



# Commission on Mental Health and Substance Abuse

## Commission on Mental Health and Substance Abuse Members

Sheriff William Prummell  
Chair

Ann Berner  
Speaker of the House Appointee

Representative Christine Hunschofsky  
Speaker of the House Appointee

Clara Reynolds  
Governor Appointee

Senator Darryl Rouson  
President of the Senate Appointee

Doug Leonardo  
President of the Senate

Jay Reeve, PhD  
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 Simone Marsteller  
Florida Agency for Health Care Administration

Dr. Uma Suryavevara  
Speaker of the House Appointee

Chief Judge Ronald Ficarrotta  
Governor Appointee

## Agenda

October 20, 2021  
9:00 A.M. to 1:30 p.m.

## Meeting Summary

*Note: The following is a summary of the highlights of the proceedings and is not intended to be construed as a transcript. For information on the Commission, please visit the Commission website:*

<https://www.myflfamilies.com/service-programs/samh/commission/index.shtml>

## Attendance Summary

### Members in Attendance

Chair, Bill Prummell  
Ann Berner  
Chief Judge Mark Mahon  
Clara Reynolds  
Dr. Kathleen Moore  
Dr. Kelly Gray-Eurom  
Dr. Jay Reeve  
Larry Rein  
Melissa Larkin-Skinner

Ray Gadd  
Representative Christine Hunschofsky  
Secretary Shevaun Harris  
Secretary Simone Marsteller  
Senator Darryl Rouson  
Shawn Salamida  
Wes Evans  
Dr. Uma Suryavevara

### Staff in Attendance

Pat Smith

## Proceedings

### Call to Order and Welcome

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

### Roll Call

The roll was called by Pat Smith and a quorum was confirmed.

### Approval of September Meeting Minutes

Approved by Commissioner Jay Reeve and second by Commissioner Darryl Rouson.



# Commission on Mental Health and Substance Abuse

## Overview of Behavioral Health System of Care

Erica Floyd Thomas, Assistant Secretary for Substance Abuse and Mental Health, provided a detailed overview on the Behavioral Health System of Care, noting that multiple state agencies, including commercial insurance, Tricare, CHIP, and Medicare are all key players in the system of care. Floridians can access services in a variety of ways. Each organization has a specific population and eligibility that must be met for services to be received. Comments were made that there is a need to share data across multiple agencies and payors, and that HIPPA and FERPA privacy laws at times can create barriers.

Prummell question- Navigation through the system: Floyd-Thomas response that managing entities work with family/individual for care coordination and management, work with insurance, and those uninsured to meet needs. Reeve provided feedback of observation of integration of funding happens at provider level, communication issue between providers. Harris adding coordination component that is supposed to happen but may not be effective, agree with Reeve that most groundwork happening at provider level, Governor/Legislature hope for opportunity of centralized system for 360 view of individual's journey for resources.

Prummell question - Bigger gaps in adult services than child services? Floyd-Thomas response that adult services are offered just as much.

Prummell observation - Not a smooth transition from child to adult treatment. Harris response that may be certain services as a child that may not be able to continue as adult, Benefits are different and may require multiple payers

Prummell – where are gaps for Commission to focus and address? Harris response – ability to share data and have 360 view of individual, workforce shortage issue. Rein response – never be able to fully see gap needs until communication between services is solved. Gadd response – data sharing issues, need model or prototype to make data sharing unimpeachable. Reynolds response – individuals can move on and off plans which then becomes difficult to track provider



## Commission on Mental Health and Substance Abuse

services. Reeve response – echo Rein for huge need to quantify data. Leonardo – agree data sharing aspect to be improved and quality of data is already missing, eligibility issues for provided services or issues with receiving authorization for needed services, presentation on future agenda of CCBHC model. Harris – managing entities documenting information of gaps in enough funds for certain services. Gray-Eurom – wide variety of services but challenging for the patient to manage qualifying for needed services, understanding the services/resources are available and how they are allocated and to the patient. Reeve – needs assessment data is available but may not be across the state. Evans – how much is gap from shortage in staffing or non-recurring funding.

### **Overview of Medicaid Health Plan Behavioral Health Waitlists**

Secretary Simone Marstiller presented on Medicaid Behavioral Health and she noted that AHCA oversees the managed care plan network for adequacy and wait times as a means to ensure access to necessary services.

She mentioned the behavioral health centered efforts of First Lady Casey DeSantis regarding the Hope for Healing campaign. She also noted that healthcare in general and especially, behavioral health is struggling with workforce issues and challenges. Comments from the commission included questions related to managed care plans and provider contracting/enrollment. It was expressed that plans don't seem to be adding the smaller community providers to their networks. Secretary Marstiller concluded that all plans are meeting the adequacy standards in the contract. Noting that innovation models like the Certified Community Behavioral Health Clinics (CCBHC) are working well to address workforce shortages, to better coordinate care, and to improve outcomes.



