



PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND

CO-OCCURRING DISORDERS –

ADVISORY COMMITTEE MEETING MINUTES

Date: 4/11/2024 | Time: 2:00 pm

Members/Staff /Community Present

Rae Whitely, Maureen Kielian, Patrick McNamara, Ariana Ciancio, Lissa Franklin, William Freeman, John Makris, Brent Schillinger, MD, Austin Wright, Jacob Kalathoor (Jon van Arnam), Angela Burns, Charles Coyle, Al Johnson, Esq., Natalie Kenton, Daniel Oria,

Staff: John Hulick, Ellen Jones, Brunia Beaubrun, Taruna Malhotra, Casey Messer, Tammy Fields

Members Absent

Sharon Burns Carter, Barbara Shafer, Sandra Sisson

Public Members

I. Call to Order

- A. Chair Maureen Kielian called meeting to order at 2:10 pm.
- B. Members and staff were introduced.
- C. Chairperson’s comments:

I sit with you today in solidarity, as a person who has experienced our past systems, advocates to change our current systems, and as a person who remains forever hopeful about our future systems.

I sit here as the mother of a son who suffers from chronic relapsing addiction;

A mom who has experienced the damages of our broken, non-existent addiction/mental health systems

A mom who has experienced 1st hand the prejudicial medical decision-making causing harm rather than doing no harm.

I sit here as a community member who has advocated for well over two decades asking for system changes in our health care system, mental health system and justice system.

To that end, I am so very grateful to be leading this advisory board, and that the PBC BOCC had such faith in their constituents who have lived experience to complete this task at hand.

This advisory board has received recommendations from community members, people suffering addiction, people in recovery, their families, and the boots-on-the-ground advocates who experience the current system’s gaps, silos and failures.

Sadly, many of those who have contributed to this plan over the years are no longer with us today. (Pause for a moment)

Not with us today due to the exact failures this plan recommends remedies.

Not here due to the ongoing failures of the medical community, law enforcement community, the separation of mental health and addiction from whole-person health care, the faulty alignment of mental health and

substance use disorder under the social agency DCF rather than the healthcare agency DOH, the lack of long-term recovery supportive facilities, housing, and communities.

Today we will present recommendations to help mitigate:

1. The “treat and street” methodology of acute care currently plaguing our system, such as multiple acute care visits without appropriate discharge referrals and long-term care referrals.
2. The dehumanization of our most vulnerable patient population being transported with their only possessions in a trash bag.
3. Social services that are not person centered
4. Programs with failing patient outcomes

We are presenting today evidence based, and research-verified recommendations, all of which are recognized social determinants of health, that moves the focus on crisis treatment to a focus on a person-oriented system of care that includes recovery support systems and the necessary supportive infrastructures.

The recommendations will not only preserve lives and heal families in our community, but also preserve the lives and heal families of those traveling to our community for addiction care and support services.

Wholeheartedly, these recommendations to the Palm Beach County Board of County Commissioners are done respectfully honoring the lives of our sons, daughters, fathers, mothers, husbands, wives, aunts, uncles, grandparents and very, very dear friend lost to this public health emergency.

We all have hurting hearts today, but they will begin to heal through the adoption of these recommendations.

In summary:

Point 1. The plan is the continuation and culmination of the board of county commissioners and counties work on establishing a recovery ecosystem of community based supports.

Point 2. The recommendations contained within the plan including the use of opioid settlement funds align with the high priority goals of the advisory committee and Palm Beach County community members.

To conclude, as a gentle reminder – today is not an opportunity to present your programs or proposals. This meeting is to review the final plan that this Advisory Board was tasked with completing, and gain input on this specific plan before it is presented to the PBC BCC. All additional program proposals must go through the appropriate channels at the appropriate offices within Palm Beach County.

D.

Quorum

Yes

II. Agenda Approval

- A. Additions, Deletions, Substitutions
None
- B. Adoption
Motion: William Freeman
Second: Brent Schillinger
Vote: motion passed unanimously

III. Regular Business

Regular Business

- A. Adoption of Regular Committee Meeting Minutes March 14, 2024
Motion; William Freeman
Second: Lissa Franklin
Vote: motion passed unanimously

B.

