



## PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS - MEETING MINUTES

Date: 3/14/2024 | Time: 2:10pm

### Members/Staff Present

Rae Whitely, William Freeman, Brent Schillinger, MD., Charles Coyle, Patrick McNamara., Daniel Oria, Sandy Sisson; Lissa Franklin, Natalie Kenton, Angela Burns, Al Johnson, Esq., Jon Van Arnam (for B. Andric, MD), Ariana Ciancio, John Makris, Austin Wright, Maureen Kielian

Staff: John Hulick, Ellen Jones, James Green, Brunia Beaubrum,

### Members Absent

Sharon Burns Carter, Barbara Shafer

### Public Members

Approximately 100 members of the public were present. Members of the public were invited to sign in for the comment period.

### Call to Order

Chair Maureen Kielian called meeting to order at 2:10 pm. Members and staff were introduced. Palm Beach County Staff introduced themselves.

### Quorum

Yes

### Chairperson Comments

Chair Maureen Kielian provided comments beginning with an open invitation to the audience to sign up for the public comment period. She noted that we are here in solidarity and hope. She shared her lived experience as the parent of a son struggling with sobriety. She has been a longtime advocate for systems change. This plan represents contributions from a variety of sources and we are proud of that. One of the aims is to mitigate the "treat and street" reality of recovery in the County. **(see attached for full comments)**

### Agenda Approval

*Motion to approve the agenda by William Freeman. Second by Lissa Franklin. No additions, deletions, substitutions. Motion passed unanimously.*

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## Regular Business

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A. **Adoption of Regular Committee Meeting Minutes** – *Motion to approve by; Dr. Brent Schillinger; Second by Chief Charles Coyle. – Motion passed unanimously.*

A. **Presentation and Initial Review of Draft Substance Use and Mental Disorders Plan, 2024**

Dr James Green, Director of the Palm Beach County Community Services Department, presented comments about the plan. He stated that this Update is a starting point. There will, in addition to comments offered today, be a 2 week comment period open to all. The plan is intended to cover prevention to recovery. He stated that the community “owns” the plan. In context of the original (2022) plan, this Update provides priority subcommittee and opioid recommendations that are consistent with allowable use of settlement funds.

B. **Discussion of Opioid Settlement Recommendations**

Dr James Green and John Hulick presented a discussion of the recommendations via PowerPoint.

The group reviewed:

2024 Plan Update Overview

Overarching Priority Recommendations

2024 Priority Recommendation: the County serve as lead/ support for planning settlement approach

Prevention and Education - 4 recommendations

Justice System and Public Safety – 3 recommendations

Essential Services – 4 recommendations

Treatment and Recovery – 3 recommendations

Evaluation and Measurement – 3 recommendations

Faith-based – 3 recommendations

Addiction Stabilization Unit – 3 recommendations

There are specific allowable uses of funds included as a Plan Update Appendix.

C. **Member Comment on Plan Update** (during this period, the Chair called on select public members noted as PM)

Rae Whiteley recognized the diversity in community sectors represented in the room. Opioid is being handled differently than crack. We need to be aware that people of color are disproportionately affected. William Freeman explained he is a person with lived experience. He shared that a case manager and peer support is very important in the beginning of recovery. Initial outpatient experience should be connected with peer support and individuals who’ve “been there.”

Lissa Franklin agreed and added that peer support is important to long term recovery. We also need more family support.

Ariana Ciancio Delray provides both peer support and case management. Peers are also available after the fact of intervention.

Maureen Kielian we are now working on getting peer support in hospitals which is difficult due to Level II background check.

Jon Van Arnam thanked Subcommittee members and members of the public for participating. Other members of the HCD are at Strategic Planning or would be here. Leadership is reviewing the Master Plan Update and will provide comments. We need a separate opioid document. The process should be specific about the % of dollars allocated to priorities. We need an allocation for first responders and one for providers. The plan needs attention to behavioral health, mental health and co-occurring disorders. There are gaps in the current service delivery that need to be addressed. Neutral care is unclear. How did SEFBHN work? We need data. Focus on SAMHSA strategies. Needs are consistent with the HCD. Lissa Franklin Neutral care eliminates the gaps. Asked if the HCD submitted recommendations to the BCC already. Jon Van Arnam answered they have not.

Staci Katz (PM) shared that the ASU was there and given funds, no longer there. Why wasn't this public knowledge? The Healthcare District (Jon Van Arnam) responded that it is still proving addiction services.

Dr. James Green shared that the County will do an after action report on the ASU. The ASU is not currently receiving County funds. The Healthcare District does not support giving them more resources at this point. The original ASU model is not what is being provided now. No, it is services added to the ER.

Jon Van Arnam stated that the Healthcare District is not responsible for what JFK does. They are working toward 24/7 services.

