



Commission on Mental Health and Substance Abuse Business Operations Subcommittee

Commission on Mental Health and Substance Abuse Members

Jay Reeve, PhD
Chair

Representative Christine
Hunschofsky, Co-Chair
Speaker of the House Appointee

Senator Darryl Rouson
President of the Senate
Appointee

Ann Berner
Speaker of the House Appointee

Clara Reynolds
Governor Appointee

Doug Leonardo
President of the Senate

Sheriff William Prummell
Governor Appointee

Dr. Kathleen Moore
President of the Senate
Appointee

Dr. Kelly Gray-Eurom
Governor Appointee

Larry Rein
Governor Appointee

Chief Judge Mark Mahon
Governor Appointee

Melissa Larkin-Skinner
Speaker of the House Appointee

Ray Gadd
President of the Senate
Appointee

Shawn Salamida
Speaker of the House Appointee

Secretary Shevaun Harris
Florida Department of Children
and Families

Secretary Jason Weida
Florida Agency for Health Care
Administration

Dr. Uma Suryadevara
Speaker of the House Appointee

Chief Judge Ronald Ficarrotta
Governor Appointee

Wes Evans
President of the Senate
Appointee

December 2, 2022
9:00 a.m. to 1:00 p.m.

Call to Order and Welcome

Chair William Prummell called the Commission on Mental Health and Substance Abuse meeting to order at 9:00 a.m.

Roll Call

The roll was called by Aaron Platt and a quorum was confirmed

Attendance Summary

Members in Attendance

Chair, Sheriff Robert Prummell
Commissioner Darryl Rouson
Commissioner Shevaun Harris
Commissioner Clara Reynolds
Commissioner Doug Leonardo
Commissioner Kathleen Moore
Commissioner Larry Rein
Commissioner Melissa Larkin-Skinner
Commissioner Ronald Ficarrotta

Commissioner Wes Evans
Commissioner Ann Berner
Commissioner Ray Gadd
Commissioner Simone Marstiller
Commissioner Jay Reeve
Commissioner Kelly Gray-Eurom
Commissioner Shawn Salamida
Commissioner Ums Suryadevara
Commissioner Mark Mahon

Approval of Minutes

August 24-25, 2022, and September 18-19, 2022, Commission meeting minutes.
Commissioner Reynolds Motion for approval, seconded by Commissioner Mahon.
Unanimously approved.

Interim Report Discussion

Chair Prummell – Additional time needed to finalize interim report. There were more than 20 recommendations, leading to consolidation of some recommendations because they crossed subcommittees. We put into common themes and broke those down into three categories; Data Transparency, Access to Care and Gaps in Service.

Recommendations will continue to evolve, key questions need to be answered for each recommendation.

Under recommendation number one, development of a master client index. We need a clear definition of “Master Client Index”.

Commissioner Reeve – Both the Data Analysis and Business Operations subcommittee recommended some form of a data repository. One of the concerns is client privacy and HIPAA.

Commissioner Berner – Recommendation number one could be real-time time tool to assess redundancies.

Commissioner Reeve – Recommendation number one is a tool for state agencies to coordinate care in real-time. Recommendation number two is more of a long-term data repository to look at outcomes, prevalence rates and develop a heat map of behavioral



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health across the state. Must highlight some of the privacy protections. Must define who can utilize the system and how.

Chair Prummell – As we move further into this recommendation, we need to know any federal barriers, how will the index be utilized, who will be responsible for oversight and estimated costs. Right now, want to make sure we are clearly defining in the report.

Commissioner Reeve – Maybe add one or two sentences at the front of each recommendation.

Discussion regarding recommendation. Additional clarifying language for recommendation number one.

Chair Prummell – Recommendation number two, creation of a Florida behavioral health data repository.

Commissioner Berner – Add Department of Housing and Urban Development to recommendation number one in the rationale section and Agency for Person's with Disabilities to recommendation number two.

Chair Prummell – Recommendation number three, provide information on availability and adequacy of behavioral health data sources in Florida for high-risk individuals to develop a uniform method to maintain data inventory that can be stored at a single source.

