
TOTAL	\$17,787,239



STR MAT Services

- Eligibility includes individuals who are indigent, uninsured, or underinsured and have an opioid use disorder
- The following covered services are allowable uses of STR MAT funds when provided to individuals in conjunction with methadone maintenance, buprenorphine/suboxone maintenance, or oral naltrexone:

STR MAT Covered Services	
Aftercare Assessment	Medical Services
Case Management	Medication-Assisted Treatment
Crisis Support/Emergency	Outpatient
Day Care	Outreach (to link people with OUD to MAT services)
Day Treatment	Recovery Support
Incidental Expenses (excluding housing/rental assistance and direct payments to participants)	Supported Employment
In-Home and On-Site	Supportive Housing/Living
Substance Abuse Outpatient Detoxification	



DCF Overdose Prevention Program

- Trained more than 2,300 individuals on overdose recognition and response
- Provides free Narcan Nasal Spray to non-profits that distribute take-home kits to individuals at risk of experiencing an overdose and to their friends/family who may witness an overdose
- More than 12,000 Narcan kits have been provided to 48 organizations currently enrolled in DCF's Narcan program, including community-based organizations, SAMH treatment providers, anti-drug coalitions, homeless services organizations, and prevention providers
- At least 215 lives have been saved through reported overdose reversals
- Through a partnership with Florida Department of Law Enforcement, Florida Sheriffs Association, Florida Police Chiefs Association, and Florida Highway Patrol:
 - August 2017: Application disseminated to local police and sheriff agencies for interested agencies to apply to receive Narcan kits
 - September 2017: 80 local police and sheriff agencies notified of Narcan award to equip officers



Increase Access to Methadone Services

- DCF published an Emergency Rule and conducted a needs assessment which indicated a need for an additional 49 methadone MAT providers in selected counties throughout Florida
- DCF accepted applications October 2 – 23, 2017, for providers interested in opening an opioid treatment program in one of the counties with an established need
- DCF will notify applicants who are approved to apply for licensure by November 17, 2017
- In determining need for additional methadone MAT programs, the following data was examined:
 - Population estimated by age and county
 - Number of opioid-caused deaths
 - Estimated number of past-year nonmedical pain reliever users
 - Estimated number of life-time heroin users



Services for Pregnant Women

Substance Abuse Prevention and Treatment Block Grant requires Florida to expend at least \$9,327,217 toward services for pregnant women and women with dependent children. During FY 16-17, DCF and MEs spent a total of \$13,529,318 on substance abuse services for pregnant women, mothers, and their affected families.

of service providers receiving funding: 28

Characteristics of persons served:

- 509 persons were court-ordered for diversion from the criminal justice system
- 1,428 women were involved with the child welfare system
- 59 women with child welfare cases were reunified with their children

Outputs:

- 2,301 persons served (includes pregnant women and women with dependent children)
- 56% of women received parenting classes or interventions
- 91% of pregnant women delivered an infant with a birth weight of 5.5 lbs or higher
- 379 infants were born drug free (out of 437 live births)

Outcomes:

- Of 1,194 persons served who were discharged:
 - 784 (66%) were discharged successfully
 - 1127 (94%) were discharged to stable housing
- From admission to discharge:
 - Criminal justice involvement decreased 74%
 - Employment rates increased 31%



Challenges

- Coordination with prescribing physicians, private providers, MMA, and FQHCs to design and implement a coordinated system of care
- Housing for individuals experiencing or at-risk of homelessness
- Reducing stigma of substance use disorders, MAT, and naloxone distribution
- Prior authorization requirements for MAT – may lose individuals seeking help during the approval process
- Information sharing due to privacy laws
- Waitlists for services



Questions?



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Florida Medicaid Coverage of Opioid Treatment

Beth Kidder

Deputy Secretary for Medicaid

Presented to:

Senate Health and Human Services
Appropriations Subcommittee

October 25, 2017



Overview of Opioid Coverage and Treatment

- Florida Medicaid covers a variety of opioids to ensure providers have options to treat the therapeutic need of recipients.
- Florida Medicaid also:
 - Provides services to treat substance use disorders, including opioid abuse.
 - Covers medicine that reverses opioid overdose and medicine to treat opioid addiction.
 - Contracts with health plans that offer services and programs not traditionally covered by Medicaid.



Florida's System of Care for Behavioral Health Services

	Agency for Health Care Administration: Medicaid Program	Department of Children and Families: Substance Abuse and Mental Health Program
High Level Description of Populations Covered	<ul style="list-style-type: none"> • Parents and caretaker relatives of children under age 18 • Children 0 to 21 years of age • Pregnant women • Individuals who are aged, blind or disabled • Individuals formerly in foster care • Non-citizens with medical emergencies 	<ul style="list-style-type: none"> • Children and adults who are otherwise unable to obtain mental health and substance abuse treatment services, including: <ul style="list-style-type: none"> • Individuals who are not eligible for Medicaid • Medicaid enrolled individuals who require services not covered under Florida Medicaid, and • Those who are not financially able to cover medical expenses independently.
Delivery System	<ul style="list-style-type: none"> • Most people receive services from a Managed Medical Assistance (MMA) health plan. • MMA plans contract with local services providers to provide behavioral health services. 	<ul style="list-style-type: none"> • Participants receive services from providers contracted with seven Managing Entities (MEs). • MEs contract with local service providers to provide prevention, treatment, and recovery support services.

