

Commissioner Fox Recommendations

Please find my recommendations in response to each presentation:

1. Dual Diagnosis: Serving Individuals w/ DD & MH Needs –

- *Continued expansion of MRTs, adding specific training specific to this population for all team members.
- *Expansion of High Watch Pilot program to ensure care coordination/follow up/linkage for all clients post-discharge or post 988 call.
- *Evaluation by this Commission of Triple Diagnosis needs...Developmental Disability + MH Diagnosis + SUD (+ co-morbidities such as pregnancy). I've seen this under my care and there were no resources able to manage this level of need and cross-agency collaboration was weak.
- *Increased supportive housing for those with Developmental Disabilities & MH/SUD challenges.

2. Caring for Florida Seniors:

- *Increased education and prevention outreach programs to include primary care physicians and other geriatric care providers and caregivers.
- *Replication of Marion MH Team pilot program demonstrating importance of increased community collaboration among seniors network of care/the need for a unified approach to continued care with ongoing team meetings.
- *Increased accessibility of care coordination/standard follow up service by care team upon discharge from hospital, crisis situation, 988 call.

3. Addictions Receiving Facilities:

- *Increase availability of care coordination/aftercare to spearhead a collaborative care model with an interdisciplinary treatment team engaged in transitions of care to help combat relapse and revolving door of crisis admissions.
- *Require receiving facilities to offer transportation within community to help ensure compliance with follow up med management/therapy appointments.

4. Children & Adolescents:

- *Increase availability of short-term residential treatment options outside CSU.
- *Increase resources for additional CAT and SIPP teams for ongoing care coordination, med-management etc.

5. Community-Based Care:

- *Need for a geriatric mental health care continuum separate from FACT ie. Psychogeriatric ACT teams.

- *Need for unified approach/cross-agency collaboration for aging, housing, primary care, MH & SUD treatment.

- *Expansion of housing & residential programs that cater to seniors with MH, SMH & SUD.