Commissioner Berner – How does this recommendation align with the Master Client Index? Seems we are talking about the individual and not the service.

Commissioner Reeve – The aim was to list the domains we thought it was important for us to collect data in to develop a statewide prevalence map that could be searched by a variety of characteristics.

Discussion surrounding pulling recommendation three until the next iteration or keeping it in current version. Commission in support of keeping the recommendation in current version with edits incorporated to clarify the language.

Commissioner Marstiller – Maybe we have too much detail in this recommendation. Feel we do not need this much detail at this point in the process.

Further Discussion regarding recommendation

Commissioner Rein – Changing the language in recommendation three, deleting "adequacy" and "uniform method" sort of eliminates the impact of the recommendation.

Commissioner Berner – Language change because it is inconsistent with the language in recommendation one and two.

Commissioner Moore – This recommendation is very detailed, think we should scale it back.

Agreement to eliminate the bullet points under recommendation three.

Commissioner Evans – If person centric, it should be the individual determining whether or not the services met their needs.



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Chair Prummell – Recommendation number four, develop a workgroup to establish a statewide core set of metrics.

No comments or questions regarding this recommendation

Chair Prummell – Recommendation number five, conduct an exploratory study to assess the potential impact of adjusting the Medicaid income eligibility criteria for young adults ages 18-26. This recommendation was modified to a study to assess the potential impact of adjusting Medicaid eligibility criteria.

Commissioner Marstiller – The subject of Medicaid expansion is a significant policy decision for the Legislature to make. This Commission should not be addressing or suggesting doing a study that would lead to a recommendation of expanding Medicaid. Considering we are concerned about the coordination of care, quality of care, metrics, outcomes, etc., we should conduct a pilot study of the nineteen to twenty-year old's, former foster care children, up to age twenty-six who are already in Medicaid to see how they are utilizing care/resources they have. That should be question number one before moving into any suggestion that Medicaid should be expanded. I cannot vote to approve a recommendation that suggests or would lead to Medicaid expansion.

Commissioner Reynolds – The thought process around this recommendation is often times when young adults begin to experience behavioral health issues, it is in this time frame and this is a huge gap for these individuals, they end up without healthcare and accessing the deeper areas of service.

Commissioner Marstiller – This recommendation is making assumptions that we don't have the data to back up. The AHCA could do a study on the nineteen to twenty-six years old's to determine their services utilization. If the Commission votes to keep this in, I cannot vote for that.

Commissioner Harris – Agree with Secretary Marstiller's concerns and appreciate the modification to do an exploratory study. Important with this report that we demonstrate that we are doing our best to understand the system and coming right out and recommending expansion or eligibility changes seems odd. Supports the alternative put forth by Secretary Marstiller. The legislature has supported AHCA and DCF examining opportunities to maximize revenue between the two agencies to ensure continuity of coverage and no gaps in care for individuals. This is another opportunity we could explore without focusing on expanding eligibility.

Commissioner Larkin-Skinner – Do we want to make a recommendation that we are 99% certain won't go anywhere?

Commissioner Hunschofsky – The Business Operations Subcommittee presented to the whole Commission several times in this and the opportunity was there to raise these concerns. Concerned with objections being expressed so late in the process. We should have low-hanging fruit, medium term and ultimately what we think would be best, perhaps we can have a multipronged approach and incorporate both.

Chair Prummell – Probably 99% sure a recommendation for expansion will not go anywhere. That is why I wanted this exploratory study to find out exactly what the issues are and then we can come up with



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recommendations to address it. Asks Commissioner Reynolds and Hunschofsky if they are wanting to stick with the original language with regards to Medicaid expansion.

Commissioner Reynolds – Okay with doing exploratory study to assess impact but not okay with eliminating the recommendation totally.

Chair Prummell – Request clarification from Commissioner Marstiller regarding her suggestion. Regarding the data you mentioned, were you talking about this study or modifying this study?

