

CLERK'S SUMMARY OF MEETING AND OFFICIAL MINUTES
MIAMI-DADE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD (BHAB)
JULY 29, 2025

The Behavioral Health Advisory Board (BHA) convened a meeting at the Stephen P. Clark Government Center, 111 Northwest First Street, Miami, Florida 33128, 2nd Floor, Commission Chambers, on July 29, 2025, at 10:00 a.m.

I. CALL TO ORDER

In Senator Garcia's absence, Ms. Amanda Dominguez, Mental Health Facility Program Manager/BHAB Liaison, Community Action and Human Services Department, called the meeting to order at 9:40 a.m.

Ms. Dominguez advised the Board members that Chairman Garcia was unable to attend today's meeting and requested that a presiding officer be nominated to Chair the meeting.

Mr. Carlos Martinez moved to nominate Mr. Claudio Perez to serve as the presiding officer. This motion was seconded by Judge Nushin Sayfie and, upon being put to vote, passed 19-0 (Senator Garcia, Ms. Victoria Mallette, and Mr. Joseph Poitier were absent).

II. ROLL CALL & INTRODUCTIONS

The following BHAB members were present:

~Dr. Tiffany Amrich, Psychologist, Community Action and Human Services Department (CAHSD);
~Major Melissa Barosela, Miami-Dade Police Department;
~Ms. Karen Annunziato, State Attorney's Office;
~Mr. Carlos J. Martinez, Public Defender;
~Ms. Laura M. Naredo, South Florida Behavioral Health Network;
~Ms. Lauren Rabbitto, Juvenile Services Department;
~Ms. Vicky Sabharwal, Public Health Trust;
~Ms. Edith C. Wright, Miami-Dade Corrections and Rehabilitation;
~Mr. Duane Pearson, Miami-Dade Fire Rescue;
~Ms. Lourdes Dorado, Department of Children and Families;
~Mr. Claudio Perez, Behavioral Health Service;
~Mr. William Delaney, Behavioral Health Service;
~Mr. Alfredo Hernandez, Diagnosed/Suffering from a Behavioral Health Disorder;
~Ms. Michelle Fernandez, Diagnosed/Suffering from a Behavioral Health Disorder;
~Ms. Susan Holtzman, Family Members of People Diagnosed/Suffering from a Behavioral Health Disorder;
~Ms. Carolyn Acosta, Family Members of People Diagnosed/Suffering from a Behavioral Health Disorder;
~Judge Nushin Sayfie, Representative from Judicial System;
~Mr. Gustavo Cruz, Veteran Service; and
~Mr. Luis Espinosa, Retired Fireman/First Responder

Senator Garcia, Ms. Victoria L. Mallette, and Dr. Joseph Poitier were excused.

In addition to the BHAB members, the following staff members were present:

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~Ms. Tania Avellanet, Assistant Director, CAHSD;

~Ms. Amanda Dominguez, Mental Health Facility Program Manager/BHAB Liaison, Community Action and Human Services Department;

~Assistant County Attorney Shanika Graves;

~Ms. Zorana Milton, Deputy Clerk, Clerk of the Board

Presiding Officer Perez welcomed members of the Addiction Services Board (ASB), noting today's meeting was an opportunity for the BHAB and the ASB to represent the community jointly by combining both needed services.

III. PUBLIC'S REASONABLE OPPORTUNITY TO BE HEARD

Mr. Perez opened the reasonable opportunity to be heard; the following individual appeared before the Board:

Mr. Theo Karanstalis, Vice Chairman of the Miami-Dade County Commission on Disability Issues (CODI), noted that he also served as a Peer Advisory Committee Member of the Schizophrenia and Psychosis Action Alliance. He explained that his organization intersected with the BHAB's mission by advocating for residents with physical and mental disabilities, including those with serious behavioral health conditions. He expressed interest in future collaboration and indicated his willingness to serve on the board if a seat became available.

