

ROLL CALL - 9:01 A.M.

Present: Chair Karen Williams Seel, Vice-Chair Pat Gerard, Dave Eggers, Charlie Justice, Janet C. Long, Kathleen Peters, and Kenneth T. Welch

Others Present: Barry A. Burton, County Administrator; Jewel White, County Attorney; and Teresa Adkins, Board Reporter, Deputy Clerk

1. Behavioral Health

Assistant County Administrator Lourdes Benedict introduced the partners of the Pinellas Integrated Care Alliance and shared highlights of a recent visit to Drug Court, complementing the working style of Judge Farnell; whereupon, she referred to a PowerPoint presentation titled *Doing Things! To Serve the Public, Adult Behavioral Health Work Session*, and noted that today's workshop is to discuss current efforts, gap areas, and possible solutions, and for the members to provide their feedback.

Ms. Benedict discussed County and State funding for the various behavioral health service providers, indicating that the total adult program funding for Pinellas County amounts to nearly \$40 million. She provided background information relating to the Pinellas Community Empowerment Team and Pinellas Integrated Care Alliance and noted partner agencies and outcomes of the programs; whereupon, she introduced Director of Human Services Daisy Rodriguez.

Referring to the PowerPoint presentation, Ms. Rodriguez provided background information and statistics pertaining to the following grant-funded programs, including their outcomes and impacts within the mental health community:

- Cooperative Agreement to Benefit Homeless Individuals
- Assisted Outpatient Treatment
- Medication Assisted Treatment and AIMS
- Criminal Justice Mental Health Substance Abuse Reinvestment
- Veterans Treatment Court
- Adult and Juvenile Drug Court
- Family Dependency Drug Treatment Court

Ms. Rodriguez indicated that the top-funded treatment agencies include Operation PAR, Westcare-Gulfcoast, Directions for Living, and Personal Enrichment through Mental Health Services (PEMHS), noting funding amounts and sources, and discussed services provided.

Ms. Rodriguez provided information regarding new grants received, as well as several that have been applied for and are pending award. She reviewed lessons learned pertaining to the provision of effective services, and referring to various graphs, presented statistics and

information regarding system gaps and challenges; whereupon, she discussed opportunities to improve the system and make it more efficient.

Responding to queries by Commissioners Eggers and Welch, Mses. Rodriguez and Benedict indicated that Florida's ranking as 50th for per capita behavioral health funding does not include the County's contribution; that performance metrics for all the programs are reviewed on a regular basis; and that facilitating the exchange of health information will be the subject of an upcoming Collaborative Lab.

Department of Health Director Dr. Ulyee Choe referred to the PowerPoint presentation section titled *DOH-Pinellas: Behavioral Health* and discussed the Department's involvement in behavioral health, noting that it is a public health crisis. He related that the Department is the County's primary care provider for the Indigent Health Care Plan and the Health Care for the Homeless program; that new clients are given a universal mental health screening upon intake; and that substance abuse and mental health referrals are made to Directions for Living and Operation PAR, respectively, which have resulted in positive outcomes; whereupon, he briefly discussed youth mental health services provided in partnership with the Juvenile Welfare Board, as well as the School Nurses program.

Noting the importance of partnerships, Dr. Choe referred to educational posters developed to address the issue of suicide in Pinellas County and reviewed various statistics and warning signs; whereupon, he discussed the Health Department's involvement in the Opioid Task Force, and related that subcommittees have been developed and focus on five priority areas to combat the opioid epidemic.

Dr. Choe related that the most recent Community Health Assessment identified mental health as a top priority; and that a Community Health Action Team was created. Referring to slides titled Behavioral Health Objectives, he reviewed various metrics and target achievement dates. Responding to queries by Commissioner Welch, he explained the advantages of the trauma-informed care approach and the importance of the prevention element, noting that 80 percent of the people who commit suicide do not touch the acute care system.

Referring to the PowerPoint presentation section titled *Mental Health & Substance Abuse, Safety Net System of Care - Pinellas County,* Central Florida Behavioral Health Network President and Chief Executive Officer Linda McKinnon provided background information regarding the organization and its objectives, noting that it is one of seven *managing entities* created by the Florida Legislature; and that it is a nonprofit corporation funded by the Department of Children and Families. Displaying various charts and graphs, she discussed mental health and substance abuse funding levels, Pinellas County service providers and performance measures, and prevention, crisis, and residential treatment programs offered.

Ms. McKinnon discussed various special programs and initiatives, including the grantfunded Recovery Oriented System of Care project and the Healthy Transitions program, noting that they offer a different approach to assist clients in returning to a meaningful life, and related that Central Florida is working in collaboration with the County, the Health Department, and other stakeholders to make joint decisions regarding the use of state funding. She discussed the organization's partnership with the Sheriff, including an arrest data sharing project and the provision of Operation PAR screening and intervention services at the Jail's Marchman Act facility; whereupon, responding to query by Commissioner Welch, she described the functions of the Florida Assertive Community Treatment Teams.

Vice President for Behavioral Health at BayCare Health System Gail Ryder provided a brief overview of the BayCare network and its Pinellas County facilities; whereupon, she noted that from the health system's perspective, the behavioral health issue is a combination of mental illness and substance use disorder and is identified as a disease.

Ms. Ryder discussed the Community Health Needs Assessment, the results of a research project conducted with the University of South Florida, and suicide statistics in Pinellas County. She described BayCare initiatives in cooperation with Operation PAR and the successful impact the programs have had, and stressing the severity of the mental health climate, announced that BayCare has convened a group of health care providers and members of the business community to identify gaps, noting that it will take a public/private partnership to address the issue; whereupon, she discussed the changing dynamics of today's mental health patients.

