

Palm Beach County Opioid Response Plan Steering Committee

Thursday, January 14th, 2021, 2:00pm to 4:00pm

AGENDA

Members Present:

Chairman Michael Schlossman
Nikki Soda
Bill Lynch
Marsha Martino
Maureen Kielian
Ann Berner
Ariana Ciano
Scott Rice
Alan Johnson

Not Present:

Matt Mossburg
Phil Dvorak

I. Welcome

Chairman Michael Schlossman moved to begin this meeting at 2:04 PM.

II. Approval of Minutes From Last Meeting

Scott Rice made a motion to approve the December meeting minutes. This motion was seconded by Bill Lynch.

III. Introductions from New and Veteran Committee Members

Nikki Soda facilitated introductions of all steering committee members, subcommittee chairs, and members of the public.

IV. County Report (John Hulick)

John Hulick provided an overview of his December presentation to the Board of County Commissioners (BCC) and the county's strategic priorities in the areas of substance use disorder and behavioral health. Hulick discussed providing resources from both the September and December presentations and the comprehensive updates to behavior health needs assessment to all committee members. Hulick also identified the goal of releasing a new strategic plan in 2021, which can be accomplished through the collaborative efforts of the ORP subcommittees and other behavioral health entities in the county.

V. Staff Report (Gabriella Nixdorf) No updates at this time.

VI. Special Meeting Presentations from Key Strategic Partners

Presentation 1: *Al Johnson*, Chief Assistant State Attorney, State Attorney's Office

Johnson provided a brief synopsis of the January 13th Sober Home Task Force Meeting and legislative updates from 2017-2020. Johnson began by discussing proposed legislation for the 2021 session. The Sober Home Task Force (SHTF) has submitted recommended legislative changes as follows:

- Amending s. 397.415 to specifically give the department the ability to suspend a provider's license for failure to pay administrative fines for violations pursuant to s.397.411.
- Amending s. 397.4871 to specifically give the department the ability to suspend a service provider's license for failure to pay administrative fines imposed for illegal referrals to or from non-certified recovery residences.
- Amending s. 397.403 to make it a felony offense for a licensure applicant to willfully, knowingly, and intentionally lie in an application for a service provider license.
- Amending s.397.487 to allow owners, directors and chief financial officers the same background screening exemptions as afforded to licensed service providers. The credentialing entity (FARR) is tasked with applying this section.
- Amending s. 397.4871 to allow Certified Recovery Residence Administrators the same background screening exemptions as are afforded to licensed service providers. The credentialing entity (FCB) is tasked with applying this section
- Amending s. 397.4873 to remove the exception granted licensed service providers under contract with the managing entity from the prohibition of referrals to or from non-certified recovery residences.
- Amending s. 553.80 to prevent discrimination against certified recovery residences or Oxford Houses by reclassifying the residences for purposes of enforcing building code standards solely because of their status as a recovery residence.
- Amending s. 633.208 to prevent discrimination against certified recovery residences or Oxford Houses by requiring the installation of fire sprinkler systems solely because of their status as recovery residence.

Johnson also discussed the transition from addressing the opioid epidemic to fentanyl epidemic and statistics from the medical examiner's office. Palm Beach County overdose deaths increased by 28% from January 2019 to January 2020. Palm Beach County Fire Rescue calls also increased by 16% from January 2019 to January 2020. However, in the last quarter of 2020 there was a 14% decrease in calls for Fire Rescue, as well as a decrease in calls by 27% in December 2020.

Johnson gave an overview of the services provided by the Addiction Stabilization Unit (ASU) at JFK Hospital North. The ASU has a clinic, staff specialization, and employs a trauma model to better treat overdose survivors and refer them to community programs and resources after stabilization. However, several issues with the ASU that have been identified are that overdose survivors are more likely to suffer relapse and re-admission when not diverted to treatment or MAT, Fire Rescue members are reluctant to transport patients over longer distances (i.e. south county to north county), and each overdose costs the county roughly \$1500. However, reducing relapse and overdose re-admission rates should save Palm Beach County money and resources in the long run.

Johnson concluded his presentation with an overview of Certified Recovery Residence legislation and the progress being made in both Palm Beach and Broward county. Palm Beach County has 45% of the units and 41% of the beds in Florida, while Broward County has 27% of the units and 28% of the beds in Florida and lead the state in terms of number of recovery certified residences at 70% collectively. Johnson

emphasized the importance of Palm Beach County joining the effort to increase certification state-wide through cooperation with the Association of Counties, League of Cities, and the Florida Association of Recovery Residence (FARR) to support fundraising, funding, marketing, and the enactment of local ordinances.

Presentation 1 Discussion and Q&A:

Question 1&2: Can deaths be investigated as murder given fentanyl presence and chemists activities to keep it in the system? Are the police trained to get the evidence that is needed to charge with murder?

