

# Commission on Mental Health and Substance Abuse

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COMMISSION CHAIR: SHERIFF WILLIAM PRUMMELL

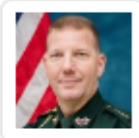
# Purpose

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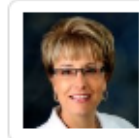
As required by 394.9086, F.S., the Commission on Mental Health and Substance Abuse (Commission) was created in 2021 by the Florida Legislature to examine the current methods of providing mental health and substance abuse services in the state and to improve the effectiveness of current practices, procedures, programs, and initiatives in providing such services; identify any barriers or deficiencies in the delivery of such services; and recommend changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.

# Commission Members

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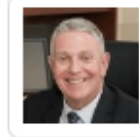
Sheriff Bill Prummell  
Chair Governor Appointee



Dr. Kelly Gray-Eurom  
Governor Appointee



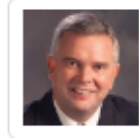
Senator Darryl Rouson  
President of the Senate Appointee



Larry Rein  
Governor Appointee



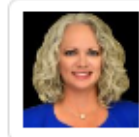
Ray Gadd  
President of the Senate Appointee



Chief Judge Mark Mahon  
Governor Appointee



Wes Evans  
President of the Senate Appointee



Melissa Larkin-Skinner  
Speaker of the House Appointee

# Commission Members

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Ann Berner  
Speaker of the House Appointee



Christine Hunschofsky  
Speaker of the House Appointee



Clara Reynolds  
Governor Appointee



Doug Leonardo  
President of the Senate



Dr. Jay Reeve  
Governor Appointee



Dr. Kathleen Moore  
President of the Senate Appointee



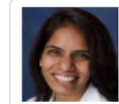
Shawn Salamida  
Speaker of the House Appointee



Secretary Shevaun Harris  
Florida Department of Children and Families



Secretary Simone Marstiller  
Florida Agency for Health Care Administration



Dr. Uma Suryadevara  
Speaker of the House Appointee

Judge Ronald Ficarrotta  
Governor Appointee

# Statutory Duties

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- ✓ Conduct a review and evaluation of the management and functioning of the existing publicly supported mental health and substance abuse systems and services
- ✓ Consider the unique needs of persons who are dually diagnosed.
- ✓ Address access to, financing of, and scope of responsibility in the delivery of emergency behavioral health care services.
- ✓ Address the quality and effectiveness of current mental health and substance abuse services delivery systems,
- ✓ Address priority population groups for publicly funded mental health and substance abuse services,
- ✓ Review the implementation of chapter 2020-107, Laws of Florida.
- ✓ Identify any gaps in the provision of mental health and substance use disorder services.
- ✓ Provide recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity
- ✓ Make recommendations regarding the mission and objectives of state-supported mental health and substance abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability mechanisms which will best foster the recommended mission and objectives.
- ✓ Evaluate and make recommendations regarding the establishment of a permanent, agency-level entity to manage mental health, substance abuse, and related services statewide. Resource needs of the entity and possible sources of funding;
- ✓ Estimate impact on access to and quality of services;
- ✓ Impact on individuals with behavioral health needs and their families, both those currently served through the affected systems providing behavioral health services and those in need of services; and
- ✓ Relation to, integration with, and impact on providers, managing entities, communities, state agencies, and systems which provide mental health and substance abuse services in this state. Such recommendations must ensure that the ability of such other agencies and systems to carry out their missions and responsibilities is not impaired.