Responding to query by Commissioner Welch, Ms. McKinnon indicated that Medicaid expansion could help fund mental health services, and described the successful model utilized by Certified Community Behavioral Health Clinics; whereupon, she stated that the National Council for Behavioral Health website is a good source of information.

Suncoast Center, Inc. President and Chief Executive Officer Barbara Daire discussed the Behavioral Health System of Care workgroup and its efforts to better coordinate the system of services and promote collaboration within the behavioral health community. She discussed changes to the system as a result of the group and highlighted two initiatives, Zero Suicide and the Pinellas County Behavioral Health Central Receiving System.

Ms. Daire described the accomplishments of the Zero Suicide initiative, indicating that all providers are using the same suicide assessment tool and safety plan; and that there is a noticeable difference in care; whereupon, she referred to a flowchart titled *Pinellas County Behavioral Health Central Receiving System Draft* and identified the processes and the intent of universal assessment; whereupon, she discussed the various levels of service within the system.

Ms. Daire stressed the importance of a centralized case management system, and related that each participating organization will provide a case manager; whereupon, referring to a chart, she reviewed the inventory of services and discussed those in need of expansion and

development, noting that specialty populations and other service providers must also be considered.

In response to queries and comments by Chair Seel, Ms. Daire related that her highest priority expansion areas would relate to combined Marchman/Crisis Stabilization Unit (CSU) beds, intensive case management, and outpatient services; that it is difficult to retain psychologists due to wage competition with the private sector; and that based on current staffing, the average wait time for a psychological evaluation on site is 28 days, or less if processed through the CSU; whereupon, Ms. Ryder stated that 40 percent of the current psychiatric community will retire in four years; and that many are finding the Veterans Administration and telehealth employment to be appealing options.

Mses. Daire and Ryder discussed collaboration successes and stated that medical outcomes for behavioral health and mental health issues are difficult to quantify. Ms. McKinnon related that State-funded coordinated care has resulted in a positive monetary outcome due a reduction in acute care and jail time; that the seven managing entities are working toward a unified approach; and that the State is building a new data collection system for behavioral health.

Responding to query by Commissioner Eggers, Ms. Ryder discussed the Mental Health First Aid training program, the efforts of other states with high suicide rates, and the necessity to think outside the box. She addressed the issue of "stigma busting," the role of the church, and the challenge of navigating to the appropriate service provider.

Commissioner Peters commended the partners for their efforts and collaboration. She expressed concerns pertaining to the cost of transports and the need for better addiction services, and stressed the importance of having a central receiving facility and one where Baker and Marchman Act beds are both available, noting her desire to further the conversation. In response to Commissioner Peters' concerns and query by Chair Seel, Ms. Benedict discussed the challenges of facilitating changes and the successful implementation of the universal release form.

Commissioner Welch acknowledged Commissioner Peters' points and noted the need for a plan to address the mental health and substance abuse problems in Pinellas County that includes funding options. Commissioner Gerard concurred, and Ms. McKinnon discussed the success of public/private partnerships.

Responding to query by Chair Seel, Ms. McKinnon explained the requirements that need to be met for a facility to qualify for Marchman beds and discussed current capacity issues. She related that the Agency for Community Treatment Services (ACTS) is opening ten beds for Pinellas County, and discussed the logistical challenges of the parties involved.

Discussion ensued, and Ms. Ryder stated that detox is not treatment; and that it needs to be part of the continuum of service; whereupon, Commissioner Peters noted the lack of community knowledge that the Marchman Act exists; and that the tool is ineffective as there

is currently no Marchman facility in Pinellas County. Ms. McKinnon clarified that Pinellas County currently has 35 licensed detox beds that are not secure, and noted, with input by Commissioner Peters, the efforts of the Sheriff to establish a program targeting high utilizers for admission to the ACTS facility.

In response to query by Commissioner Eggers, Ms. McKinnon indicated that the program is a starting point, and discussed the average utilization of detox beds in Hillsborough and Pinellas Counties and the need for a facility that can accommodate 30 Marchman beds.

Commissioner Long opined that existing facilities at the Criminal Justice Center that are currently closed might be considered for a dedicated Marchman facility, and Commissioner Gerard voiced concern that the location might indicate it is other than a medical issue; whereupon, Ms. McKinnon noted that PEMHS is considering the restoration of some of its closed facilities as well.

Responding to queries by Commissioner Welch, Ms. McKinnon clarified that ten ACTS Marchman beds have been approved and one is funded; that funding for the other nine is being pursued through the Legislature; and that there may be a way to have them billed to Medicaid and third-party payers.

Commissioner Peters commented on the prospect of facilities at the Justice Center and opined that if the building is in front of the fence it is not an issue; whereupon, she inquired as to the budget decision package process and the status of her proposals. Mr. Burton provided an overview of the process, and discussion ensued. The members acknowledged the urgency and need to address the matter, and Commissioner Justice requested that the full package submitted by Commissioner Peters be forwarded to each member for review.

In response to query by Chair Seel, Community Health Centers of Pinellas Director of Behavioral Health Programs Joe Santini stated that his organization is actively working with community partners in the system of care and is dedicated to helping solve the crisis, and Ms. Benedict provided input.

Thereupon, Chair Seel thanked the Commissioners, staff, and everyone present for their participation.

ADJOURNMENT - 12:00 P.M.