Commissioner Marstiller – Suggesting we examine the population within this age range who are already being served by Medicaid to examine the extent they are utilizing the services and resources available to them. Access to care is not simply getting more people onto Medicaid, whether it is in a certain age group or more broadly based but, access to care is also a question of the availability of providers. Suggest we utilize the data AHCA has on those in this age group who are already being served by Medicaid to see how they are utilizing services, and that could inform future questions about how best to serve.

Chair Prummell – Is there a way to modify recommendation five to incorporate what you suggest but still make the exploratory study.

Commissioner Reynolds – That would change the entire recommendation. Secretary Marstiller wants to look at the individuals already receiving Medicaid to see if they are actually utilizing it. We want to look at the adults in Florida that have reported needing mental health treatment but are not receiving it. There are huge gaps and barriers to getting access if you don't have insurance.

Chair Prummell – Suggests putting the current language in recommendation number five (exploratory study) to a vote.

Commissioner Mahon – Is it possible that we just make a recognition of the existence of the problem? Is there a way that we could recognize the existence of the problem without specifically saying we have to expand Medicaid to adjust that problem?

Chair Prummell – If we conduct some type of study, we can show whether there is or is not a problem. The study will provide back-up information. Requests' vote regarding the exploratory study.

Chair Prummell – Yea

Commissioner Rouson – Yea

Commissioner Gadd – No Vote

Commissioner Evans – Yea

Commissioner Berner – Yea

Commissioner Hunschofsky – Is there a timeframe for when the study has to be completed – Yea

Commissioner Reynolds – Yea



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Commissioner Leonardo – Yea

Commissioner Reeve – Yea

Commissioner Moore – Yea

Commissioner Gray-Eurom – No Vote

Commissioner Rein – Yea

Commissioner Mahon – Yea

Commissioner Larkin Skinner – Yea

Commissioner Salamida – Yea

Commissioner Harris – Nay

Commissioner Marstiller – Nay

Commissioner Suradevara – Yea

Commissioner Ficarotta – Yea

Chair Prummell – The report reference at the bottom of page 16 needs information. Requests information to properly cite the reference.

Commissioner Reynolds – Will secure the citation and provide to Commission.

Chair Prummell – Recommendation number 6. Formation of a three-year pilot in which one administrative service organization manages all public behavioral health funding in a single county. We change the language from “managing entity” to an “administrative service organization” to give the Legislature the opportunity to debate where they feel it should fall under.

Commissioner Berner – Feels the change “leapfrogs” statutory language directing the managing entities to manage publicly funded behavioral health services. If you make that change, you need to make a recommendation to modify the statutory language. The language was also changed where it says the pilot would adapt the Certified Community Behavioral Health Clinic (CCBHC), original language did not include that. Again, this defies legislative intent.

Commissioner Reynolds – Agrees with Commissioner Berner and requests the language reverts to what was originally submitted.

Commissioner Harris – Applauds the Chairs efforts in attempting to modify the original recommendation. Given the complexity of the system, that is a big policy decision for the Legislature. Modified language gives the Legislature the opportunity to explore which entity is best. This will require statutory changes for which, the Legislature is very adept at identifying which statutes need to be modified. Suggest we



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keep current language and not revert to the original language because of the current statutory construct which is limited to DCF funding.

Commissioner Marstiller – Offers to present on Medicaid services at the next Commission meeting to ensure the Commission has a full understanding of the structure of Medicaid delivery of health services in the State of Florida. This recommendation does not currently consider, the majority of Medicaid healthcare and mental healthcare services are provided under a managed care framework. In reference to the proposed three-year pilot, it would be difficult to parse out Medicaid funding for just one particular county. There are other operational and logistical issues involved with implementing a pilot like this. Strongly recommend the Commission take time to understand Medicaid delivery.

Chair Prummell – One of the responsibilities within the statute establishing the Commission requires us to consider whether there should be a separate agency managing all mental health and substance abuse care and funding within the State, that is why we use the term “administrative service organization”, this recommendation explores that.

Commissioner Reynolds – If we use the term “administrative service organization” can we add caveat that it has to be an existing nonprofit administrative service organization?