# Subcommittees

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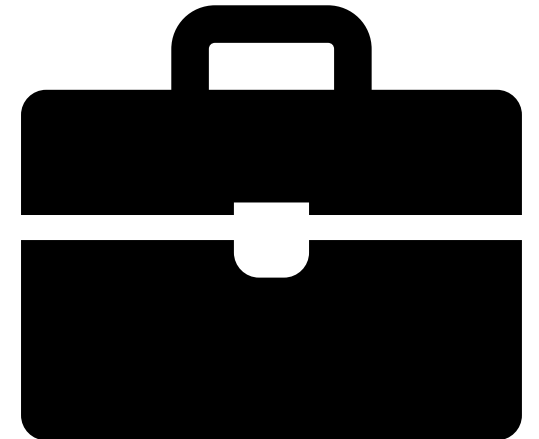


# Business Operations

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The Business Operations Subcommittee was tasked with the overall vision and goal to

- identify and review the services and implementation approaches across all lead agencies,
- research various requirements to determine what is useful,
- make recommendations to streamline the behavioral health process.



# Criminal Justice

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This subcommittee has reviewed the Baker and Marchman Acts and is working on recommendations to improve services related to restoring competency, jail diversion, and reducing recidivism.





# Data Analysis

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The 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 the following statute-directed aspects of mental health care (§394.9086, F.S.):

- Methods of providing services for people with mental health and/or substance use disorders;
- Methods to improve the effectiveness of current practices, procedures, programs, and initiatives in providing mental health services;
- Barriers or deficiencies in the delivery of mental health services; and
- Recommended changes to existing laws, rules, and policies necessary to implement the commission's recommendations.

# Finance

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This subcommittee evaluates on all major funding sources and applicable limits across major agencies for mental health and substance abuse treatment. They seek to:

- Address access to, financing of, and scope of responsibility in the delivery of behavioral health care services.
- Address priority population groups for publicly funded mental health and substance abuse services; identifying the comprehensive mental health and substance abuse services delivery systems; mental health and substance abuse needs assessment and planning activities; and local government funding responsibilities for mental health and substance abuse services.

# Legislative Report

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In compliance with Florida Statute. 394.9086, the Commission exists to review and evaluate the current effectiveness of such services in the state, identify barriers to care, and make recommendations regarding policy and legislative action to implement improvements

The Commission submitted an interim legislative report on January 1, 2023, that put forth 10 recommendations for improving the behavioral health system of care, with a specific focus on interventions for Floridians at highest risk.

The following themes were identified and thus the recommendations are categorized into:

- Access to Care
- Service Gaps
- Data Transparency

The Commission is presently exploring the mobilization of these recommendations through cross-sector partnerships and collaborations

- The final report will be produced on September 1, 2023.

## Data Transparency

Establish a **master client index** that will collect demographic and diagnosis information

Create a Florida behavioral health data that includes **data harmonization** and cleaning of identified data sources.

Develop a **workgroup** to establish a statewide core set of metrics

Provide information on **availability of behavioral health data** sources in Florida for **high-risk individuals**

## Access to Care

Conduct an **explorative study** to assess the potential impact of adjusting the Medicaid income eligibility criteria for young adults ages 18-26 years

Implement a **three-year pilot** in which one agency level entity manages all public, behavioral health funding in a geographic area

Create a **coordinated community behavioral health approach for public school students** utilizing a single organization and amend section 1006.05, F.S.,

## Gaps in Service

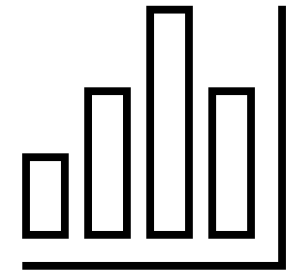
Limit the use of **Competency Restoration process** to cases that are inappropriate for dismissal or diversion

**Modernize the Baker and Marchman Acts** statutes through case law and scientific developments, ensuring that care is more efficiently provided

**Establish pre and post diversion programs** in every circuit throughout Florida for individuals with serious mental illnesses who are at risk of an arrest or charged with a non-violent offense.