Florida's System of Care for Behavioral Health Services

Medicaid vs. DCF

Behavioral Health Services (Available for Adults)	Medicaid	DCF
Assessment/Treatment Plan Development Modifications		
Assessment	✓	✓
Treatment Plan Development	✓	✓
Treatment Plan Review	✓	✓
Therapy Services		
Group Therapy	✓	✓
Individual Therapy	✓	✓
Family Therapy	✓	✓
Psychosocial Rehabilitation		
Outpatient Detoxification****		✓
Day Treatment	✓	✓
Supportive Housing*	✓	✓
Supportive Employment		✓
Recovery Support (Individual/Group)**	✓	✓
Mental Health Clubhouse Services	✓	✓
Medication-Assisted Treatment Services	✓	✓
Medical Services	✓	✓
Residential Services		
Residential Treatment		✓
Room and Board w/Supervision		✓

Behavioral Health Services (Available for Adults)	Medicaid	DCF
Case Management Services		
Case Management	✓	✓
Intensive Team Case Management		✓
Crisis Management		
Crisis Stabilization***	✓	✓
Crisis Support		✓
Substance Abuse Inpatient Detoxification	✓	✓
Inpatient Hospital Services	✓	✓
Other Support Services		
Day Care Services		✓
Drop-in Center/Self Help		✓
Respite****		✓
Intervention (Individual/Group)		✓
Treatment Alternative for Safer Communities (TASC)		✓
Incidental Expenses		✓
Aftercare/Follow up		✓
Outreach		✓
Florida Assertive Community Treatment (FACT)		✓
Prevention		✓
Comprehensive Community Service Team		✓

* The Agency is seeking approval for a pilot to provide housing support services under the Medicaid MMA program.

** These services can be received through the Medicaid's therapy benefit.

*** Florida Medicaid's health plans have the flexibility to offer this service as an in lieu of service when medically appropriate.

**** These services can be covered as an expanded benefit under the MMA plans.



Florida's System of Care for Behavioral Health Services

- Medicaid has service limits for some behavioral health services.
- Once service limits have been reached, recipients can access additional services through DCF, if they are medically necessary. Example:

Medicaid recipient reaches service limit of two psychiatric evaluations per year.



Recipient can receive additional psychiatric evaluations through DCF's managing entities.