IV. Community Presentations

a. WestCare Crisis Mobile Response Presentation

Mr. Danny Blanco, Chief Operating Officer of WestCare Florida and The Village South, introduced the Mobile Response Team (MRT) presentation. He explained that WestCare operated the MRT in Miami-Dade County and that he oversaw the day-to-day operations. Mr. Blanco was joined by Ms. Luciana Beltran, Program Director of the Mobile Response Team, and Ms. Catherine Ortega, Program Manager and Licensed Clinical Social Worker (LCSW), who delivered a comprehensive overview of the services beginning with the organization's 50-year history and mission. They highlighted the significant prevalence of mental health issues in Miami-Dade County, noting that one in six youth ages 6-17 experienced mental health disorders annually, and suicide was the third leading cause of death for youth ages 15-24.

Ms. Beltran and Ms. Ortega explained that the team operated 24/7 with master's-level dispatchers and licensed clinicians conducting assessments. They noted the MRT maintained three (3) teams covering north, south, and central Miami-Dade areas with a 60-minute response time goal. The presenters noted the program served all ages, from 4-year-olds to 95-year-olds, requiring only a location, name, and mental health symptom information to respond.

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The team reported the following statistics:

- Call Volume: 3,175 calls in fiscal year 2024-2025, with peaks in September/October and April/May that coincided with school schedules
- Demographics: 52% female, 47% male, 1% transgender; 63% adults, 37% children
- Referral Sources: 38% from family/friends/neighbors, 23% from schools, with law enforcement and self-referrals comprising smaller percentages
- Response Time: Averaged 50 minutes, meeting their 60-minute goal
- Baker Act Rate: 23% (630 people from 3,175 calls), with 241 minors and 389 adults
- Transportation: 80% via ambulance, 20% via law enforcement
- Crisis Resolution: 80% of calls were resolved by MRT without hospitalization
- Follow-up Success: 92% successful follow-up completion, 8% recidivism rate

Ms. Laura Naredo expressed concerns about the program's sustainability, noting that while WestCare was meeting community needs and addressing 100% of calls, the 68% increase in call volume from April 2023 to April 2025 had pushed the team to its operational threshold. She cautioned that without additional capacity, the team would be unable to maintain their 60-minute response time requirement as call volumes continued to grow.

Ms. Vicky Sabharwal questioned how the 8% recidivism rate was calculated.

Mr. Blanco clarified that it was based on internal agency data, acknowledging the entity lacked access to external hospital, provider, or other system records.

This limitation prompted Mr. Claudio Perez to identify data integration as a future strategic initiative, emphasizing the need for collaboration and aggregation of data across the entire system of care that could be monitored through a comprehensive dashboard.

Discussion ensued among the Board members and presenters regarding the program's broader community impact.

Mr. Blanco reported that there had been zero arrests or injuries to staff or community members in two years of operation, despite some calls requiring law enforcement support for team safety.

In response to Mr. Martinez's inquiry as to whether police departments were utilizing MRT for trauma support after violent crimes like homicides and shootings, Ms. Beltran confirmed the agency provided support, though the frequency and percentage of such responses was not specified.

Mr. Martinez emphasized the importance of tracking whether MRT services were reducing overall arrests, Baker Acts, repeat users, and civilian injuries, noting these metrics would be crucial for assessing intervention effectiveness.

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Mr. Blanco described a successful co-responder pilot program that WestCare had developed with the Miami Police Department. He explained that prior to the partnership, Miami PD was handling over 300 crisis calls monthly, with 90% of those calls resulting in Baker Acts. The collaboration established a co-responder model in which law enforcement officers and clinicians responded together in the same vehicle to crisis calls. Within one month of implementation, this approach had reduced the Baker Act rate from 90% to 30%, and the success rate continued to decline over time. The program was subsequently expanded to include peer specialists in additional vehicles and maintained a record of zero arrests and zero injuries, despite operating with limited resources—just one team working four days per week for eight hours per day.

Further discussion ensued regarding post-crisis care transitions.

Mr. Perez questioned whether peer specialists were the most appropriate professionals for discharge planning, suggesting case managers might be better trained for this function.

Ms. Lourdes Dorado highlighted the peer specialists' training and community resource knowledge, emphasizing they worked as part of a team rather than making decisions independently.

