

## **Mental Health Task Force**

### **Notes**

#### **Welcome/Announcements**

Representative Salzman welcomed the room at 12:05. The representative discussed the round table consisting of local non-profits which took place prior to the meeting. The roundtable resulted in many of the organizations being made aware of one another, as well as how they could help one another out in executing their missions. She also touched on the need for volunteers experienced by many of these organizations.

#### **DCF Updates - Deputy Asst. Sec. Bill Hardin**

Bill Hardin opened by expressing his thanks for the roundtable and the benefits which resulted. Following this, Hardin discussed the past Florida legislative session, specifically HB 168, which addresses different aspects of mental health. The bill creates a data base which tracks throughout the state behavioral health statistics, which will be in working order by 2026. He mentioned HB 969, which creates a mandatory evaluation of mental health of students in schools around the state, led by DCF in partnership with Florida's "legislative study arm." HB 1620, which enacts many of the mental health recommendations posited by such organizations as DCF. Hardin then discussed some of Escambia county's statistics, opening with a downward trend in opioid abuse. He followed with a number of other positive statistics throughout both Escambia and Santa Rosa counties. DCF has responded to ~11,000 calls to the Florida suicide hotline, with an answer rate of >90% and a call pickup time much faster than the national average. Hardin then detailed the lower number of 'BAKER Acts' initiated. Representative Salzman then took the stage once again to open Q&A. A question arose regarding how the DCF aims to support housing of those within its jurisdiction. Hardin responded by assuring the interlocutor of DCF's

investigation into how President Trump's executive orders and 'Big Beautiful Bill' (henceforth: BBB) will affect housing. The representative then thanked Hardin for his time and introduced the next speaker.

**AHCA Updates - Erica Floyd Thomas, Chief of Staff**

Thomas opened with the details of how AHCA is analyzing the BBB and how it will affect operations. She detailed the hope characterizing the organization in regard to funding from the BBB for fulfilling its mission. AHCA will release detailed reports to hospitals which it works with in order that they might be up to date and informed. Thomas talked about AHCA's work with behavioral health hospitals, and described a grant available for application by these same institutions. AHCA has also been partnering to an increased degree with DCF so as to ensure both of the organizations are targeting the areas where their help is needed most. Representative Salzman then thanked the Chief of Staff and opened the floor for Q&A. No questions were raised by the audience, but the representative asked if AHCA is requesting a waiver from the federal govt. regarding the retroactive availability period of the BBB. Thomas described the analysis taking place at the organization of this period, and the subsequent conclusion that the provision will not be of great consequence.

**NWFHN - Mike Watkins, CEO**

Representative Salzman introduced CEO Watkins to the podium. Watkins began by discussing NWFHN's uniquely bifurcated structure, wherein children and adults are separately treated at different locations. After this, he introduced a number of other administrators at NWFHN, who presented a plethora of statistics which details the organization's various activities and treatments to both adults and children. Watkins then discussed the opening of the children's wing of Baptist hospital. After this, he talked about Escambia County's unique position as the

only county which qualifies for opioid abatement funding in Florida. Following this, Watkins talked about the organization's work with various hospitals and other treatment centers around Northwest Florida. He closed by discussing the 'Tristen-Murphy Act,' which addresses long-term acuity care for behavioral health, which NWFHN is closely working on implementing provisions of in its activity. Representative Salzman then discussed some legislation she is working on regarding high acuity care for youth, which Watkins seemed thankful for, based on his consequently presented statistic of ~2% of youth around the country whose level of care (in re: behavioral health; consider bad behavior and juvenile delinquency) can not be maintained—including many youth in Northwest Florida.

#### **Brave Health - Alex Areces**

Alex Areces opened by describing what Brave Health is as an organization. Brave Health is a multi-state behavioral health practice based in Florida and created in order to improve access to behavioral health services such as therapies and treatments led by clinicians and promulgated via telecommunication. Heavily involved in Medicaid, Brave Health covers a plethora of mental and behavioral health conditions and the requisite coverage. The organization began by helping clients with this coverage, and this help is now present in 14 states.

#### **Charlie Health - Pavlina Clarke**

Representative Salzman introduced Pavlina Clark for Charlie Health. Clarke opened by detailing the role and mission of Charlie Health at the request of Representative Salzman. Charlie Health is a virtual program which allows clients to access therapy. Charlie Health consists primarily of weekly group therapy sessions fomented by its clinicians. The organization focuses heavily on the background lives and context which raised the clients now before them in order that it might establish similarities between client upbringings—fostering a sense of

familiarity and relativity between clients in groups. The organization ensures a scheduling practice built around the daily lives of its clients. The group is committed to never having a waitlist so that any potential clients will have immediate and effective treatment. Charlie Health makes sure to address all the facets of its clientele's mental health, with focus not only on their individual lives but also on those relationships which shape them. The goal of Charlie Health is to be a temporary stop on the long journey of total healing, allowing clients to have an easy start and an effective progression through the recovery process. The program only has a 3% readmission rate—a testament to its utility.

**Strategic Plan Update:**

A. Inoperability/Data Sharing - Craig Dalton, HIE

Craig Dalton opened with a description of a data collection project which HIE has been working on. The main problems addressed in the collection were care gaps, access to benefits, the issue of uploading social drivers of health into the clinical chart, and medical adherence. Dalton then articulated the notion that the HIE is not ordered towards a substantively new manner of operation, but rather towards a reordering of how data is communicated and shared among MHTF organizations. Following this, he presented a chart displaying data collected by the various groups which constitute the MHTF.

B. BH Workforce Pipeline - Dustin Perry, Lakeview

Dustin Perry opened by discussing how the Florida Blue program has allowed the Pipeline to bring in 23 new interns on the path to becoming medical workers, resulting in 1,000 internship hours per month. Moreover, the organization went on to hire 10 of these interns, as well as provide interviews and opportunities. Perry then discussed a need for

licensed clinicians in the mental health field, who often leave for other opportunities when they can.

C. SUD Prevention: AIM - Patti Hyde, Lakeview

Patti Hyde opened by describing her and her team's role in facilitating behavioral health treatment throughout Northwest Florida with a focus on opioid abuse. The organization is hopeful that they will be able to expand the scope of its team in order that the ability to cover a greater clientele might be achieved.

D. BH Talent Attraction: Psych Residency/Outpatient - Maria Ellis, HCA Florida

Maria Ellis opened by introducing a class of psychiatry students set to graduate in 2029. Ellis described a program: a 9-12 week behavioral health program for adults. She then introduced the team's medical director, who detailed the organization's vision of creating a program which attracts and recruits clinical professionals interested in helping those in Northwest Florida with behavioral health issues. The director expressed pride in the seeming success of this program, evidenced by the class of future psychiatrists brought forward.

E. Project Tracker: Updates and Final Year Push - Rachelle Burns, MHTF

Rachelle Burns opened with a presentation of the strategic plan, which consists of 21 goals. At the time of the last meeting—May 2025—9 of the 21 goals were unfulfilled. As of the August meeting, this number has decreased to 6 of the 21. Burns also presented progress on these remaining goals. She then detailed the lack of progress specifically in the area of drop-ins. Following this, she expressed the need to find particular individuals well-suited to each of the remaining goals so as to effectively address the needs of each one.

**Final Remarks and Closing - Representative Michelle Salzman**

Representative Salzman closed the meeting at 1:54 with a giving of thanks to the attendees.