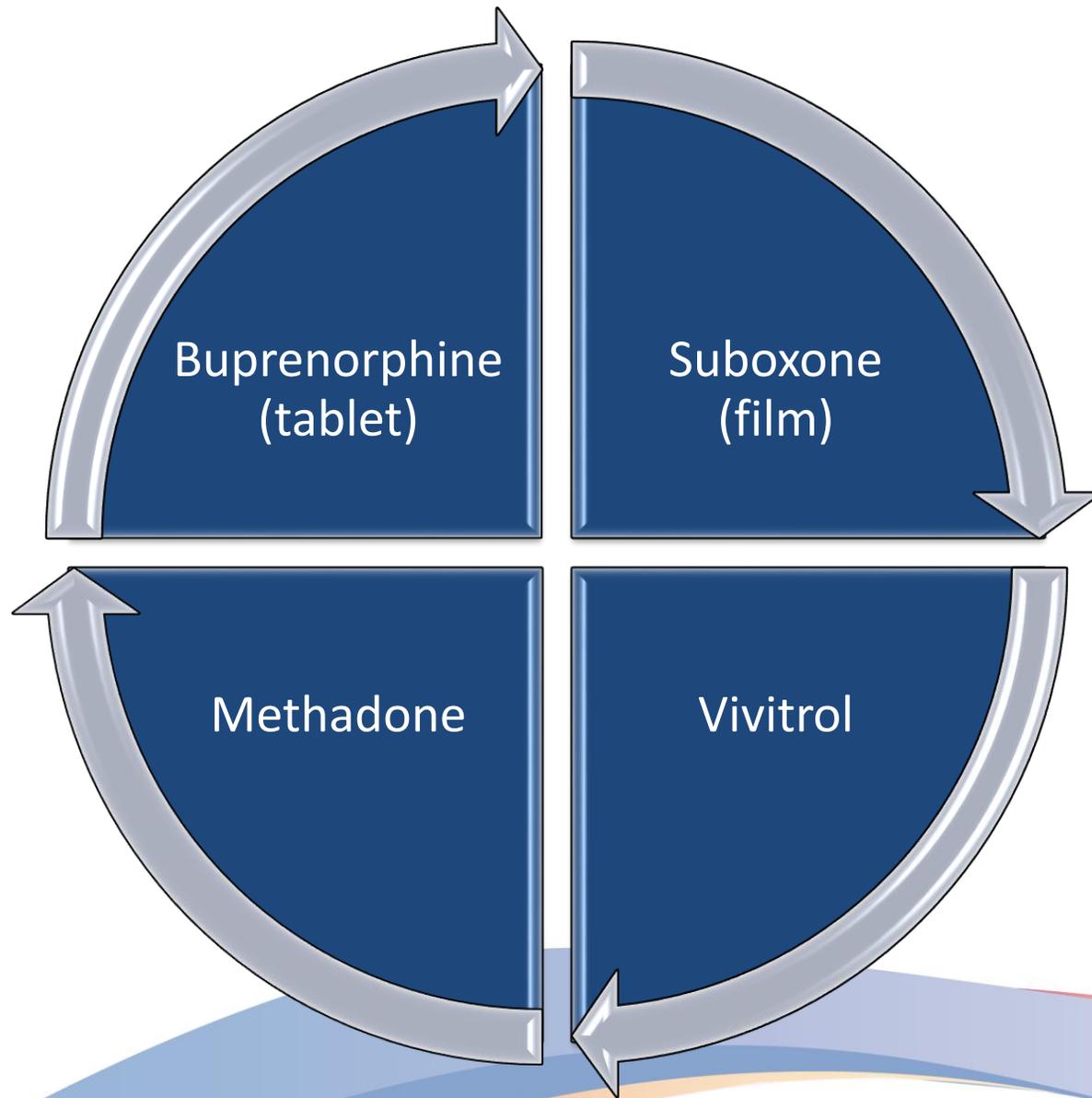


Medicaid Covered Drugs that Reverse Opioid Overdose

- Florida Medicaid covers Narcan and its generic equivalent, Naloxone.
 - Blocks the effects of opioids and reverses an overdose.
 - Available by prescription and in hospitals.



Medicaid Covered Drugs that Treat Opioid Addiction



Health Plan Healthy Behavior Programs and Expanded Benefits

- All health plans have medically approved substance use recovery programs that offer interventions such as:
 - Medically assisted detoxification
 - Medication and behavioral therapy
 - Treatment and relapse prevention
- One plan provides unlimited substance abuse intensive outpatient treatment as an expanded benefit.



Health Plan “In Lieu of Services”

- Health plans have the flexibility to provide services in alternative settings or services that are provided instead of services traditionally covered by Medicaid.



Questions?



Behavioral Health System: Opioid Crisis and Beyond



Maggie Labarta, Ph.D.
President/CEO
Meridian Behavioral Healthcare, Inc.

A System of Care: Providing for Resilience in the Face of Crises

Targeted response to particular drugs or system wide problems

Drugs

- Alcohol
- Tobacco use
- Cocaine
- Designer drugs
- Opioids

Social Challenges

- Abuse and neglect
- Traumatic events
 - Storms
 - Mass casualty events
- Jail over crowding



The context in which these crises occur

- 1:5 has a mental illness
- 1:12 has a substance use disorder
- 40% of those with substance use disorder and 18% of those with a mental health disorder have co-occurring illness
- The most common cause of psychiatric relapse today (in the dually diagnosed population) is the use of alcohol, marijuana, and cocaine. The most common cause of relapse to substance dependency/abuse is untreated psychiatric disorder.

DATA: <http://www.mentalhealthamerica.net/issues/mental-health-america-prevalence-data>

<http://www.mentalhealthamerica.net/positions/co-occurring>

<https://www.samhsa.gov/disorders>



Addressing both through system of care: SB 12 (2016) a blueprint for moving forward

- Access -No wrong door
 - Timely availability
 - Centralized system through which you enter care and are triaged
 - Crisis and routine care
- Care Coordination
 - Support for data sharing
 - Reliance on follow-up services
 - Supports integration of behavioral care with primary care, other specialty care and social services