Ms. Michelle Fernandez highlighted the evidence-based value of peer specialists in providing "warm handoffs" due to their lived experience. The team described how peer specialists accompanied clients to appointments and ensured successful linkages to ongoing care.

Mr. Perez stressed the importance of tracking transitions from MRT to community providers, emphasizing that long-term therapeutic care was essential.

Ms. Laura Naredo clarified that peer specialists made referrals to outpatient treatment, psychiatric services, and residential care as part of their reporting to Thriving Minds.

Ms. Karen Annunziato inquired about follow-up for individuals who were Baker Acted but subsequently discharged without petitions being filed.

Ms. Ortega explained that peer specialists maintained connections with receiving facilities to track hospitalization and discharge plans.

Mr. Alfredo Hernandez commended the program's effectiveness in reducing school-based Baker Acts, noting the value of having trained clinicians conduct proper suicide and homicide risk assessments. He advocated for expanding services and suggested including MRT contact information in community safety plans to prevent unnecessary psychiatric hospitalizations.

Ms. Michelle Fernandez commented that the program's dependence on state-funding made it vulnerable and susceptible to state budget cuts. She advocated for diversified funding sources, pointing out that Miami-Dade County Public Schools utilized 30% of MRT services without contributing financially. Ms. Fernandez suggested county and school system funding as ways to expand and sustain the effective program.

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Responding to Dr. Tiffany Amrich's question about costs to individuals using ambulance services, Ms. Beltran confirmed no costs were passed to individuals, and the team had begun surveying service users about effectiveness, though insufficient data was available for reporting.

Mr. Perez concluded the discussion by noting that diversified funding sources should be added to the board's strategic initiatives list, recognizing the program's effectiveness and the need to ensure its sustainability and potential expansion.

b. Rogers Behavioral Health Presentation

Ms. Andrea Preisler, Director of Operations for Rogers Behavioral Health (Rogers), introduced the Rogers team and provided details about the "Fire Watch" program, which treated first responders suffering from Post-Traumatic Stress Disorder (PTSD) and depressive symptoms, often combined with substance use disorders.

Ms. Lilly Rodriguez, Clinical Services Manager, outlined Rogers' service offerings, which included Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) for children, adolescents, and adults. She described their multidisciplinary treatment approach, utilizing on-staff psychiatrists, nurses, clinical psychologists, licensed mental health counselors, clinical social workers, therapists, and behavioral specialists. Ms. Rodriguez noted the clinic conducted thorough assessments to determine appropriate care levels and developed personalized treatment plans for individuals and families. She emphasized the entity's commitment to continuity of care through discharge planning initiated at treatment onset, communication with outpatient providers, and obtaining necessary releases of information to ensure smooth transitions and warm handoffs. Ms. Rodriguez explained that when Rogers determined they were not the appropriate treatment provider for a patient's needs, they assisted with referrals to more suitable treatment facilities.

Ms. Idalia Maiten, Community Relations Liaison, explained her role in developing relationships with community stakeholders, healthcare providers, and Employee Assistance Programs (EAP) in both public and private sectors to raise awareness about Rogers' services. She advised that she served as the local contact point and invited board members to visit the facility, encouraging them to bring community leaders who might benefit from learning about their programs.

Dr. Heather Jones, Vice President of Clinical Services, introduced Rogers as a comprehensive behavioral health organization with a strong commitment to data-driven care. She explained that the organization collected extensive outcome measurements annually to ensure treatment effectiveness across patient, program, and system levels. Dr. Jones outlined Rogers' national presence, which included three inpatient hospitals in Wisconsin and 17 facilities across 10 states specializing in treating OCD, anxiety, depression, eating disorders, trauma, and substance use disorders.

Focusing on the Miami clinic, Dr. Jones highlighted that the facility had opened in 2019 and demonstrated Rogers' family-centered approach by treating patients as young as six years old. She emphasized the importance of family involvement through psychoeducation programs that helped

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families understand necessary behavioral changes. This comprehensive treatment model, she reported, yielded impressive results with patients experiencing a 30% quality of life improvement within 23 days for PHP patients and 17 days for IOP patients. Dr. Jones noted that Rogers maintained a 7% readmission rate—significantly lower than the 22% national average—while serving approximately 2,000 individuals in Miami since opening.