Answer 1&2: Yes, there was a new statute developed in the last several years for first degree felony murder meaning that the criminality itself caused a death, as well as third degree felony murder and manslaughter by culpable negligence. There are also special tactical units and detectives who receive specific training related to investigating overdoses in recovery residences and private homes.

Question 3: Is there a National FARR type of certification? Have other state policies been reviewed?

Answer 3: Yes, there a National FARR type of certification. Additionally, Florida laws are the template for other states because of Florida's National Alliance of Recovery Residences and the 50+ entities that are nationally recognized for their standards and best practices. With new administration coming in there's going to be more attention paid toward these pilots including the addiction stabilization unit and the certification of sober homes around the state and the country. The topic of the recovery-oriented system of care was reported to come up in the January Sober Home Task Force meeting which is also promising.

Question 4: Are the police collecting the pill bottles and reporting the prescriber to the Department of Health Regulatory Boards?

Answer 4: Cannot be answered at current.

Question 5: Why does the Palm Beach County Sherriff's Office not allow require officers to carry Narcan?

Answer 5: This question was directed to an appropriate person from PBSO.

Question 6: Are records kept from what locations folks are transported after requesting transportation to JFK after an overdose?

Answer 6: Records are being kept from what location folks are transported as part of Palm Beach County's Overdose to Action work and the ODI mapping which can show the actual overdoses and where they occur.

Question7: Do you have any suggestions for ways that we can increase communication and eliminate silos across different county organizations and entities?

Answer 7: We have to have a process in place where we can identify the issues such as housing, ASU, overdose deaths, or best practices, and then identify the silo that's been created instead of trying to reinvent the wheel in our own comfort zones which works against the maximum effect of what we're all trying to do to increase the number of successes and reduce the number of failures county-wide.

Question 8: What is the number one priority for the Sober Home Task Force for 2021?

Answer 8: Major priorities include legislation concerning housing and getting the ASU to be fully functional.

Presentation 2: Ann Berner, President/CEO, Southeast Florida Behavioral Health Network (SEFBHN)

Ann Berner began her presentation by giving an overview of SEFBHN which is referred to as the managing entity that operates in Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee counties and its initiatives, programs, and services. Berner discussed the Medication Assisted treatment and Peer Support services (MAPS) program which is a 60-day clinical program that offers medication assisted treatment (MAT) and peer support services at PBSO West Detention Center in collaboration with the Palm Beach County Sheriff's office, Wellpath, The Recovery Research Network and Rebel Recovery. The goal of MAPS is to improve recovery rates for incarcerated individuals and help them become certified peer support specialists. The MAPS program has been successful but was negatively impacted last year by COVID restrictions, but there was still a 6% increase in program participants being linked to recovery services post-release from FY19/20 to FY20/21.

Berner discussed other current initiatives including the Support and Advocacy for Family Engagement Mobile Response Team (S.A.F.E. MRT) which added a Clinician and a Peer Specialist to the mobile response teams to respond to calls from child welfare cases when there are child-safety concerns related to opioid use disorder, or issues engaging in treatment. This initiative involves Care Coordination and linkage to peer services with 72 hours in partnership with South County Mental Health Center and Rebel Recovery. SEFBHN also facilitates care coordination and handoff to peer specialists so they can access the MRT's by calling 211 to have the response team dispatched. Berner reported that there has been an increase in use of that service. Berner discussed the Early Childhood Court (ECC) and Family Drug Court (FDC) in which Certified Peer Specialists provides recovery support services, arrange transportation and housing as needed to ECC and FDC participants and are involved in court and team staffing, and on-going collaboration and communication. SEFBHN anticipates starting their Neutral Care Coordination in early February that will include a single agency to provide all substance misuse and mental health assessments and recommend level of care, provide linkage, authorization and care coordination at all levels of service, and will be piloted with Specialty Courts including but not limited to Family Drug Court and Early Childhood Court.

Berner concluded her presentation with updates on Palm Beach County Housing Collaboration and the USDOJ Comprehensive Opioid, Stimulant & Substance Abuse Program (COSSAP) Grant and Cares Act II, Emergency Solutions Grant. The COSSAP Grant focuses on housing stability as it is an indicator of long-term recovery outcomes as well as tools to define and measure housing stability standards. Funding also assists clients in securing recovery housing placement using SEFBHN Recovery Housing Vouchers and recovery support services related to a given client's individualized recovery plan. The Cares Act II Grant covers housing, treatment, support services, and the Housing First program for individuals experiencing homelessness with a substance use disorder, mental illness, or co-occurring disorder.

Presentation 2 Discussion and Q&A:

Question 1&2: What is the duration of the short-term, respite program? How do you measure success, not just activity/engagement? Where is the location and referral process as well?

Answer 1&2:

Stays ranges from one day to four weeks as there's not a limited amount of time as long as somebody wants to be there and we're working on getting them into a treatment program or whatever the next level of care is appropriate. We measure success by the number of individuals that we engage in that next level of treatment so if we had a large number that were leaving before they got engaged we would really second guess the program but we do monitor that very closely and so I believe that because we are so keyed in on what their expectations and needs are and trying to make a match that we have some really excellent outcomes and very few are just AMA.