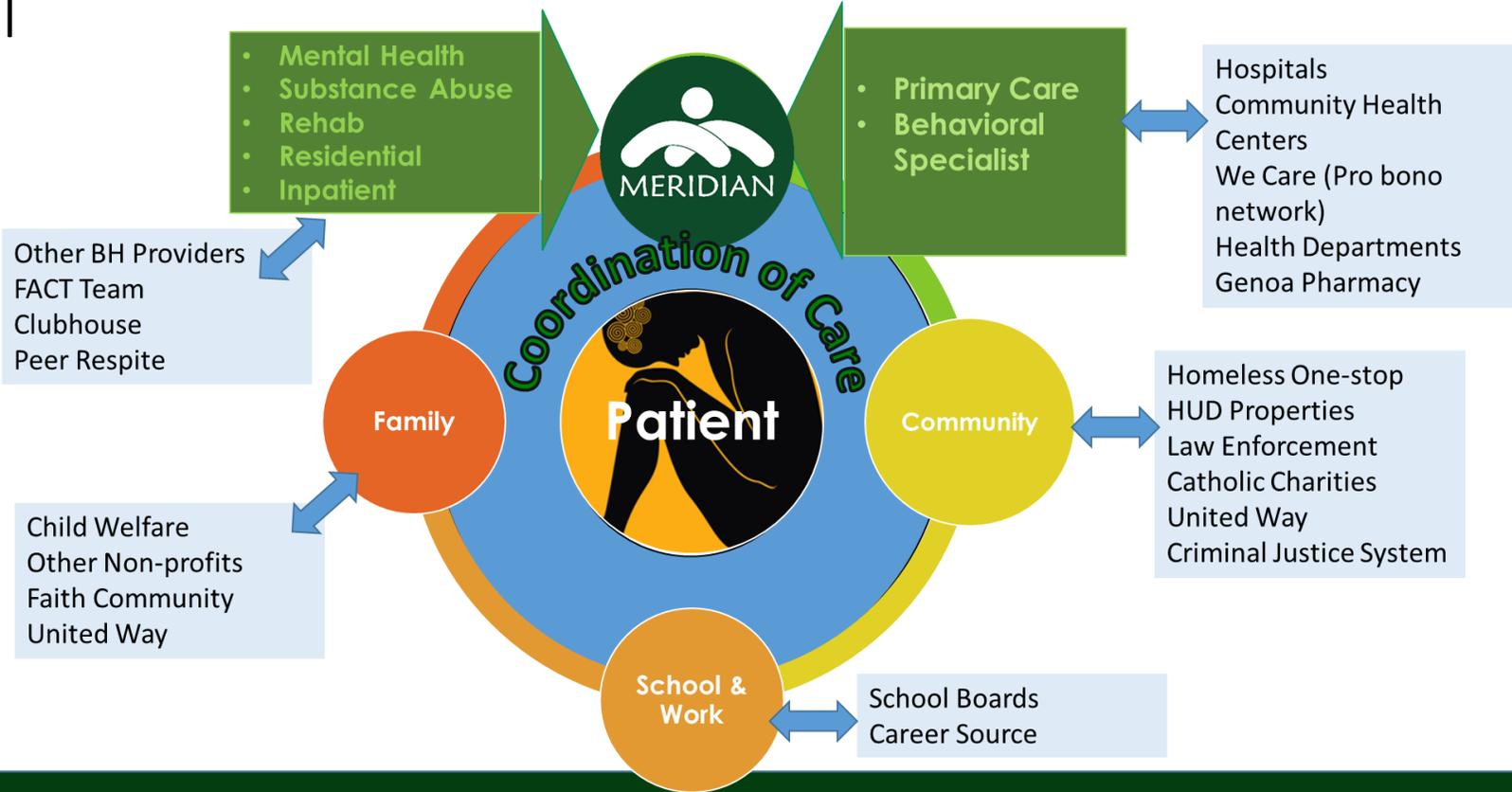


Continuum to support effective & efficient care

- Access
 - Central receiving “one stop”
 - CSU/ARF
 - Assessment & referral
- Treatment
 - Inpatient (CSU)
 - Residential (Detox & Treatment)
 - Outpatient Counseling
 - Crisis (MH & Detox)
 - Routine (Counseling & MAT)
 - Psychiatric & Addiction Medicine Care
- Care Coordination & Case Management
 - Referral to Social Services
 - Transition Care Management
 - High Utilizers interventions
- Primary Care
 - BH embedded clinics
 - MOU’s
 - Outsource staff to other clinics
- Specialty programs
 - Criminal Justice
 - Child Welfare



Statewide Comprehensive BH Providers embrace this model



But there are challenges

- True coordination and integration require significant capacity and infrastructure
 - Facilities
 - Technology – telehealth, electronic health records, inter-operability
 - Sophisticated billing and collection capabilities to address multiple payer rules and processes
 - Multiple licensures
- Integration and coordination also mean that core services – counseling, psychiatric, residential, case management, detox – all need to be funded so that care transitions and diversions can be made