John Makris contributed that we are still working in silos. He hopes the community can come together behind a plan. People are lost to this disease. Our current system contributes to deaths. We have failed at a catastrophic level. We can adopt the "spirit" of the plan. A plan must be implemented to solve the problem.

Hon. Al Johnson Congratulated Mr. Hulick on the plan and shared that this is a great Draft. WE can learn from additional input. This is the responsibility of the County. We cannot work at odds and must clear the silos. We are currently identifying good resources for insurance. P. 37 A new mental health court is opening. The Healthcare District is helping. FARR has 9300 beds and is doing comprehensive planning. Include FARR in planning and consider them when looking at housing.

The rug was pulled out from the HCD feet when the ASU changed. 24/7 help is a must; crises happen in the middle of the night. We need a centralized, stable receiving facility. We need a government facility in addition. The Stockade is an option. Consider Fire Rescue - they need a 24/7 facility to transport to. PBSO as well. Transport is critical; JFK not getting requisite number of transfers. The amount of funding slide is unclear.

Councilwoman Burns Black and brown individuals are not using Mental Health Court (correction – it is not open yet). AL Johnson assured that MH Court will be included as a wrap-around service.

Diane Jehle (PM) We have a homeless crisis. There is no housing for mental health and substance use. Politicians are encouraging photos and arresting of the "unsightly." Nobody admits it exists. It is a disservice to people who live with these diseases. They can't afford to live anywhere. Of course they are using drugs!

Hon. Al Johnson Jennifer Jones in Riviera Beach is addressing this with success.

Chief Charles Coyle p 22 please elaborate the section of Fire Rescue adding services and Social Worker(s). This section needs data. He would love to give a presentation to this group or any other regarding Fire Rescue approach. We want to work with you and with families please consider us.

Susan Ramsey (PM) explained she is a person with lived experience and is General Council for FARR. She "dances" in the silos and the solution has to be bigger. There is a continuum of contributions to the Plan. MAT availability needs to be communicated.

#### D. Public Comment on Plan Update

Micah Robbins When we adopted the Advisory Committee as the governing body we invited input. We are unique in the US in that we have a plan that puts people and recovery first. We need the Update to put it all together based on evidence, research and community input. The opportunity is open for all to have input via Subcommittees.

Barbara Gerlock Juveniles are a unique population. We need to reach them through homes, schools, juvenile justice systems. All of the Prevention and Education priorities have been done before. We need to encourage and engage parents. We need to move the interventions upstream to change the trajectory of high school juniors and seniors. Right now the NOFO will go to agencies. We need resources for prevention.

Dr. Lina Pepper Psychiatric NP and provider at Banyon. We need more telehealth for remote areas. We also provide IOP via telehealth. The precursors to drug abuse need to be addressed. Parents don't know what's going on. We need more mobile services and resources.

Tyler Glock Due to the vicious Florida shuffle, those affected usually don't make it to rooms like this. A neutral care coordination entity is critical. The neutral care entity has to be unbiased. We are lucky to have this plan and John Hulick. We need less talk about medical care and more about recovery care.

Lauren Zuchman Commended the plan and stated that she is on 3 Subcommittees where she has a voice. The community has a voice in planning. It is a comprehensive plan. We can grow Prevention and Education by continuing to provide opportunities for input. We need to focus on wellness rather than illness. BeWell is a committed partner.

Dr Heather Howard FAU. We all need to ask "how can I collaborate more." Dr Howard stated she is glad she can bring evidence based research and practice to the plan and to efforts. Especially glad we have a focus on pregnant and parenting women and teens. We need to focus on preserving and strengthening families.

Thomas DeBartolo ASU and housing

Dr Lina Pepper we need to limit the stigma on methamphetamine use. We offer other medications. Please fund for-profits as well. We are a last resort for methadone and we cannot find sober living.

Cindy McOrde Walking into treatment requires courage. Many never get to treatment. We silo by type of substance used as well. Addiction is addiction.

Patrick Day a person with lived experience. He has lost 2 children to addiction. The most recent was in 2024. He offered to contribute to the planning.

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#### Other Business

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##### A. Staff Updates:

**May 21 Board of County Commissioners Workshop will include 2024 Plan Update  
April 11, 2024, Advisory Committee will vote on adoption of Plan  
Public Comment Period through April 29; comments to [jhulick@pbcgov.org](mailto:jhulick@pbcgov.org)**

##### B. Member Updates on Non-Agenda Items

William Freeman shared there will be a People with Purpose event in Belle Glade

##### C. Additional Public Comment - none

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## Adjournment

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*Motion to adjourn the meeting by Lissa Franklin; Second by William Freeman. Motion passed unanimously.*  
Meeting adjourned at 5:05 pm.

Next Regular Meeting: Thursday, April 11, 2024 | Time: 2:00pm | Location: Mandala Healing Center,  
Community Room - 5408 East Avenue, West Palm Beach, FL. 33407

Maureen Kielian – Chairperson

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.