Generally, they will they get into the next level program and they know upfront that you once you leave you can't come back but there's not anyone that's ever been kicked out of the program because they didn't have another treatment level so the actual average is about 6 to 7 days which I'm always shocked at but they do work on scholarships and programs that are out of the area. We have a statewide program in Avon park for Co-occurring disorders, meaning that individuals have a primary mental health illness with an underlying substance use disorder. We've been fairly successful in getting some very complicated cases treated there and then working with some of the for-profit providers on scholarships and so all of that is part of Ted's Place.

Question 3: Why was TED'S place cut down in the amount of beds they provide?

Answer 3: The number of beds was decreased from 15 to 8-9 at Ted's Place because of concerns around cost of security and additional staffing.

Question 4: What can be done to provide places for individuals leaving the ASU to go immediately? The voucher system is not immediate. Many cannot get into Ted's Place (not sure why). Discharge from the ASU needs to be immediately to a supportive environment.

Answer 4: One of the things that we've done is provide a full-time care coordinator at JFK North for their ASU program. That person really focuses on nothing but discharge planning so depending on that time we are doing a much better job of getting individuals with no insurance or no access to psychiatric care appointments. Housing continues to be a problem in Palm Beach County, but we do have a number of programs and an are expecting to gain additional 40 beds for individuals with a mental illness in the next 60 days. We will be supporting individuals whether they have a disability determination or not. We identify individuals for beds who either have three or more admissions to a receiving facility or have a stay of 16 days or longer as a high utilizer and those are the individuals that we target with the mental health vouchers and trying to canvas the area so that if they show up at a different receiving facility that we've got a plan in place.

We've also been working to do a better job of tracking long-acting injectables which is psychotropic medication approach that has been very successful but if an individual can't get back in time to get that next dose or they fall off, we've got people that will work to find them and get them re-engaged with their medication because there's really no tracking for long acting injectables and so we are working on a project that would do a better job of tracking these injectable. We were also a part of the John Prince Park Project where individuals were relocated and so we've been helping get them into stable housing as well as access to treatment. We are truly focused on long-term sustainable outcomes for individuals through housing and career services, and the community recovery centers will help us reach these goals.

Question 5: Is 211 connected with Unite PBC?

Answer 5: Yes 211 does receive funding from both the county and also from Unite Florida.

Question 6: What are the qualifications for the people that are answering the phones and completing the referrals for 211?

Answer 6: 211 operators and crisis counselors receive specialized training in crisis response and work in tandem with the mobile response team so they can keep someone on the phone while they're also dispatching the mobile response team and they're also very careful about when you engage 911 because you never want to get in that situation where it crosses over the line and becomes something that's out of their realm or ability to handle. 211 operators know when they need additional help which is as important as knowing what to do in these situations. We've worked closely with our partners and specifically with their executive director Sharon LaRue at improving their technical capabilities, having better scripts, and educating operators about the system so that they can make better decisions about where they can slot and move individuals, manage the crisis calls, and then their ability to dispatch mobile response or as needed 911.

The data is available for the majority of the outcomes of those calls and there are aggregate reports because all mobile response teams report on a monthly basis with an outcome of about 85 to 90% of the calls that a mobile response team goes out not resulting in somebody being Baker acted or Marchman acted. Individuals can stay in the home up to three to four hours as they don't have any financial disclosures to work on. They just kind of help the family figure out how to get to tomorrow and what tomorrow looks like and then provide that backup for them so it's really an effective alternative to just sending out 911 and having the person ended up being handcuffed and taken in on a Baker act or even a Marchman act. On the 211 website County specific report are available and show what calls are coming in and where individuals are being referred.

Question 7: Do you coordinate with other service providers who specialize in areas you communicate with or initiatives such as addressing the need of traumatized children and families?

Answer 7: We have a Department of Children system of care so we participate in lockout staffing's where a parent may not want to pick up a child from the detention center or may not want to pick up a child from a Baker Act receiving facility. We provide the room and board for treatment of children because Medicaid won't pay the room and board when they are in a therapeutic group home or in a therapeutic residential program, so we provide that support and then we also we coordinate with Medicaid. We're going to be getting for funding that will give us additional care coordinators because I think we could probably employ 3 full-time Masters level individuals at SEFBHN just coordinating and helping families navigate and working with insurance companies, working with Medicaid care plans, and discharge planners just to get everybody access to all of the available options. Medicaid is funded to do care coordination for a lot of kids, and I think they really fall short, but we do have a variety of programs in place.

VII. Next Steps/Next Meeting Date

February 11th, 2020, 2:00pm-4:00pm via Microsoft Teams

February Presentation: Florida Department of Health

VIII. Adjournment

A motion to adjourn was made by Bill Lynch at 3:50PM. This motion was seconded by Scott Rice.