

Commission on Mental Health and Substance Use Disorder
Third Interim Legislative Report

1. Subcommittee Name: Data Analysis Subcommittee including the following committee members:

Table One. Data Analysis Subcommittee Members

<i>Name</i>	<i>Title</i>	<i>Agency</i>
Kathleen Moore, Commissioner, Chair	Executive Director Research Professor	Florida Mental Health Institute (FMHI), USF Dept. of Mental Health Law & Policy, USF
Larry Rein, Commissioner	President and CEO	ChildNet
Jay Reeve, Commission Chair	President and CEO	Apalachee Center
Sue Gallagher	Chief Innovation Officer	Children’s Services Council (CSC) of Broward County
Heather Flynn, PhD	Professor and Chair	Department of Behavioral Sciences and Social Medicine, FSU
Annette Christy, PhD	Associate Professor	Dept of Mental Health, Law & Policy USF
Paul Stiles, J.D., PhD	Associate Professor	Dept. of Mental Health Law and Policy, USF
Julie Jean	Data Administrator for Substance Abuse	Florida Department of Corrections
Adam Wasserman, PhD	Data Administrator for Mental Health	Florida Department of Corrections
Stephen Lord	President and CEO	Circles of Care
Alexander Ford	Chief of Data Analytics	Agency for Healthcare Administration
Laura Diaz de Arce	Quality Control Supervisor	Mental Health America SE Florida
Carlos Butts	Deputy Chief Information Officer	Florida Department of Children and Families
Giri Vasudevan	Director, Enterprise Data Management	Florida Department of Children and Families

2. Background Information:

a. Specific statutory charge guiding sub-Committee:

- Address the quality and effectiveness of current mental health and substance use disorder abuse services delivery systems, and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers, such as community mental health centers; community substance use disorder abuse agencies; hospitals, including emergency services departments; law enforcement agencies; and the judicial system.
- Identify any gaps in the provision of mental health and substance use disorder services.

- Primary goal of the Data Analysis Subcommittee is to enable the Commission’s evaluation and recommendations for improving mental health and substance use outcomes of all Floridians. The Subcommittee will develop a data strategy that addresses statute-directed aspects of mental health care (§394.9086, F.S.).
- Secondary goal of the Data Analysis Subcommittee is to explore emerging information technology resources and methods that enable the Commission’s blueprint.

b. List presentations heard by Sub-Committee since January 2024:

- **Northwest Regional Data Center (NWRDC) presentation on 2-14-24 by Dr. Rick Burnette, FSU Sr Vice Provost & Chief Strategy Officer, Tim Brown, FSU Assistant Vice President (FSU), and Jorge Vidal, FSU Sr Director for Data and Analytics, Information Technology Services (see Appendix A):** Located with Florida State University (FSU), NWRDC has offered software, infrastructure, storage and other data center capabilities as a service to Florida’s higher education institutions, K-12 school districts, and state and local government agencies for over 50 years. The goal is to help smaller organizations, or those with technological challenges, by providing enterprise-level solutions at a reduced cost.

NWRDC is self-funded, not-for-profit auxiliary of FSU and received no state funding with facilities in Tallahassee and Atlanta. Currently has over 110 State, K-12, College, University, City, County, and Local Government customers.

- **Legal, Ethical and Structural Aspects of Data Sharing: Actionable Intelligence for Social Policy (AISP) Frameworks and Relevant Laws presentation on 4-10-24 by Dr. Paul Stiles (see Appendix B):** Dr. Stiles is a JD, PhD and a subject matter expert in legal considerations surrounding data sharing and integration. He is also on AISP’s Legal Advisory Workgroup (LAW) that is made up of talented legal counsel who are national experts in areas such as early childhood advocacy, privacy and security to public health and tribal sovereignty.

Dr. Stiles reviewed the interim report recommendations and discussed topics using AISP framework that is housed at the University of Pennsylvania focused on helping state and local governments collaborate and responsibly use data to improve lives. AISP has established a network of local and state-wide data integration initiatives from across the country which can share insights, structures and legal agreements (<https://aisp.upenn.edu>).

The topics included the following:

- Quality Framework for Integrated Data Systems
- Legal Considerations for Data Integration
- Authority and Structure
- Legal Agreements
- MOUs, DSAs, DULs and Consent
- Relevant Federal and State Laws including:
 - FERPA
 - HIPAA
 - 42 CFR Part 2
 - Florida Medical Record laws
 - Florida Data Collaboratives
 - Florida Digital Bill of Rights

3. Recommendations:

- a. **Major Aims.** The following table highlights the major aims, key steps, and recommendations of the data analysis subcommittee.

