



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, James Green, Taruna Malhotra, Casey Messer, Tammy Fields

Members Absent

Sharon Burns Carter, Barbara Shafer, Sandra Sisson

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; 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. 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.

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

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 , Vote on the Motion passed: none opposed.

After initial motion by Al Johnson, Esq, to engage an ombudsman to provide programmatic medical quality assurance programs and adherence to SAMHSA best practices, **second by Brent Schillinger** and discussion, **members unanimously approved** that the evaluation and monitoring subcommittee be required to include members with licensed medical and clinical behavioral health expertise and the operational guidelines outlining the subcommittee's responsibilities be amended to include providing medical quality assurance that programs adhere to SAMHSA and other evidence-based practices.

Ariana Ciancio emphasized licensed behavioral health professionals should be included.

John Hulick noted this fits with evaluation and measurement subcommittee work and is consistent with this aim.

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.

III. Regular Business

Motion by Lissa Franklin: recommend that settlement funds be spent 90% on SDoH prioritizing housing, recovery supports, care coordination and environmental strategies to include youth, families and community education 10% on deep-end and crisis care.

Second: William Freeman, after discussion Vote on the motion passes; none opposed.

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%.

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 Soda 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 Motion passed. 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. BCC Workshop May 21, 9:30 am in BCC Chambers