Commissioner Marstiller – If the Commission recommends something like this, it is important that the Commission understands this means carving behavioral health services out of Medicaid managed care. Medicaid managed care contracts are currently undergoing procurement for the years to come. Strongly recommend holding off on this recommendation until the Medicaid team can do a full presentation to the Commission so that everyone understands what would be required.

Commissioner Harris – Reiterates support of the managing entities. Not supportive of singling out an organization in the recommendation. Lumping the CCBHC in with this recommendation may be a little confusing the way it is worded.

Commissioner Berner – Use of the word “Manages” may be causing confusion, in this context it means a single point that’s looking at the available fund sources. Maybe adding some definitions would make this cleaner. The managing entities do have responsibility for no-wrong-door and it would only make sense that the managing entities would be the administrative service organization.

Chair Prummell – Reviewed s. 394.9086, F.S.

Commissioner Reeve – Previously suggested modifying this language to start with a stakeholder workgroup to discuss the viability of this proposal.

Commissioner Salamida – This recommendation was intended to remedy the message received from commission meeting speakers who lamented a supposed fragmented system, high administrative cost, high level of duplication and negative impact on people served by having a single entity overseeing the system.

Chair Prummell – My question is, are we premature with this recommendation? Do we need more research before we are ready to make this recommendation?

Commissioner Reynolds -The purpose of the pilot is to study this.



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Commissioner Harris – Favors the exploratory study. This warrants more time exploring.

Continuing conversation regarding the complexity of this recommendation

Commissioner Berner – Motions that a vote be taken to restore this language back to the original version.

Commissioner Reynolds – Seconds the motion

Commissioner Hunschofsky – This process is a little frustrating. The Business Operations subcommittee has presented this more than once and never had any pushback until now. If we had this feedback earlier, we could have worked through it.

Chair Prummell – Motion to restore language back to its original version, having a pilot program with the managing entities overseeing the pilot and restoring language related to the CCBHC's.

Chair Prummell – No

Commissioner Rouson – Yes

Commissioner Gadd – No vote

Commissioner Evans – Yes

Commissioner Berner – Yes

Commissioner Hunschofsky – No Vote

Commissioner Reynolds – Yes

Commissioner Leonardo – No Vote

Commissioner Reeve – No

Commissioner Moore – Yes

Commissioner Grey-Eurom – No Vote

Commissioner Rein – Yes

Commissioner Mahon – No

Commissioner Larkin-Skinner – No

Commissioner Salamida – Yes

Commissioner Harries – No



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Commissioner Marstiller – No

Commissioner Suryadevara – Yes

Commissioner Ficarrota – No

Commissioner Salamida – Propose instead of saying “administrative service organization” or “service organization” or “managing entity”, we just say “one entity”.

Commissioner Harris – Also change “one county” to “single geographic area”.

Commissioner Reynolds – If you go outside of a single county, it can get more complex.

Discussion regarding CCBHC and additional language changes. Brief break

Chair Prummell – Recommendation number 7, establishing a coordinated community behavioral health approach for public school students utilizing a single organization. Any comments or concerns? Appendix 4 has recommendations to change statute.

Commissioner Reeve – Want to ensure there is language specifying the school districts would contract with the managing entities.

Chair Prummell – Recommendation number 8, limit the use of competency restoration process to cases that are inappropriate for dismissal or diversion.

Commissioner Mahon – Eliminate the use of the word “steps”.

Chair Prummell – Competency restoration is more so getting someone ready for trial and not treatment. Just want to make sure it is clear to the reader.

Commissioner Larkin-Skinner – The intent is to take opportunities for diversion, correct?

Chair Prummell – Correct. We want to save competency restoration for egregious charges. Misdemeanors and low-level felonies do not need to go to competency restoration, they can be diverted elsewhere.

Commissioner Gray-Eurom – Where would “elsewhere” be? Do we need to further explain what would happen to these people?

Chair Prummell – Statute allows for courts to have drug courts, mental health courts, veteran’s courts but it is up to the individual counties if they can afford these specialty courts. We are trying to expand these courts to allow the misdemeanors and low-level felonies to go through these courts.