Table Two. Aims, Key Steps, and Recommendations of Data Analysis Subcommittee

<i>Aims</i>	<i>Key Steps</i>	<i>Recommendations and Identified Partners</i>
Aim 1: Formalize a stakeholder coalition to determine optimal sources, uses, and outcomes of data	<ul style="list-style-type: none"> • Bring data together safely and responsibly • Policymakers and practitioners are better equipped to understand complex needs • Allocate resources • Measure impact of policies and programs • Engage in shared decision-making about data use and institutionalize regulatory compliance 	<ul style="list-style-type: none"> • Create Statewide Coalition – defining key stakeholders • Conduct gap analysis to identify expertise needed when identifying key stakeholders for Statewide Coalition • Implement Pilot – Collect data already aggregated and merged between AHCA and DCF or another relevant dataset to create roadmap for analytic plan before expanding statewide
Aim 2: Create a Florida behavioral health data repository or comparable effective data system that includes data harmonization and cleaning of identified data sources for analyses	<ul style="list-style-type: none"> • Once statewide data collaborative has been created and information sharing guidelines developed, a behavioral health repository can be formed to include data from organizations such as (but not limited to) DCF, AHCA, DJJ, and FDLE • Provide information on access, quality, costs, and outcomes of Florida’s behavioral health system 	<ul style="list-style-type: none"> • Secure administrative authority and commitment from stakeholders to establish state-wide Florida Behavioral Healthcare Data Repository (FBHDR) • Determine structure of repository (centralized, federated, etc.) and as protocols for data security, standardization, and access • Budget cost for initiative including fiscal analysis of components of establishing and maintaining repository and possible addition of qualitative component
Aim 3: Provide information on availability and adequacy of behavioral health data sources in Florida for high-risk individuals served either through Medicaid or DCF and evaluate key questions related to cost, access, quality, and outcomes	<ul style="list-style-type: none"> • Assess high-risk individuals served either through Medicaid or DCF and evaluate questions related to cost, access, quality, and outcomes • Integration of behavioral health information can have significant improvements in accuracy of personal demographics, diagnoses, service use types and frequency of use, and personal outcomes and health care quality 	<ul style="list-style-type: none"> • Establish FBHDR oversight steering committee that will identify appropriate behavioral health data sources and prioritize analytic direction and initiatives • Initially, this level of research will focus on people served by public-funded services and supports • Statistical analyses and comparisons among key populations will be determined by needs identified by the Stakeholder Coalition

- b. **Additional Recommendations.** In addition to the three aims listed above, the following recommendations have been added as complementary and should enhance the development and implementation of the data structure within the state of Florida.

Table Three. Additional Recommendations

<i>Additional Recommendations</i>
<ul style="list-style-type: none"> • Implement a mixed-methods approach that includes a qualitative component to inform/contextualize the data • Implement innovative technology and biostatistical analyses • Identify community resource “strengths and assets” • Create a Behavioral Health Network of Resources • Identify additional analysis points and information that are not being collected that should be collected for outcomes

- c. **Prospective positive impact the proposed recommendations will have on the system and population of focus.** Through a collaborative partnership among state government, service stakeholders (providers and consumers), and Florida University experts, the proposed state behavioral health data repository would be an on-going resource and serve a variety of operational, evaluative and research purposes. As noted in previous reports, anticipated positive outcome include (but not limited to):
- Describing the prevalence and continuum of services of mental health and substance use disorders in Florida
 - Quantifying the effectiveness of mental health care in Florida
 - Identifying current innovative and best practices in the delivery of mental health services in Florida
 - Modeling of proposed service changes to improve behavioral health care for all populations

The FBHDR will be the first and only coordinated source of behavioral health data in Florida. The FBHDR will provide information on behavioral health data sources in Florida for high-risk individuals and evaluate key questions related to prevalence, cost, access, quality, and outcomes for behavioral health. A data integration and expansion initiative such as this has potential impact at the state and local level. Intentionally designing a state and local behavioral health data infrastructure and partnership from inception will allow following:

- Improvement of behavioral health outcomes
 - Maximization of state resources
 - Acceleration of innovation and incubation
 - Building capacity to leverage and use data grounded in science
- d. **Reference local areas, regions or other states that have successfully implemented this recommendation.** Please note that in Appendix C we have provided a excel spreadsheet of other Counties and States that have implemented a data repository system.