Addressing accessibility concerns, Dr. Jones explained Rogers' commitment to ensuring care access through their nonprofit structure and comprehensive insurance coverage. She noted that while Rogers was in-network with all commercial payers except Medicaid, the organization had established a foundation in 2023 that provided \$1.8 million in grants for those needing financial assistance. When asked about capacity, she confirmed that the Miami clinic operated with 28 adult and 8 child patient slots, supported by 6 therapists and 6 clinicians delivering PHP, IOP, and outpatient services.

Dr. Jones described the organization's evidence-based treatment philosophy, explaining that Rogers utilized proven interventions including prolonged exposure and written exposure therapy. She clarified that Rogers only implemented treatments published as effective across multiple settings, which influenced their decision not to offer EMDR despite recognizing it as evidence-based.

Beyond traditional mental health services, Dr. Jones introduced Rogers' specialized Fire Watch program, which she explained was established in 2024 to provide virtual services exclusively for first responders. She noted that admission was based solely on prior service rather than diagnostic criteria and that the program was operated by individuals with first responder experience. Dr. Jones mentioned that Rogers was establishing an advisory council of police and fire chiefs to enhance prevention and resilience within the first responder community.

Concluding her presentation, Dr. Jones discussed Rogers' broader impact through their Wisconsin residential facilities, which she reported maintained over 200 beds and served 60 Florida residents in 2024. She announced that a recent \$10 million grant had allowed Rogers to expand these services by implementing a micro-hospital in an underserved area, providing inpatient residential PHP and IOP services to ensure comprehensive care continuity for patients requiring higher levels of intervention

V. NEW MEMBERS/PROSPECTIVE MEMBERS

a. Outgoing Board Member Notification

Ms. Amanda Dominguez announced the departure of Ms. Sally Alayon, Assistant Superintendent of Miami-Dade County Public Schools, who had served as BHAB Vice Chairwoman. She indicated that a new designee from the school district was expected within approximately one month and asked whether the board preferred to select a new Vice Chairperson immediately or postpone the decision.

Mr. Claudio Perez acknowledged Ms. Alayon's contributions to the board and recommended deferring the Vice Chairperson selection until the next meeting when Chairman Garcia could participate in the process.

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VI. APPROVAL OF MINUTES

Judge Nushin Sayfie made a motion to approve the April 21, 2025, BHAB meeting minutes as corrected. The corrections included changes requested by Ms. Lourdes Dorado, who noted that "Lauren" should be corrected to "Laura" Naredo and "voluntary" should be corrected to "involuntary" Baker Acts, and by Mr. Carlos Martinez, who requested that "Elis" be corrected to "Elisa" Quesada. This motion was seconded by Mr. Alfredo Hernandez, and upon being put to a vote, passed by a vote of 19-0 (Senator Garcia, Ms. Victoria Mallette, and Mr. Joseph Poitier were absent).

VII. OLD BUSINESS/NEW BUSINESS

a. Motion to Vote for a Vice Chair

Earlier during the meeting, Mr. Claudio Perez moved to defer the vote of a Vice Chairperson to the next BHAB meeting. This motion was seconded by Mr. Carlos Martinez, and upon being put to a vote, passed by a vote 19-0 (Senator Garcia, Ms. Victoria Mallette, and Mr. Joseph Poitier were absent).

b. Review of Data provided by Thriving Mind South Florida

Ms. Laura Naredo presented crisis services data from Thriving Mind South Florida, clarifying that the information reflected only the safety net population—uninsured and underinsured individuals—while acknowledging that Miami-Dade County also had extensive private crisis services operating independently.

Ms. Vicky Sabharwal inquired about data tracking for patients who were admitted to Crisis Stabilization Units (CSUs) but subsequently discharged to non-CSU facilities not funded by Thriving Mind.