# Legislative Report Recommendations

# Data Transparency



# Recommendation 1

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**Develop a pilot Master Client Index to yield the following results:**

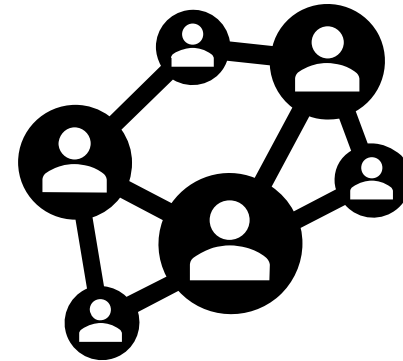
1. Public Funders of Behavioral Health Services would be required to upload limited scope, client specific information and service type or program into a non-transactional data warehouse/repository at a specified frequency.
2. The data would be submitted in a universal file format
3. The data fields would be limited to the most commonly collected information. For example:
  - a. First Name
  - b. Middle Initial
  - c. Last Name
  - d. Date of Birth
  - e. Social Security Number
  - f. Procedure code or Healthcare Common procedure coding system
  - g. DSM-5 Diagnosis
  - h. First date of behavioral health service or entry into a treatment program
  - i. Setting of service – i.e., jail, school, Department of Juvenile Justice (DJJ) commitment program, provider facility, state psychiatric hospital, etc.
  - j. Last day of a publicly funded behavioral health service or exit from a treatment program
4. The Master Client Index would sort/match records based on a combination of the demographic fields, including partial matches, so that a significant level of confidence is achieved when two distinct individuals are identified as actually the same person.
5. Access to a patient's record in the repository would be limited to matches between the specific public funder's roster and a corresponding demographic record match from another public funder's submission. Access will be guided by adherence to federal and state privacy protections.

# Recommendation 2

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**Create a Florida behavioral health data repository or comparable effective data system that includes data harmonization and cleaning of identified data sources that include but not limited to:**

- Agency for Health Care Administration (AHCA)
- Department of Juvenile Justice (DJJ)
- Department of Education (DOE)
- Department of Housing and Urban Development (HUD)
- Florida Department of Law Enforcement (FDLE)
- Agency For Persons With Disabilities (APD)



# Recommendation 3

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## **Provide information on availability of behavioral health data sources in Florida for high-risk individual by:**

1. Establish an oversight steering committee that will identify appropriate behavioral health data sources and will guide and prioritize analytic direction and initiatives. Membership should include representatives from major stakeholders.
2. Initially, this level of research will focus on people served by public-funded services and supports. Specifically, the research will descriptively report on people served within each public service and across departments (e.g., AHCA, DOJ, etc.). Specific research questions will include (but not limited to):
  - Demographic and diagnostic characteristics
  - Prevalence of specific psychiatric and medical diagnoses
  - Specific behavioral health and medical services
  - Client outcomes (using available direct and proxy outcome measures), based on the above client and service characteristics.

In a later exploration, comparisons of the above outputs will be made among people covered by a variety of insurers.



# Recommendation 4

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**Develop a workgroup to establish a statewide core set of metrics that will provide a comprehensive, standardized, and transparent approach to assessing and evaluating quality of care and health outcomes.**

**These metrics will address the following domains:**

- Preventive care and screening
- Referrals and care coordination
- Treatment and follow up
- Risk factors and health outcomes

Access to Care



# Recommendation 5

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**In partnership with AHCA, conduct an explorative study to assess the potential impact of adjusting the Medicaid income eligibility criteria for young adults ages 18-26 years, in the coverage gap whose parents are not insured. The results of this study will be used to meet the following goals:**

- Assess the data to ascertain the behavioral health needs of uninsured or underinsured youth
- Identify evidence-based interventions to address their specific needs and increase access to care (ex: pilot)
- Develop a strategic, data-driven approach to addressing behavioral health care access and costs for a targeted population at risk that will benefit from early intervention.

