



Commission on Mental Health and Substance Abuse

Commission on Mental Health and Substance Abuse Members

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Dr. Uma Suryadevara
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Judge Ronald Ficarrota
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Meeting Notes

April 20, 2022

9:00 a.m. to 1:00 p.m.

9:00 a.m. – Call to Order/Welcome/Opening Remarks
Sheriff William Prummell, Chair

Roll Call – Pat Smith
Quorum confirmed

Approval of the February 16, 2022, Commission Meeting Minutes
Changes: p.4 "are *not* created equal"
Approval by Gadd, Second by Reeve

9:05 a.m. – Update of the 2022 Legislative Session
Heather Allman, Director of Substance Abuse and Mental Health, DCF, SAMH

Prummell: SB1262 – approved for in-person meetings but no particular budget, start to schedule quarterly meetings beginning in August; first initial report due Jan. 1; access to records that are confidential or exempt for closed presentation and discussion

Reeve: subcommittee meetings to be held remotely or in-person? Prummell: Not included in bill and will still be held remotely.

Allman: SB282 – effective 7/1, requires peer specialists to meet background screening requirements, designate ME to conduct peer specialist training, implementation: work with AHCA and revise rules

HB899 – effective 7/1, requires DOE to share data regarding involuntary examinations of minors to DCF, DCF to include in biennial report, implementation: modify contract with BARC, execute data sharing agreement, and revise rules/forms

HB1249 – effective 7/1, authorize DCF to contract with community MH provider to operate in jail, implementation: review current rules, identify existing contracts, and funding opportunities

SB1262 – effective 7/1, new requirements on restrictions for BA patients, telehealth authority, requires LEO to report contact information of relatives, discharge planning, Marchman Act patients have opportunity to release information, requires DCF to report transportation, changes to Commission (above), implementation: revise contract with BARC and rules/forms, work with DOH on telehealth definition

SB1844 – effective 7/1, removes requirement for judicial hearing prior to voluntary admission of minor and requires clinical review, directs LEO to restrain least restrictive means, implementation: revise rules



Commission on Mental Health and Substance Abuse

SB704 – effective upon becoming law, requires licensure applicants to include recovery residents to which refer to or from, changes management limitations, requires return of personal property upon discharge, allows DCF to use federal grants to provide participants non-cash incentives for completing follow-up assessments, implementation: adjust application and web-based licensure system and modify rules

HB5001 – \$126.2 M to expand behavioral health services throughout state, allocated for CAT, FIT, FACT, MRT and extra funds to MEs, \$109.8M to fund array of BH services, \$24.6M for State Opioid Response Discretionary Grant, \$11.3M to provide for legal settlement

Questions:

Prummell – waitlists prioritization. Allman – preliminary requests from MEs, looking at statewide increase for teams and more viable in today's world, preliminary draft of allocation plan provided to Secretary last week. Prummell – recurring? Allman – yes, all recurring funding

Reeve – HB5001 specific mention of workforce issues. Allman – confirms the tier two plan. Reeve – potential expansion of residential services part of reduction of waitlist piece

Salamida – suggestion to stay apprised of this allocation planning and follow-up on next meeting by Allman

Berner – comment on partnership of AHCA, DCF, and MEs

9:35 a.m. – 9-8-8 Implementation

Heather Allman, Director of Substance Abuse and Mental Health, DCF, SAMH

1-800 number will not go away but will connect to 9-8-8 system. Currently operational, although effective 7/16/22.

Initiates Crisis Continuum Cascade: 24/7 Crisis Call Center → Mobile Response Teams – > Crisis Stabilization Programs.

Nationwide being implemented in different ways, to include some passed or pending with fees and some without. FL has 13 Lifeline Centers compared to an average of 3 per state.

Florida preparations: 9-8-8 Planning Coalition, applied for building grant. Goals: recruitment and retention of qualified staff, improve statewide implementation through monitoring centers, identify quality assurance strategies, propose glide path for callers into 911 or 988 to dispatch MRTs for assessment.

Estimated Projected Call Volume and Funding Needs

Questions:

Leonardo – disposition of 98,000 calls last year? Allman – to follow up. Leonardo – potential of increase volume of calls? Allman – yes expecting that and preparing for that.

Berner – comment to capacity building grants for MRTs intended to reduce number of calls by having better safety plan in place

Evans – exception of MRTs age limit? Allman – no funding for MRTs through federal requirement, general revenue will be used to expand capacity of MRT, age limit is "soft" requirement and working to allocate enough funding to expand that age limit

Reeve – Florida Lifeline Centers geographical distribution? Allman – rough coverage over whole state, 9 are 211 blended centers and other 3 are community mental health centers. Reeve – are MRTs included in areas that are not served directly by lifeline centers? Allman – not sure that



Commission on Mental Health and Substance Abuse

anyone from an MRT is included in Coalition, goals of grant is to work to establish formal relationships with MRTs. Reeve – urge consideration to bring on providers that serve MRT

Prummell – long-range plan for sustaining? Allman – in addition to funding for implementation, set aside funding for next two years but no recurring funding planned right now. Prummell – how will 988 integrate with 911? Allman – will have to establish that. Prummell – expansion of teams to determine geographic location. Allman – working on that but only has certain funding for state-wide, no specific plans to have team per county. Prummell – comment on "soft" requirement on age limit

Rein – comment to work on unique efforts for hiring and recruiting appropriate staff

Reynolds – comments as a 988 provider

Reeve – comment to FL lifeline centers in close communications with MRTs in each community

Geohegan – workforce capabilities comment on new legislation about peer supports in addiction recovery. RCO for area and many coming up through FL and willing to help with workforce training. Allman – peer specialist on MRT is best practice.

10:15 a.m. – 10:30 a.m. Break

10:30 a.m. – Subcommittee Updates

Committee Chairs

- Business Operations, Commissioner Christine Hunschofsky
- Criminal Justice, Commissioner Mark Mahon
- Data Analysis, Commissioner Jay Reeve & Commissioner Kathleen Moore
 - Survey to other states
 - Bring together sources of data we already have
 - Mapping incidents of serious to moderate
 - Report of challenges around data sharing and how communities and state-wide collaboratives are working around these
- Finance, Commissioner Darryl Rouson

10:35 a.m. – Interim Report Discussion

Sheriff William Prummell, Chair

Outline Walk Through

Heather Allman, Director of Substance Abuse and Mental Health, DCF, SAMH

Drafts due by June 3, Dept will draft introductions and transitions and combine everything together into report

Gadd – add public school systems as provider and offer to lead that part

Reeve – data analysis subcommittee to work towards addressing quality and efficiency, short-term recommendations can be made from subcommittee

Leonardo – direction to the entire mental health and substance abuse system, be mindful that there are bigger funders than DCF that are serving a larger population



Commission on Mental Health and Substance Abuse

Berner – HB945 has specific recommendations that may provide direction for that part of the statute, as well as 2001 Commission recommendations

Wotherspoon – Finance subcommittee addressing other agencies' funding

11:26 a.m. – Next Steps/Action Items

Outline and Statute to be sent out for review and looking over what each commissioner can work on, and reply to Pat

Next month's subcommittees

June – rough draft, August – in-person meeting to go over in-depth

11:28 a.m. – Public Comment

Amy McClellan – FL Mental Health Advocacy Commission, comments on 9-8-8 and other response systems, survey results from MRTs

11:33 a.m. – Closing Remarks

Sheriff William Prummell, Chair

11:35 a.m. – Adjourned