**Quarterly Task Force Meeting September 30, 2022**

***Welcome***

Representative Salzman - Welcomed everyone, and played the video

***Faith Based Community Partnership to Support Families in Need***

Pastor Rick Hazlip - Introduced himself and expressed a need to find chaplains. He pointed out that faith based programs tend to be successful, because participants have a relationship with God. He stated that having a relationship with God reduces problems.

—----------------------------------------------------------------------------------------------------------------------------

Walter Sachs - Introduced himself. He encouraged participation in the Share Your Heart Program. He explained how to utilize the resources available to the community. This program sends trained chaplains to the family's home within hours of contacting them. These chaplains are trained in various areas, to prepare them for different situations they may encounter. The chaplains bring resources for the situation, and are dedicated to the situation for 90 days. With chaplains coming into the community the goal is to solve problems within the community to encourage families to stay. Share Your Heart is an excellent resource for churches to utilize. Stresses that we are the first city to use government share letters to implement Share Your Heart.

QUESTIONS: Serene Keiek - How do you get referrals?

ANSWER: Walter Sachs - Investigators can do the referrals. Chaplains are notified the same day. (Care portal is helpful for multiple needs)

—-

QUESTIONS: Connie Bookman - What is your capacity for referrals and how can we be supportive?

ANSWER: Walter Sachs - The goal is 188 chaplains in the community and 4 per zip code. We had 16 in Lebanon county within 6 months and that covered the need. If the chaplain cannot help they refer the family to someone who can handle the situation. Share Your Heart is a preferable alternative to involving the government unnecessarily. Following up and using the referrals is a way to support Share Your Heart.

—----------------------------------------------------------------------------------------------------------------------------

***What Do You Really Know about the Baker Act?***

Dr. Josephs - Dr. Josephs explained attitude for behavior health is how he approaches hurricanes. As the hurricane approaches you must do what you can to mitigate the circumstances. This is an important conversation on behavior, health and the infrastructure. He asked what everyone’s basic understanding of the Baker Act was. He challenged the audience to take a quiz and anyone with a 100% would receive Jamaican hot sauce. In a room of 100 no one answered every question correctly. The results of the quiz proved the leaders in the room need to form a collaborative effort to understand the Baker Act to help the patients in need.

***Local Baker Act Receiving Changes***

Mark Faulkner - Displayed a map of the events of last year. Emphasized a collaborative effort to curve the demand. He stressed prevention and intervention. Explained that previously there were four receiving facilities for Baker Act patients, however there are now only two receiving facilities. With the high demand and fewer facilities, viable long term facilities must be implemented. Baptist is the only Hospital that accepts children and adolescents. There has been an increase since August 23. There is a 25 percent increase in children since the loss of the other receiving facilities. With 26 beds Baptist hospital is attempting to accommodate the needs of patients.

Gabe Bullaro - Clarified that the conversation is about involuntary Baker Acts, and that UWf Hospital still accepts voluntary Baker Acts. They want to dampen the curve. They still accept voluntary

Faulkner - The model must evolve to expand capacity. Twenty-three additional staff were hired to handle the demand. The new Baptist Hospital will have room to increase capacity.

Alison- Lakeview mental health does not do inpatient acceptance. However they do Triage incoming patients. Central Receiving Facilities have been around for a while, and are not a new concept. They are a viable option to implement into the community. All Baker Acts come into the central receiving facility and there they receive nursing and clinical assessments. They can also be diverted to other resources if they are not appropriate Baker Act patients. This model is good for Law Enforcement because it is a 3 min drop off time. Other close receiving facilities were benchmarked. They have quick turn around and they have the ability to medically clear patients. Crisis stabilization beds are important in these facilities and makes it more successful. Implementation of crisis stabilization beds are essential to ensure the success of central receiving facilities. Funding is federal, state and local government. All the stakeholders understand and plan to support this model.

—----------------------------------------------------------------------------------------------------------------------------

QUESTIONS: Shawn Salamida- How can this backfire, and what are the potential roadblocks?

ANSWER: Allison Hill - They are never full, they are never closed. There are no beds in the facilities. You do assessments and connect them to resources. If we don't have capacity for inpatients we look at other options when diversion is appropriate.

ANSWER: Faulkner - Consider that November Baptist Hospital will have above 26 beds, and we have already hit that number. We do not want kids to come to us and not have a place for them. Near term is our concern. We have to manage what’s coming and be resilient with what we have.

Allison Hill - We formed this in partnership and came together. This will only work if we do it uniformly.