Payment is complex and feeds fragmentation

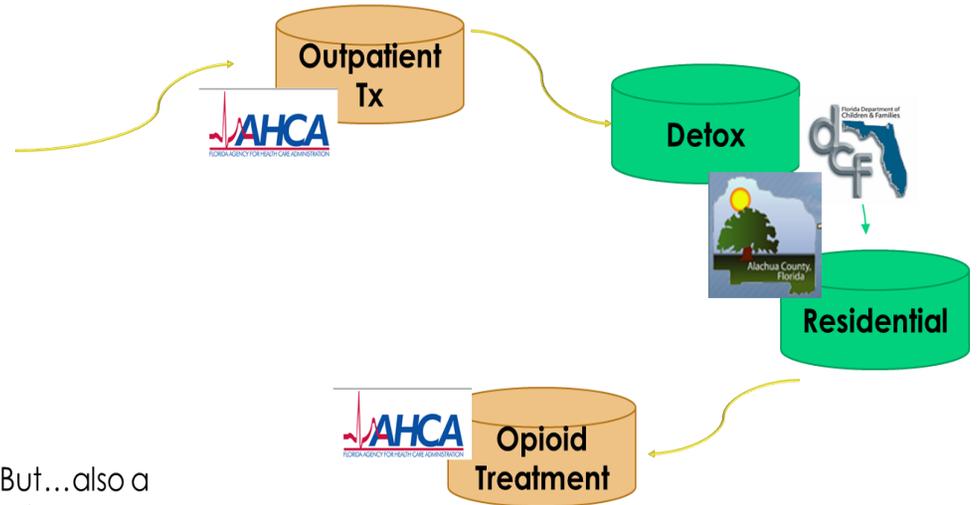


- Everyone pays last ...
- Medicare
 - Hospital (not CSU)
 - Psychiatric Treatment
 - Counseling
- Commercial Insurance
 - Psychiatric Treatment
 - Counseling
 - CSU – some companies only
 - Detox - seldom
- Medicaid
 - Psychiatric Treatment
 - Counseling
 - CSU – managed care only
 - Rehabilitation services
 - Case Management
 - Peer Supports
- State and County
 - Psychiatric Treatment
 - Counseling
 - CSU (public receiving facility)
 - Rehabilitation services
 - Case Management
 - Vocational
 - Peer Supports
 - Housing





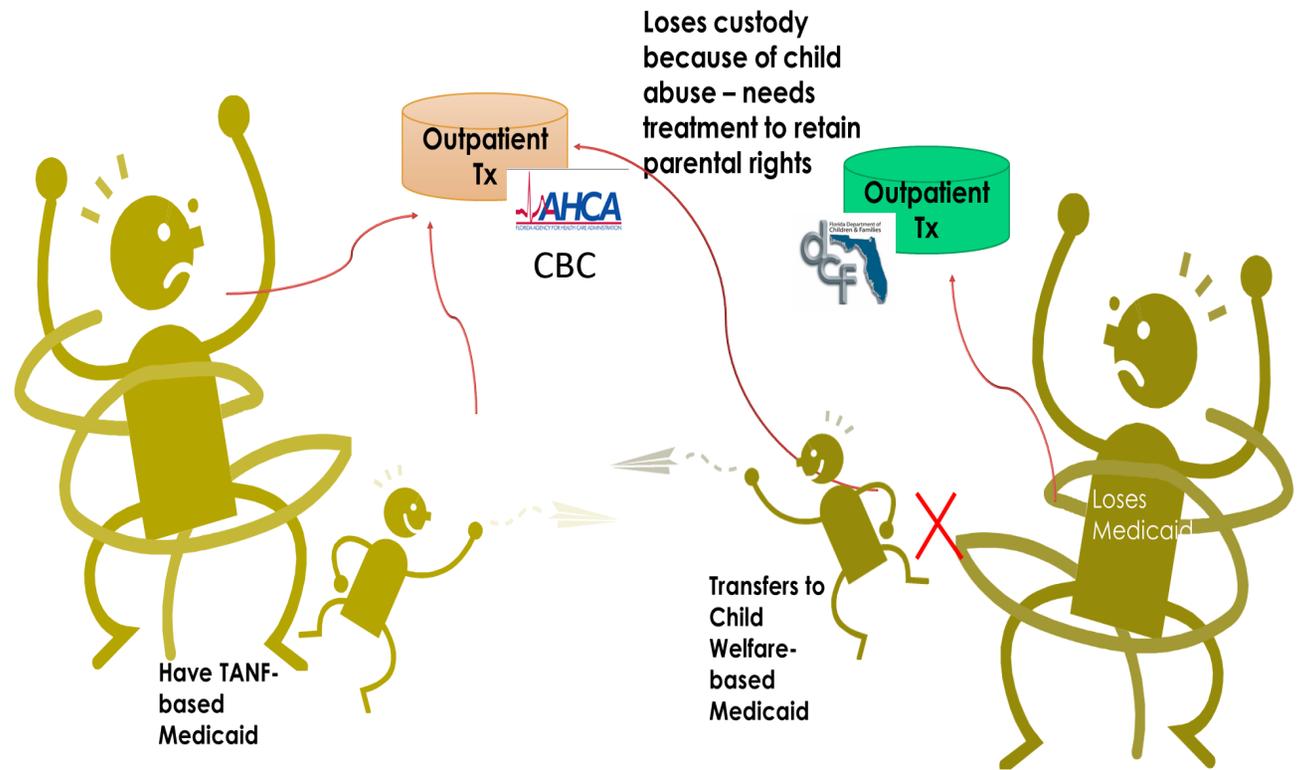
But...also a
primary
Substance
Use Disorder