Ms. Naredo explained that the system tracked data within the Thriving Mind safety net network, including outpatient and follow-up services, but lacked access to information when patients transitioned to private providers.

Ms. Sabharwal noted that recent state legislation, House Bill 633, had been passed and implemented to address these data gaps. She explained that the new legislation required manual tracking of linkage and follow-up care data until an automated, integrated data system could be established, which would significantly expand the community's access to comprehensive behavioral health information.

Ms. Lourdes Dorado provided additional context about the County's Baker Act facility infrastructure. She reported that the County had 17 adult Baker Act receiving facilities—four (4) public CSUs, eight (8) private facilities, (4) four child facilities with one public CSU and three private facilities. Ms. Dorado noted that Community Health of South Florida, Inc. (CHI) planned to open an additional children's CSU in South Dade and confirmed that the department maintained both private and public data, requiring only specification of desired data points from the BHAB.

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Ms. Naredo added an important clarification about zip code data interpretation, explaining that individuals often entered the CSU system based on incident locations rather than residential addresses, as law enforcement typically used the zip code where they encountered the individual rather than their home address.

c. Community Outreach initiatives

Ms. Amanda Dominguez opened the floor for discussion of potential community outreach initiatives and incentive programs.

Mr. Alfredo Hernandez proposed using social media platforms to reach individuals in need of behavioral health services.

Ms. Susan Holtzman emphasized the importance of promoting awareness of the 988 suicide prevention hotline and recommended establishing a communications subcommittee to coordinate outreach efforts for various community services and activities.

Ms. Laura Naredo supported the subcommittee concept, noting that numerous community initiatives were already underway and that a coordinated approach could help the BHAB develop targeted messaging and advertising strategies.

Ms. Michelle Fernandez highlighted the integration of the Addiction Advisory Board (AAB) and recommended that substance use disorder services be included in future outreach discussions.

Ms. Dominguez suggested that additional initiatives could be explored at subsequent meetings and confirmed the possibility of creating a formal communications subcommittee.

Mr. Claudio Perez acknowledged all recommendations and deferred discussion of the proposed subcommittee and outreach strategies to the next meeting when Chairman Garcia would be present to participate in the planning process.

d. Creation of Boards By-laws

Ms. Amanda Dominguez introduced Chairman Garcia's recommendation to establish time limits for community presentations and asked board members to consider whether such limits should be implemented.

Mr. Claudio Perez deferred consideration of creating formal bylaws to the next meeting when Chairman Garcia would be present.

Dr. Tiffany Amrich proposed allowing 15 minutes for presentations followed by a question-and-answer period.

During the ensuing discussion, Assistant County Attorney Shanika Graves sought clarification on whether the board intended to vote on presentation time limits immediately or include these provisions in future bylaws.

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Mr. Perez clarified that all suggestions would be considered at the next meeting to determine whether they should be incorporated into formal bylaws or operational policies.

Mr. Carlos Martinez recommended that staff prepare a draft bylaw structure in advance to streamline the discussion and allow the board to focus on provisions specific to their operations.

Mr. Perez agreed to this approach, confirming that staff would draft a bylaw framework prior to the next meeting for consideration alongside presentation time limit discussions.

e. Update on the Mental Health Facility

Ms. Amanda Dominguez reported that she had contacted Chief Community Services Officer Ms. Cathy Burgos, but no new developments were available regarding the proposed mental health facility.

VII. ANNOUNCEMENTS

Mr. Claudio Perez announced that the next BHAB meeting was scheduled for September 24, 2025, at 10:00 a.m. in the Commission Chambers at the Stephen P. Clark Government Center.

Ms. Amanda Dominguez distributed an updated meeting calendar with the revised schedule and requested that board members confirm their availability for future meetings. She also circulated a sign-in sheet for public attendees who wished to receive email updates about meeting discussions.

In response to Mr. Perez's request, Ms. Dominguez agreed to send calendar invites to all board members for upcoming meetings.

ADJOURNMENT

Hearing no further business come before the Behavioral Health Advisory Board, the meeting was adjourned at 11:31 a.m.