Review of Comment Period – Dr. Ellen Jones

Thirty six individuals and or entities provided comments to the Community Services Department following the release of the Behavioral Health Substance Use and Co-occurring Disorders Master Plan Update, 2024. In total, there were nearly 150 ideas and suggestions or comments contributed. Responses were received, acknowledged, documented, and analyzed for content, incorporated into a comment process sheet, released publicly and to the Executive Committee. Several individuals/entities submitted more than one set of comments. Each response was granted an equal weight.

Comments fell into five categories. These were:

Comments on the 2024 Plan Update

New Content

Resources

Proof Edits

And 2 Separate Requests for Funding

The content analysis is reflected in the public comment process sheet. In addition, a qualitative, analysis was performed.

The array of responses made it challenging to reach a 50% saturation threshold for themes. 50% is recognized as thematic saturation. However, as comments were read and reread, related verbiage was grouped and the following themes emerged:

Support for the Plan Update

Broken system, continued siloes

Align work with HIV (including syringe services), BH/SUD, and homelessness

Affordable, attainable housing for SUD and Mental Health

Centralized care coordination and crisis stabilization
Emphasize mental health, youth services, prevention and education

The charge to the Executive Committee is to review and discuss these themes and related comments. Ultimately, having the Executive Committee make recommendations for the full Advisory Committee to consider to be incorporated into the plan.

Motion to adopt the 6 themes: Lissa Franklin

Second: Austin Wright

Discussion:

Al Johnson, Esq. moved that the Advisory Committee recommend the BCC appoint or engage an advisory committee to review and provide medical quality assurance that proposed programs adhere to SAMHSA best practices. The advisory committee should consist of licensed medical and clinical behavioral health experts. No member of this committee can be an applicant of settlement funds.

John Hulick noted that QA fits with the subcommittees of this group.

Anita Cocoves: this might be accomplished by adding a person to this group.

Dr Casey Messer shared that the HIV program sets standards prior to application for funding. This may help this group as an unbiased contributor.

Member Comment

John Hulick shared that the Evaluation and Measurement Subcommittee work is consistent with this aim.

Vote on the Motion passed: none opposed.

Motion by Lissa Franklin: recommend that settlement funds be spent 90% on SDoH and 10% on acute/crisis care

Second: William Freeman

Discussion: need to define acute care. Acute care is a stand alone clinic.

Daniel Oria shared that SEFBHN includes in acute care crisis and residential. It is the most expensive.

Ariana Ciancio stated that the gaps come in back end – what comes next?

Patrick McNamara is in supportive of this recommendation.

Taruna Malhotra shared that neutral care can have services.

Tammy Fields shared that SDoH includes access to care.

Jacob (from HCD) stated that 90% 10% seems drastic and needs a better definition of acute care.

Maureen Kielian shared that the current crisis happens after the ER; we want to embrace what happens then. Acute means medical services.

Anita Cocoves: local amendments can fix county need for acute funds.

Rae Whitely suggested this group can advocate for acute funds for HCD.

Austin Wright: we do need acute funds but Settlement funds should not be used for this. We did not see results from the ASU.

John Hulick shared that deep end funds have been the norm when we need to focus on SDoH.

Clarify that Fire Rescue falls in 90%.

Vote on the motion passes; none opposed.

Public Comment

Staci Katz shared that we should assure the funds go to people who know what they are doing; we should give money to affected families.

Nikki Sota stated that the plan is a good one; it can help fix a broken system. Mental health services are imperative. Use Settlement funds for neutral care coordination. This is the route we need to go.

Heather Howard shared that of the 6 themes only one is negative – the “broken system.” Encouraged the group to keep moving forward.

Marc Hopin the Foundation has been serving the community for over 50 years. Be sure to add mental health in the 90%. Mental Health First Aid is a tool for all. Goal is to have 1 in 15 individuals trained.

Adjournment

Motion to adjourn the meeting by Bret Schillinger, MD, Second by Lissa Franklin

The meeting adjourned at 3:50 pm

Next Regular Meeting: Thursday, May 9, 2024 | Time: 2:00pm | Location: Mandala Healing Center, Community Room - 5408 East Avenue, West Palm Beach, FL. 33407

Board of County Commissioners' Workshop May 21, 9:30 am in BCC Chambers