# Recommendation 6

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**Implement a three-year pilot in which one agency level entity manages all public, behavioral health funding in a geographic area, minimally including:**

- Department of Children and Families (DCF) safety net funding
- DCF child welfare prevention funds related to substance use and mental health
- Criminal justice funding (Department of Corrections and DJJ)
- Medicaid managed care funding
- Private Insurers
- Medicaid fee-for-service funding (including Florida Assertive Community Treatment)
- Local funding (county, city, Children's Services Councils, independent tax districts, etc....)
- Department of Education and Local School Boards mental health funding

# Recommendation 7

Create a coordinated community behavioral health approach for public school students utilizing a single organization and amend Section 1006.05, F.S

## Multi-Tier Approach



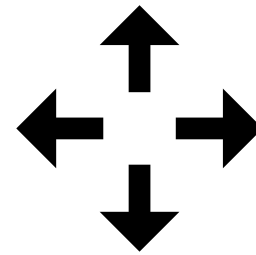
School staff, District Clinician and the School Project Manager identify children and assess using a Multi-Tier approach

Services are delivered at the lowest possible level that meets child and family needs to prevent progression into higher, more intensive levels of service

Reporting outcomes include:

- ✓ Days in school
- ✓ Pre and Post functioning level
- ✓ Screening and assessments
- ✓ Statutorily required children's mental health measures

# Gaps in Care



# Recommendation 8

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**Limit the use of Competency Restoration process to cases that are inappropriate for dismissal or diversion using the following:**

- 1) Divert cases inappropriate for competency restoration (misdemeanor/low level felonies) from the criminal justice system through the expansion and funding of specialty courts and programs
- 2) Restrict which cases are referred for competency evaluations
- 3) Expand and fund [Section 916.185, F.S.](#) – Competency Alternative Programs

# Recommendation 9

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Modernize the Baker and Marchman Acts statutes by including proposals which include the following changes in the existing laws: The recommendations represent a comprehensive modernization of Florida's civil commitment system for mental health and substance abuse treatment. The changes reflect case law and scientific developments and will conserve state resources while ensuring that care is more efficiently provided.



# Baker Act Changes

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- Defines the elements of the law's "self-neglect" criteria
- Allows DCF to establish rules regarding a person's care after post-discharge and make recommendations to reduce high utilizer readmission based on facility data
- Further protects minors from being forced into "voluntary treatment" by requiring they have a mental illness and be suitable for treatment
- Grants police same discretion the courts and medical professionals have to initiate Baker Act examinations – should reduce number of unnecessary Baker Acts.
- Streamlines procedures to allow the court the opinion of ordering inpatient or outpatient treatment depending on individual's needs. Outpatient is less costly and respects individual liberty more than inpatient hospitalization, and grants court continuing jurisdiction to enforce its treatment orders.
- Modernizes Baker Act's Dangerousness Criteria conforms Florida law to majority of other states which address harm on a "totality of the circumstances" basis and not just the threat of serious bodily harm.
- Enables witnesses to appear remotely if there is good cause
- Grants State Attorney limited record access & continuance; allows appoint of public defender regardless of respondent's indigency status.

# Marchman Act Changes

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- Updates definition of substance abuse impaired so that Marchman Act can better address prescription drug abuse and substance abuse disorders & requires DCF to create annual reports on Marchman cases statewide.
- Makes the State Attorney the real party in interest except if private counsel retained.
- Streamlines Marchman procedures by eliminating the need to file two separate petitions (assessment and treatment).
- Modernizes Marchman Court's authority to incorporate drug court best practices which are scientifically proven to be more effective at treating addiction.