—----------------------------------------------------------------------------------------------------------------------------

QUESTION: Jackie (I am unsure of the last name) - How will transportation work?

ANSWER: Allison Hill - CRF is responsible for transport wherever it is. They are responsible for transport.

—----------------------------------------------------------------------------------------------------------------------------

Sacred heart CEO RUDOLPH - Sacred Heart does not have inpatient capacity. they are assessed then BA and they sit there till we find them a place. Sacred Heart does not have licensed beds for Baker Act patients. How can we enhance things with our ER physicians? They will always come to the ER and mitigation is necessary.

Gabe Bullaro - I've never asked who is doing the work and is it the right person until recently. We have psych doctors who did not help in the ED so we had a talk with them to encourage their cooperation. Let’s define who needs to help within the hospital.

Allison Hill - Sometimes the physician is not comfortable with treating Baker Act patients. We have a new grant that enables us to administer immediate care.

(I could not see the person who asked this) - what is the age range of increasing children?

Mark Faulkner - All ages the oldest is 18, and The youngest was 4. Since school has begun there is a 50% increase in Child Baker Act patients.

Eric- In the fall we see younger ones down to four years old.

Someone - why

Eric - because on Christmas kids will be locked out by their families.

Allison Hill- We have multiple stakeholders that need to read the positional paper and figure out what we need. To date there is nothing identified that we can’t overcome

Representative Salzman - I have committed money. This will be voted upon. We as a community need to have an agreement This needs to be on the agenda. We need to get this done. We have all the resources and key partners here. We need to get together and figure it out. These CEOs have been on the phone working together observing other organizations to figure this out. Not all of them need a bed. Some need medication, or help. The county needs to move this forward.

Allison Hill - These are our next steps.

—----------------------------------------------------------------------------------------------------------------------------

Representative Salzman - Introduces Shawn and the Detox Committee

Shawn Salamida- We had to close the detox facility - we are using our temp beds for a detox facility. We need more RNs. We are shooting for November first for that to get up and running.

Representative Salzman - We are stepping back and finding the best way to take care of the problem. We are considering everything including the detox conversation. Everyone is working together to fix the problem.

Shawn Salamida - Do we have a list of people to review these plans?

Allison Hill - yes and you are on the list. We are awarded a grant for a million dollars

Laura Gilliam - On October sixth Escambia County will have a scuicide prevention line. The people taking the calls are in the community and can refer the callers to community resources.

***—----------------------------------------------------------------------------------------------------------------------------***

***Update on LMHC Volunteer Hours at Health & Hope Clinic***

Representative Salzman - Introduces Sally Bergosh

Sally Bergosh - Thank you UWF and the other hospitals. Health and Hope Clinic is like Doctors without Borders, but in the community. The doctors volunteer hours. Since the pandemic patients have increased. There were 941 patients last month, and 118 patients were completely new. 3.2 million dollars in free medication is distributed. Self-medicating increased during the pandemic. 5.5 overdoses a day were happening.This organization is a distributor of Narcan. While the Narcan is distributed for free, the Health and Hope clinic also works with counselors. Counseling is provided for everyone, even people who aren’t patient.

Representative Salzman- She has ten counselors in a letter campaign to help and divert patients.That is a lot of people that don't need to be Baker Acted.

—----------------------------------------------------------------------------------------------------------------------------

QUESTION:- Is this for children?

ANSWER: Sally Bergosh - no

—----------------------------------------------------------------------------------------------------------------------------

***Update on Coordinated Opioid Recovery (CORE) program***

Chief Torsell - We are working on different awareness months. In the field we wear different color shirts. We would love to add a new t-shirt. We had 1,095 overdoses last year. We have more than doubled that this year. We have been restricted to 100 doses of Narcan every 90 days. We didn’t have enough, but now we have figured it out with the jail. They are giving us Narcan that is almost expired, because it will be used. We partner with the hospitals. UWF has helped us out with this. The biggest problem with this is we can’t give an appointment for a referral. And no one will show up for an appointment. FQHC is for long term care, and we will also be following up on their progress. People are most likely to follow through with accountability. We want to ensure long term contact. We want to ensure the process is followed through with. We are going to do everything we can to provide the necessary services. We will try to give them the closest thing to a normal lifestyle. We are much further ahead than other counties I've met with HQFC staff to ensure we all understand what’s going on . We are adding components such as transports between appointments to ensure interaction and build rapport.

***Closing***

Debbie Malsberger - Next Meeting: January 13, 2022 Pensacola Christian College