# Commission on Mental Health and Substance Abuse

## Overview of Behavioral Health Data Sources

Dr. Kathleen Moore shared the Louis de la Parte Florida Mental Health Institute's (FMHI) vision and historical timeline as well as data opportunities. Key points from the presentation:

- **FMHI Vision:** The ongoing vision of FMHI (since its inception in 1974): “A national leader in *behavioral health services research, policy, training and education, technical assistance, and dissemination.*”
- **FMHI Timeline:** There were several important milestones over the years:
  - In 1967, \$16 million was appropriated to build a mental health facility at USF.
  - Doors opened in 1974 providing inpatient and outpatient treatment services, emergency mental health care, and clinical diagnostic services.
  - In the 1980's, several centers were created related to Children's Mental Health, Autism, Juvenile Justice, Aging, and HIV Education.
  - In 1983, FMHI was transferred to USF as an independent budget entity reporting to University President on a level equivalent to a college and was enacted into law in Florida statute (540.214).
  - In the 1990s, the field of mental health evolved to focus on delivery of care in the community promoting increased emphasis on development of policy, research, and training.
  - In 1996, the Florida Legislature named FMHI after former state Senator Louis de la Parte for his lifelong advocacy for improved social and mental health services.
  - In 2008, FMHI became a part of the newly formed College of Behavioral and Community Sciences. This strengthened collaboration between faculty and bridged gap between university researchers and community to tackle issues such as criminal justice, child welfare, mental health, and addiction.
- **Data Opportunities:** There are four Centers relevant to information data sharing:
  - **Center for Child Welfare:** Collaborates with the Department of Children and Families to ensure on-site information is accurate and useful to child welfare professionals and key stakeholders.
  - **Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (CJMHTA TAC):** Provides on- and off- site training and technical assistance to Reinvestment grantees and conducts Sequential Intercept Mapping sessions throughout the state.
  - **Baker Act Reporting Center:** Receives, processes, and analyzes statewide involuntary (Baker Act) examination data (since 2002). The center receives involuntary examination forms from 125+ receiving facilities and petitions for involuntary inpatient placement and outpatient services from Clerks of Court statewide. Fiscal year annual reports are generated for children and adults.
  - **Policy and Services Research Data Center: (PSRDC)** Informs public policy and program development through integration and analysis of data. PSRDC serves academic departments across USF, along with a variety of local, state, and federal organizations and have analyzed data from DCF, AHCA, DJJ, FDLE, and DOC.

PSRDC are also part of a local data collaborative in Pinellas County to allow governmental and private agencies to share information. It was created to enhance the delivery of mental



# Commission on Mental Health and Substance Abuse

health programs by encouraging communication and collaboration among community providers, organizations, interested government agencies, and educational institutions.

- **Data Challenges and Future Opportunities:**
  - Data access
  - Data use agreement approval
  - Funding for data use and analysis by subject matter experts
  - Data sharing and confidentiality
  - Multiple opportunities to expand our data resources by working collaboratively
  - Commission agreed that data is essential in making decisions and recommendations and that this should be explored further, perhaps in a subcommittee

Questions: Gadd – does FMHI have privacy or HIPAA or FERPA experts to help build system in terms of data sharing. Moore response that there are at least two that would be interested in assisting the Commission with this. Evans – what type of data collecting looking for commonalities and where are the targeted needs, explain benefits of collaboration. Moore response PSRDC does have reports showing collaboration. Reeve – data collaborative to map the prevalence of certain mental disorders across state to lead towards resources. Moore response that this may be a great opportunity to start with a smaller initiative for the Commission. Rein – confirm Broward data collaborative and suggest group to dig into collaboration issue. Rouson – any data showing barriers for certain cultures or minorities and stigma among groups of recovery. Moore response that health equity needs to be highlighted and ability to look at data would show inequalities and access to treatment. Possible presentation to Commission. Prummell – Marchman Act vs Baker Act issues. Moore response that Marchman Acts are a little more difficult to collect data on but has a colleague that could assist and provide a resource to the Commission. Reeve – proposition to form data subcommittee to look at legal questions, volunteer to be a part. Marstiller – attention to Commission of report from FL cabinet workgroup that studied subject of mental health stigma of minorities

## **Next Steps/Action Items**

Sheriff William Prummell, Chair

Create a data subcommittee, suggested by Commissioner Reeve.



## Commission on Mental Health and Substance Abuse

Additional comments: Berner – county-level jails and statutory revisions; Gray-Eurom – data on micro-level i.e. data sharing between local providers; Prummell – mental health court and competency hearing issues; Gad – share information to comply with Sunshine. Prummell response to send to Pat with DCF.

### **Closing Remarks**

Chair Prummell directed the commission to review the Roadmap to the Ideal Crisis System document included in the meeting packet. He noted that there were several ideas that could be used in Florida's model of crisis care.

After discussion, it was agreed that there would be subcommittees formed, one to address data that explores gaps in the system of care, using claims data and other sources (AHCA's all payor claims database). Members were directed to let the Chair know which subcommittees they are planning to serve on. The Chair expressed some concern if multiple Commissioners could serve on sub-committees under the sunshine law.

### **Public Comment**

No public comment was provided.

### **Closing**

The next Commission and Mental Health and Substance Abuse Meeting is scheduled for Wednesday, November 17, 2021, 9:00 AM.

### **Adjournment**

Chair Prummell adjourned the Commission on Mental Health and Substance Abuse meeting at 12:10 p.m.