**Mental Health: Task Force Lunch**

Welcome from Rep Salzman-------Thank you to her staff, Debbie

Order of show: first time guests, binders from last time. Provides link for same information

Recognizes Tallahassee guests, says questions will be better answered today. Says people here say there no way we’ve come this far and got this many people here getting things done.

Rep mentions Task Force Impact Updates: quarterly’s, we have simply pushed people in the right directions, here are the updates from special

**Student services Director Lisa Joyner, ECSD**

* Done in tier approach,
* Tier ONE every single student participates, positives behavior reports, teaches signs and symptoms of mental health
* Tier TWO School psychologists, anger management, anger
* Tier THREE, this is where partners come in for children that require therapy
* HUGE increase in anxiety, trauma from kids. Teachers experiencing burnout and loss more
* Been able to increase by 2 middle school and 2 elementary partners

Rep references Care Solace: program for wrap around case management for family

Title four, did not get funding through them yet, good news is though we are working towards much more than we used to and getting right message out

**James Hartsell:** asks if tier one is for all students or only ages------answer is all (Comments

All elementary schools are required to implement mental care of some kind, all should, unique to each district on how it is caried out

**Tom Wallace:** Do all of the schools in this district participate in the Tier program? ----yes

How many years have they been doing this?----3 but is expanding (still Joyner answering questions)

Social workers are more specifically help families 34 schools participating

Out of funding from cares act soon

**Captain K:** Majority of students 16, 18, 20. Students straight out of med school, failing school, lonely, broke up with a significant other, do not have tools to help them know what to do (into military)

**Tom Wallace:** What gaps need to be filled from the community?-----Being able to identify who needs help, resources, provide funding if they need payment to talk to someone

**Heather Allman** – department of children and families: INFO mental health curriculum, Department of education provides on website list of these sources, programs, variety for ages

Part of what I do is mental suicidal prevention with especially younger, children, military, etc

Rep asks: If our neighbors were helping and doing what they need to do, we wouldn’t have a lot of these issues we are dealing with right now. Will you have a zoom call with the commander of base here about these sources?

**Laura Gilliam:** Co chair, part of a subcommittee.

* 211 is a database of sources in our community, for homeless, etc. Part of what they do is pull together sources, mental health providers and funds.
* Constantly being updated, required, almost daily.
* Identified an issue with regard to protocol and mental health: people working with case managers realizing AFTER discharge there is NO communication
* Task forces, action items--- where do we house the phone calls, how do people connect, trying 211 to be the connection (rep states that many times these same people may be hungry, etc., they already take many calls for other things. Still requires more permission and funding from state. Have to get through federal first)
* Overview is this is a new number that needs to be publicized so people need to know

**Sacred heart Dawn Rudolph about Ascension:**

* Realizing just how big the need and resources both are
* Sacred heart realizes that 99% of health care happens outside the hospital
* We want to make people comfortable with connection, openness, talk in the office “ACCESS is key”
* Some specific specialty programs, autism, etc. we want to KNOW WHAT WE’RE GOOD AT

**Will Condon**

Trying to build psychiatric silo, excited. Need $800,000 funding every year

* Promise to continue down this path, create more access

**Rebecca Brasch, Century Correctional Institution:**

* Purpose of seminar (coming up) is to provide resources to the \*community\*
* Other people that we reached out to were very interested
* People released from jail don’t know what’s available and don’t know where to go, many say they didn’t have a choice (for what they’re doing), but they did, and we want to help them know that and how to deal with life
* REP COMMENTS: this is so we they can Connect \*inmates\* with sources

Discuss Funding **(Rep Salzman)**

* Many of you have checkbooks out, but how should we do this?
* DO NOT want to see an organization or entity (anything in health care bad idea bcs they’ll say that’s their money) have access to these funds.
* The question is how to use and funnel it best so that the right people are in control
* We want what’s RIGHT for the community
* Want to brag on everyone because about 90% of what’s in the folders is from last time innovation (FOR MAC)
* State was really surprised hospitals and companies, and others came together and volunteered this much info for how EVERYTHING works (From the committee)

**Shawn Salimida**

* Process Design: (process map, what are the resources, early care, all the way to post hospital discharge)
* Please provide info on map outside the door or send in any info on the sheet they received!!!!
* Will be a fluid map, trying to complete it and make it working
* (Rep) Law enforcement are the first stopping point for people, then all other mental health help, some people may need to be committed,
* References Allison Hill, for what funding does come into this?
* References Lindsay, Crisis’s, maybe aren’t ready to be in society yet but need help
* 20% of this is working with POST hospitalized patients continuing care
* Data: SHOULD WE EVEN SHARE THIS? This is VERY preliminary. What were trying to do in the committee is figure out volume, calls, necessity, what is available, how much, who needs it. This will help us work a system and know what to do and where it’s needed
* INFO ON SHEET
* Calls are many times for basic needs and danger and mental health prevention
* PEOPLE are calling too late

Lakeview:

* REP ASKS: Overview of what happens when someone calls? (Even food, etc) Are we telling them about mental health options too no matter what they are calling about??
* Answer: Many calls are inquiry calls anyways and we will give out lots of info, we need more data, but yes we refer our options, refer 911, etc.
* Analysis is challenging bcs there’s so much other data being absorbed already right now
* Goes over sheet

General info

Rep Salzman says 3 months ago this was all ideas, but we have a massive start, it is very time consuming but last time when we said we needed data all the right people were in the room

* Everyone took so much time out of their days to give and assemble this info

**(new to committee) Clint Fuhrman**

* Health human services, here with colleague
* **Hillsborough** county had a huge problem with children being removed from homes and not reunited. So they tried to fix this, with things like this committee
* Supposed to gives a 360 view
* That system has three sources of data: 211 calls, ….
* One family came in, child looked shaken up, case worker could see in system there was domestic violence arrest in that house hold and other abuse cases.
* Key take away: Breaking down those silos, finding the people you’re trying to serve, trying to find people who are isolated. (FROZE in the room)
* **Rep Steps in,** Weren’t able to do what they needed because people couldn’t connect
* We need to be in community,
* **Clint is back:** as how all think about mental health and priorities on the mental health task force, we need to identify those priorities, think about how to realistically and technologically break down those barriers
* Key here, GOTTA have great collaboration, good priorities, funding, and tie it all together to turn it into action
* PERSONAL STORY NEVER SHARED: married girl too early, dad lost job, became pest control, making 3rd of what they would make. Unexpected pregnancy, emergency, poverty, so many things contributing to mental problems it seemed no one had. Living in trailer, dad depressed, committed suicide, NO substance abuse and everyone’s better, BUT point is stable family goes as low as you can go in 10-12 years, come home to you don’t even know if the power will be on

Next committee we have was messaging **(Rep Salzman)**

* First what are we doing how do we do it
* Second, how do we fix the stigma???? How to get into the community
* Idea is we should **all** share the same message for three months
* If things feel better to community, just because of our communication, that’s what the difference is, that what we are trying to do.
* There is a pledge in the binders, everyone sign to join!
* Credits people with pledge efforts

**Kaycee Lagarde**

* References packet, single message focus for each quarter
* First one, simple, ask people how they’re doing. Try five people a day, for three months? Help for people who feel invisible or irrelevant
* Share pledge in various ways
* Next focus (keeping the focus on 5) TAKE FIVE: focus on you, ask if people are ok but then take care of yourself bcs you can’t help others if you’re not even ok
* Party, celebrate 5 party, nominate ppl or organizations, awards, community mental health care celebration from the 12 months

**Todd Tomson**

* Need to finish map, so what can we do while waiting for the 211 model
* Developed this questionnaire for additional ideas and directions to move in
* January 10th, BRING those business together, ask what progress people are seeing and what they are doing
* Major employers coming to a lunch, ask them what they do, ask them to share if it’s good and if not, we’ll teach them. Access hospitals and employers to access the people. Provide maybe funding and help kits for business who cannot afford that kind of health care

**90 day Challenge discussion**

* Baptist inviting for date meeting. 300,000 perceived mental health issues and main concern is resources. Residence have confirmed how important mental health is so important
* (Caleb) We should shock people with the suicide rates, people are dying, lets stop people from dying. Most people know someone personally struggling with this! Some of the best mental health professionals are not mental health professionals, they are the partners, individuals, first responders, etc. People do change, do improve, interventions is what makes these changes.
* New medication out called “half year” it’s a shot once every 6 months
* We have science, you don’t have to be a psychologist

**Floyd-Thomas, Department of Health**

* Overcoming life stressors and barriers. Food, shelter clothing, then substance abuse disorder

**James Hartsell**

* Many veterans in this part of FL
* Operation role call, veteran suicide prevention, pledge, training, called fire watch \*saveflvets.org\* gives the whole plan to get rid of suicide for veterans in Florida
* Awareness, like if someone’s drinking get the keys away
* Watch for the triggers, the family members see them
* Firewatch is founded in NE Florida Jacksonville, doing so well its expanding across the state

**Dave Torsell**

* If we don’t act and bringing it up it’ll never get done
* We run medical calls all day long
* 848 narcan administrated, 25% increase and the years not even over yet
* What can my people do on the front end
* Getting data, reaching out to community partners

**Captain Kincella**

* Teaches ppl how to talk about suicide, have to get rid of that fear.
* Suicide is getting earlier, first heard of one when he was 30 (used to be 30-year-olds problem more so), now it’s closer to 18
* People are not learning how to deal with is at home
* Special training

**Tom Wallace (Medicaid Director)** just reached above the 5mil mark in Fl receiving Medicaid benefits.

Medicaid in Fl is a managed care plan. Here in NW Fl there are 4 agencies. New program beginning is direct payment. Inpatient mental health stay now has a quality metric that upon discharge the patient will see follow up in 7 days. There is a financial tie to this.