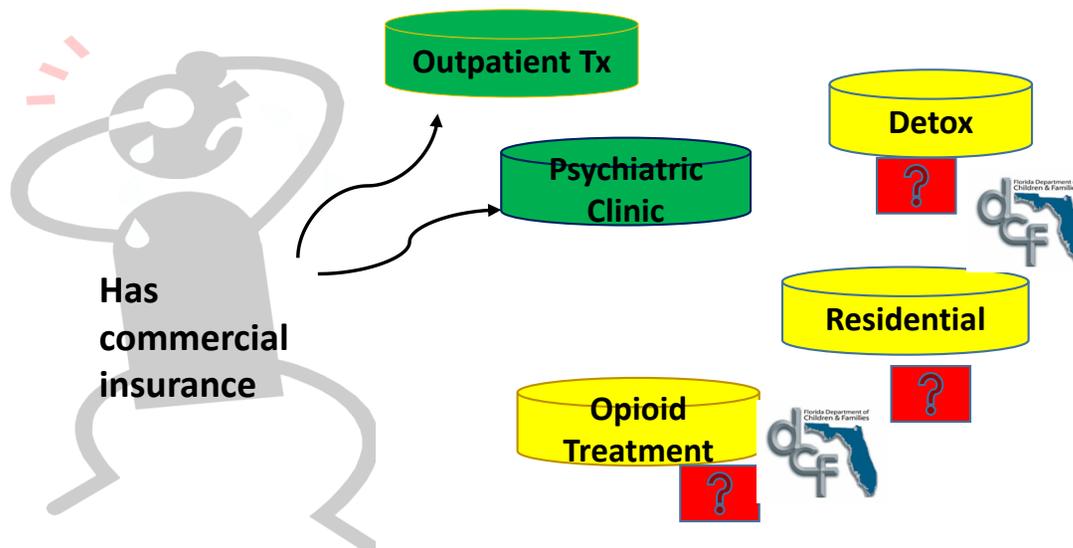


- Medicaid is primary
- Detox and Residential are not required services for the MMA's, so if they deny payment, Managing Entity (ME) and County funds are the fallback
- ME and county also come into play when the Medicaid benefit is exhausted (services above session limits)



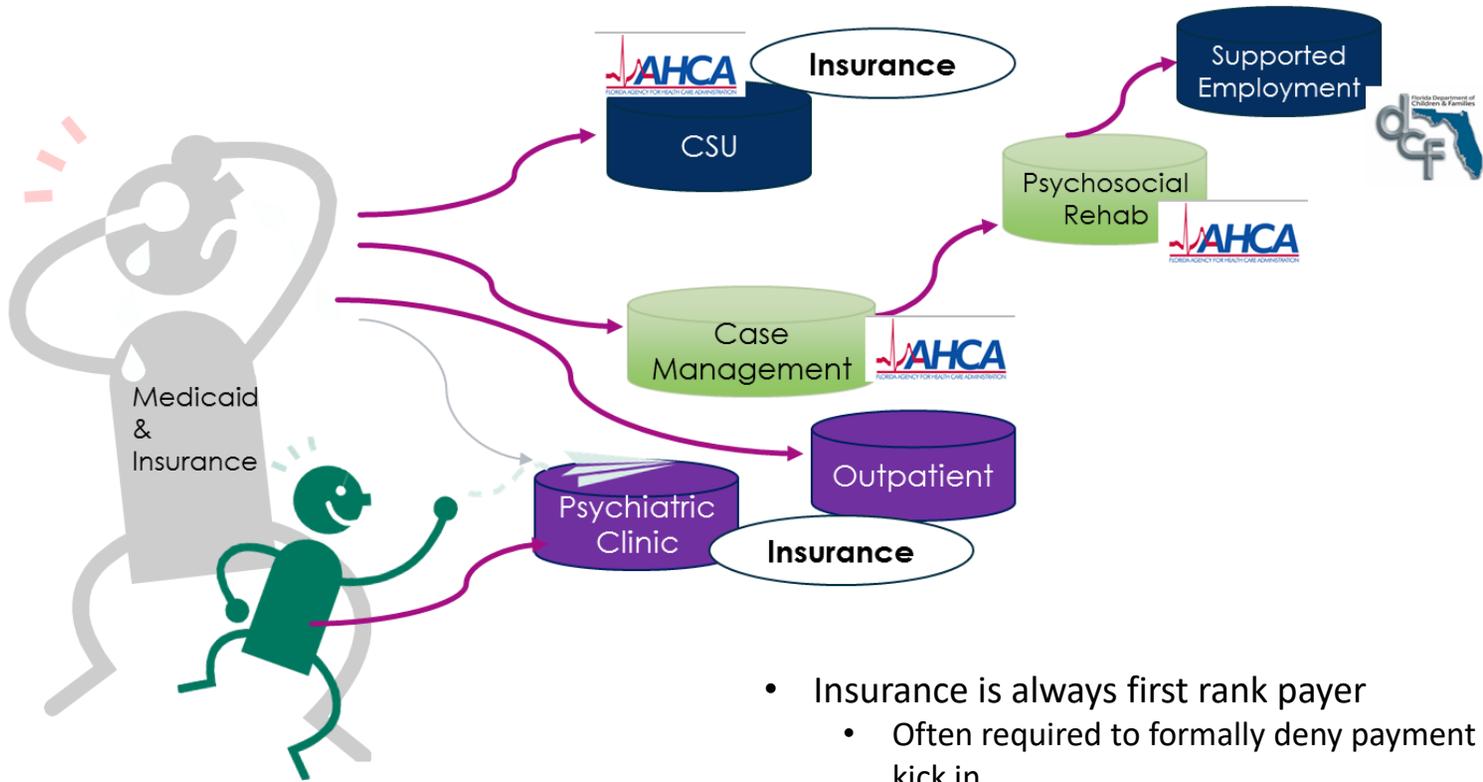
- When the child is removed, parent loses Medicaid if it was TANF-based
- The child is eligible for Medicaid
 - If the guardian does not select a plan, the child is transferred to the Community Based Care Integrated Health Plan, contracted to Sunshine, which has high UM/UR requirements
- The parent then is relying on ME, Community Based Care, or other county funding