Gray-Eurom – Can we add a sentence that elaborates on that instead of just saying “going elsewhere”?

Commissioner Mahon – Competency is not the end goal itself, but right now, we are spending a lot of the limited mental health resources in restoring competency, which does no one any good. In a large number of these cases, after competency is restored, charges are dropped. We should look at where we are going with the charges to decide whether we should focus on restoring their competency.



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Commissioner Gray-Eurom – Number 1 under recommendation number eight says we are diverting cases and I am in support of the goal but as a lay person I want to make sure we are stating the goal.

Chair Prummell – It seems as though one and three are saying the same thing but different words.

Commissioner Mahon – Diverting the cases is one thing but statute 916 has more alternatives for programs. Let's make sure we limit the competency restoration dollars to only those cases that are inappropriate for dismissal or diversion. Let's use the competency restoration process only for cases that we genuinely want to prosecute.

Commissioner Gray-Eurom – Adding some of those clarifying words would really help. Is there clarifying language that could be added to make sure we are highlighting the cases we want to divert.

Commissioner Mahon – Explained the competency restoration process so the Commission can help rewrite language.

Chair Prummell – Proposes we change the language to "Divert cases inappropriate for competency restoration" misdemeanors, low level felonies from the criminal justice system through the expansion and funding of specialty courts and programs.

Chair Prummell – Recommendation number nine, modernize the Baker and Marchman Acts. Propose changes to the first sentence, "...supporting the attached Baker/Marchman Act proposal..." does not want the Commission supporting/endorsing proposed legislation, especially since Legislators are on the commission.

Commissioner Reeve – I absolutely agree. Years ago, there was a thorough revision of Baker/Marchman Act, Senate Bill 12. Hesitant to call this the first modernization. Suggest calling it a comprehensive modernization of the Florida civil commitment system.

Chair Prummell – We also need to revise the first sentence by removing language that suggest we support proposed legislation.

Commissioner Mahon – Suggest revising language to indicate we support the changes proposed in the modernization. That way it does not look as though we are supporting the Legislation itself but some of the tenants.

Commissioner Gray-Eurom – We should not mention "the bill" but there is language in the bill that really concerns me. Is the goal to increase Baker and Marchman Acts or is the goal to decrease inappropriate Baker and Marchman Acts?

Chair Prummell – The goal is to decrease and try and align the Baker and Marchman Acts statutes.

Commissioner Mahon – That is accurate. It's going to lower the threshold to initiate a Baker Act proceeding. The Baker Act is inundated with frequent fliers. In the short run it might increase Baker Acts because it's going to broaden the definition/behaviors or what individuals might be Baker Acted, but in the long run its hoped that those people are focused on and get the treatment they need and will not be repeatedly Baker Acted.



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Commissioner Gray-Eurom – As an emergency physician, I have a different read on this, there are parts of the bill that are great but also language that lowers the threshold that will result in a lot more people being Baker Acted. The number one reason Baker Acts are rescinded in the emergency department is when inappropriate people are allowed to not want treatment and not want care, this does not mean they have a mental illness that requires treatment. There is language in the bill that will absolutely increase inappropriate Baker Acts that get sent to clearance that then immediately get rescinded. In favor of supporting bills that better align the Baker and Marchman Acts rules and services but, anything that lowers the threshold is not where we should go.

Chair Prummell – Had the same concern initially but thinks they clarified some of that language.

Commissioner Suryadevara – Is having a high threshold compensating for the lack of resources, lack of psychiatric beds, emergency room staff, etc.? We could miss a patient who is intoxicated and likely to harm themselves if the threshold is high.

Commissioner Larkin-Skinner – Instead of referencing specific bills, could we say the commission endorses efforts to streamline/modernize Baker and Marchman Act statutes?

Conversation regarding “self-neglect”

Commissioner Larkin-Skinner – Think there is ambiguity in the law regarding self-neglect and immediate bodily harm. The Commission should state that we support efforts to reduce ambiguity in the law/statutes. Anything that clarifies those definitions and gives parameters/defines what serious bodily harm is would be helpful.