# Recommendation 10

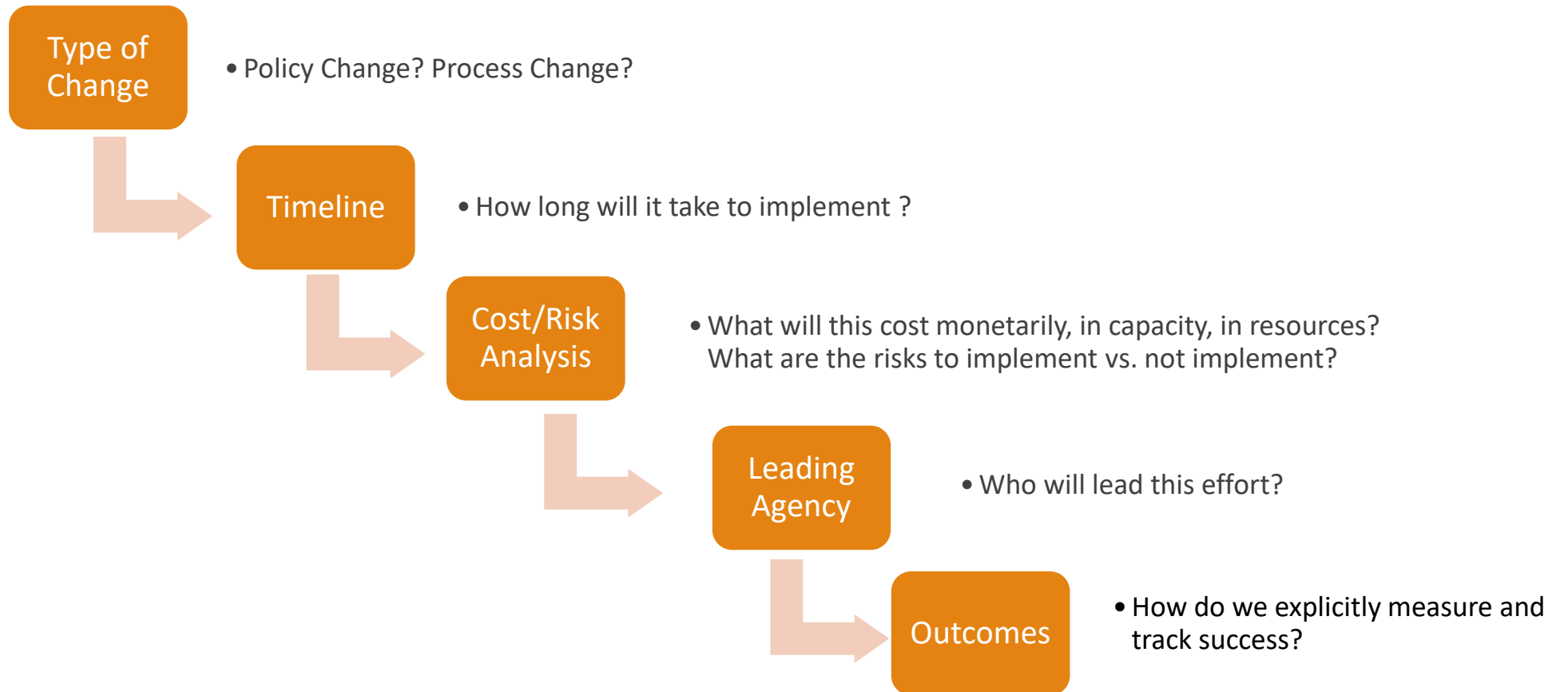
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**Establish pre and post diversion programs in every circuit throughout Florida for individuals with serious mental illnesses who are at risk of an arrest or charged with a non-violent offense.**

*The purpose of these programs is to address the growing issues surrounding mental health, homelessness, and substance abuse challenges each community faces. To deliver quality professional services to the community while minimizing the abuse of 911 and diverting emergency services response.*

# Next Steps

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*The Commission is honored to serve in the capacity to address the needs of the people of Florida. The ultimate goal is to ensure individuals facing behavioral health issues have access to high quality, affordable, person-centered care. In order to have sustainable and pervasive impact, the Commission recognizes that this work cannot happen overnight and will require systematic changes and improvements. The Commission stands ready to partner with stakeholders across the state in order to achieve the recommendations and utilize data to reach those in most need.*

*Thank you!*