- Commercial insurance covers a limited array of services
 - They have typically NOT covered substance abuse outside of counseling and med-surg hospital care
 - With parity some are beginning to cover these, but for very complex cases only and then with very short stays
 - They also do not cover what we do as case management or rehab
- Require that patients meet deductibles and copays
 - These CANNOT be waived by us
 - State funds may cover some of the cost of care if insurance denies, max benefit is reached for people whose income qualifies for a sliding scale fee (required by FAC 65E-14) and who, therefore, pay only a portion of the cost of care





- Insurance is always first rank payer
 - Often required to formally deny payment for Medicaid to kick in
 - If child welfare involved, CW may also be a payer, but again Insurance rank 1 payer



From Blueprint to Action

- Funding practices that support
 - Access
 - Central Receiving Systems
 - Integration
 - Support primary care in BH Centers
 - Coordination
 - Case management for Substance Abuse
 - Transition Care Management
- Regulations that support
 - Reduce payer coverage fragmentation, support value based contracting
 - Innovation in treatment
 - Integration of services
 - Use of technology
- Infrastructure investment
 - Technology
 - Facilities



THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/25/2017
Meeting Date

Bill Number (if applicable)

Topic Opioid Epidemic

Amendment Barcode (if applicable)

Name James N. Hall

Job Title Senior Epidemiologist

Address PO Box 1225

Phone (786) 547-7249

Shepherdstown WV 25443
Street City State Zip

Email upfrontin@aol.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Nova Southeastern University

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/25/17

Meeting Date

Bill Number (if applicable)

Topic opioid treatment + MAT

Amendment Barcode (if applicable)

Name MARK STAVROS MD

Job Title Medical Director

Address 5429 Soundside Dr.

Phone 850 410 1270

Street

Out Breeze

City

FL

State

32563

Zip

Email mark.stavros@med.fsu.edu

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/25/2017

Meeting Date

Bill Number (if applicable)

Topic Treatment of Opiate Addictions

Amendment Barcode (if applicable)

Name Valerie Westhead MD

Job Title Chief medical office - Aspire Health Partners

Address 5151 Adenson Street

Phone 407/875/3700

Street

Orlando, FL

State

32804

Zip

Email Valerie.Westhead-tonner@aspire

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

11/4/17
-013

Representing Aspire Health Partners

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/25/17

Meeting Date

Bill Number (if applicable)

Topic Substance Abuse Treatment Services

Amendment Barcode (if applicable)

Name John Bryant

Job Title Assistant Secretary

Address 1317 Winewood Blvd

Phone (850) 488-9410

Street

Tallahassee

FL

32399

City

State

Zip

Email john.bryant@myflfamilies.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/25/17

Meeting Date

n/a

Bill Number (if applicable)

n/a

Amendment Barcode (if applicable)

Topic Mental Health/Substance Abuse/Opioid Funding

Name Dr. Maggie Labarta

Job Title President and CEO

Address 4300 SW 13th Street

Street

Gainesville

City

FL

State

32608

Zip

Phone 352/317-2833

Email maggie_labarta@mbhci.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Meridian Behavioral Health Care/Florida Council for Behavioral Healthcare

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/25

Meeting Date

Bill Number (if applicable)

Topic OP/011

Amendment Barcode (if applicable)

Name RAMON MAURY

Job Title ofer

Address P.O. Box 10245

Phone 850 222 1568

Street

TALL, FL 32302

City

State

Zip

Email maurygroup@aol

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FLORIDA SOCIETY FOR DOCTORS OF ORIENTAL MEDICINE

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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Waived

1/25/17

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic Options Funding Issues

Amendment Barcode (if applicable)