Commissioner Mahon – The totality of circumstances language and is done by case law, not statute. It empowers the court to make a determination under the totality of circumstances. The magistrate does not have the issue about what constitutes serious bodily injury, it empowers the court to be able to make a determination under a totality of circumstances, which is broader. Part of the modernization is getting away from limiting language/definitions and allowing the magistrate more information or tools to determine whether its appropriate to Baker Act.

Commissioner Larkin-Skinner – Why wouldn’t we apply the totality of circumstances to self-neglect? Most of us go by statute and not case law, statute drives everything we do. This is example of why this is so complex, there are so many different systems involved.

Chair Prummell – Do we need clarification or to define what serious bodily harm is?

Commissioner Mahon – No, the bill would get rid of that language of serious bodily harm and allow the court to look at the totality of circumstances to determine whether it’s appropriate to continue with Baker Act proceedings.

Chair Prummell – Recommendation number ten, allows each jurisdiction to establish their own specialty courts but, it is up to each jurisdiction to fund the courts.



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Commissioner Mahon – It's not humane or appropriate to put people in jail because they're ill. Must ensure we are utilizing that discretion appropriately. If someone is ill and can be appropriately treated and they no longer commit crimes, that's what we need to do and not just warehouse them.

Commissioner Reeve – Page 24, #6, The sentence that references CAT Teams should be Mobile Response Teams (MRT) and not CAT.

Chair Prummell – This is the first report, there is a lot more work to complete. Next step is to add more comprehensive information for each recommendation. For each recommendation, we need to examine the type of change that is needed, policy, process, rule changes and timelines. How long will it take to implement, along with cost and, risk analysis. Who/what agency will take lead on implementing the recommendation. How do we explicitly measure and track success? Keep those in mind as we move forward. Will send Commission Members an outline of what we are looking for.

Discussion regarding vote to keep the original draft language in Recommendation number six.

Chair Prummell – Recalled vote on motion regarding draft language in Recommendation number six because of confusion regarding member votes. Revote taken on motion to keep the original proposed language with implementing a three-year pilot in which one managing entity manages all public behavioral health funding in a single county.

Chair Prummell – Nay

Commissioner Rouson – No Vote

Commissioner Gadd – Yea

Commissioner Evans – Nay

Commissioner Berner – Yea

Commissioner Hunschofsky – No Vote

Commissioner Reynolds – Yea

Commissioner Leonardo – Nay

Commissioner Reeve – Nay

Commissioner Moore – Yea

Commissioner Gray-Eurom – Abstain from vote, was not present for the discussion.

Commissioner Rein – Yea

Commissioner Mahon – Nay

Commissioner Larkin-Skinner – Nay



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Commissioner Salamida – Nay

Commissioner Harris – Nay

Commissioner Marstiller – Nay

Commissioner Suryadevara – Yea

Commissioner Ficarrotta – No Vote

Public Comment

No public comment

Closing Remarks

Chair Prummell – Working on drafting language to extend commission. January meetings will be subcommittee meetings, please keep working on recommendations. Will now take a vote on submitting this first draft to the Legislature and Governor's Office.

Chair Prummell – Yea

Commissioner Rouson – Yea

Commissioner Gadd – Yea

Commissioner Evans – Yea

Commissioner Berner – No Vote

Commissioner Hunschofsky – No note

Commissioner Reynolds – Yea

Commissioner Leonardo – Yea

Commissioner Reeve – Yea

Commissioner Moore – No vote

Commissioner Gray-Eurom – Yea

Commissioner Rein – Yea

Commissioner Mahon – Yea

Commissioner Larkin-Skinner – Yea

Commissioner Salamida – Yea



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Commissioner Harris – Yea

Commissioner Marstiller – Nay

Commissioner Suryadevara – Yea

Commissioner Ficarrotta – No Vote

Chair Prummell – Motion for submission of report passes.

Meeting Adjourned

DRAFT