Name Karen Koch (Cook)

Job Title Executive Director

Address P.O. Box 11242
Street

Phone 850-545-0818

Tallahassee FL 32301
City State Zip

Email Karen@fshc.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FL Supportive Housing Coalition

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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Waived

THE FLORIDA SENATE
APPEARANCE RECORD

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10-25-17
Meeting Date

Bill Number (if applicable)

Topic Opioid Crisis

Amendment Barcode (if applicable)

Name Daman Duchene

Job Title MAT Project Director - OSEA

Address 2868 Mahon Ste. 1
Street

Phone 850-878-2196

Tallahassee FL 32308
City State Zip

Email dduchene@fada.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Alcohol and Drug Abuse Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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Proviso from the 2017-2018 General Appropriations Act

Specific to a Designated State Health Program

C_O_N_F_E_R_E_N_C_E__R_E_P_O_R_T__O_N__S_E_N_A_T_E__B_I_L_L__
_2_5_0_0_____

SECTION 3 - HUMAN SERVICES

From the funds in Specific Appropriation 204, the Agency for Health Care Administration shall seek federal approval for a designated state health program which allows the state to use general revenue funds expended on behavioral health services for non-Medicaid eligible individuals in the substance abuse and mental health safety net system administered by the Department of Children and Families as state match for federal funds. The Agency for Health Care Administration, in consultation with the Department of Children and Families, shall seek federal approval to use the federal funds to improve the quality of and access to behavioral health services for Medicaid and non-Medicaid eligible individuals served by either the state Medicaid program or the safety net system, as allowable. The goal for the use of funds generated by the designated state health program is to enhance long-term outcomes and improve value by increasing the use of coordinated, community-based services and supports and reducing the use of intensive services.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Bill Number (if applicable) _____

Topic DSH-DI Opioids

Amendment Barcode (if applicable) _____

Name Beth Kidder

Job Title Medicaid Director

Address 2727 Mahan Dr.
Street

Phone _____

Tallahassee FL 32308
City State Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Administration

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Agriculture, *Vice Chair*
Appropriations Subcommittee on Health and Human Services
Appropriations Subcommittee on Transportation, Tourism, and Economic Development
Governmental Oversight and Accountability
Transportation

JOINT COMMITTEE:

Joint Administrative Procedures Committee,
Alternating Chair

SENATOR KEVIN J. RADER
29th District

October 23, 2017

The Honorable Anitere Flores
404 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399-1300

Dear Chairwoman Flores:

In accordance with Senate Rule 1.21, I am writing to you to be excused from the Appropriations Subcommittee on Health and Human Services meeting that will be held on Wednesday October 25, 2017 at 3:30pm due to urgent business matters that need my immediate attention. I sincerely apologize for any inconvenience this may cause.

Thank you for your consideration. Please feel free to contact me at 561-866-4020 if you have any questions.

Sincerely

A handwritten signature in black ink that reads "Kevin Rader".

Kevin Rader
State Senator
District 29

cc: Phil Williams, Staff Director

REPLY TO:

- 5301 N. Federal Hwy, Suite 135, Boca Raton, Florida 33487
- 222 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5029

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

CourtSmart Tag Report

Room: SB 401

Case No.:

Type:

Caption: Senate Committee on Health and Human Services

Judge:

Started: 10/25/2017 3:32:52 PM

Ends: 10/25/2017 5:30:20 PM

Length: 01:57:29

3:32:52 PM Meeting called to order
3:32:53 PM Roll Call
3:33:22 PM Opening Remarks
3:33:27 PM Tab 2 - Update on Behavioral Health Revenue Maximization Designated State Health Progra
3:34:26 PM Beth Kidder, Deputy Secretary for Medicaid, Agency for Health Care Administration
3:45:29 PM Tab 1 - Opioid Funding Issues
3:47:14 PM Jim Hall, Senior Epidemiologist, Nova Southeast University, Ft. Lauderdale
3:55:10 PM Senator Book
4:06:04 PM Mark Stavros, MD, FACEP, FASAM, Emergency Department Medical Director, West Florida Hospital, Pensacola
4:15:36 PM Valerie Westhead, MD, Chief Medical Officer, Aspire Health Partners, Orlando
4:21:42 PM Senator Book
4:25:59 PM Senator Stargel
4:32:58 PM John Bryant, Deputy Secretary for Substance Abuse and Mental Health, Department of Children and Families
4:39:37 PM Senator Book
4:46:25 PM Senator Rouson
4:50:56 PM Senator Flores
5:01:14 PM Senator Book
5:09:52 PM Maggie Labarta, PhD, President/CEO, Meridian Behavioral Healthcare
5:23:56 PM Public Testimonies:
5:24:56 PM Ramon Maury, Florida Society for Doctors of Oriental Medicine
5:26:57 PM Senator Passidomo
5:27:49 PM Senator Book
5:28:49 PM Closing Remarks
5:29:20 PM Adjourned