

Palm Beach County Opioid Response Plan Steering Committee

Thursday, February 11th, 2021, 2:00pm to 4:00pm

AGENDA

I. Welcome

Chairman Michael Schlossman moved to begin this meeting at 2:02 PM. This motion was seconded by Bill Lynch.

II. Approval of Minutes From Last Meeting

Michael Schlossman 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 update on the progress of the county's notice of funding opportunity (NOFO) in the behavioral health space that was previewed to The County's Citizens Advisory Committee on Health and Human Services and received positive feedback. This will be released publicly in early to mid-March and will be for a two-year cycle as opposed to the standard three-year cycle. Hulick also reported on progress with the federal demonstration project and the work to ensure recovery residences, recovery support services, care coordination, and peer support specialists are available at the county level. Hulick also discussed work on another federal grant opportunity in outcomes-based purchasing in the recovery residence environment.

V. Staff Report (Gabriella Nixdorf)

Gabriella Nixdorf provided an update on the Recovery Leadership Institute at Hanley's digital advocacy training series launching in July and August of 2021 and ways to become involved with the RLI's education and advocacy work.

VI. Special Meeting Presentations from Key Strategic Partners

Natalie Kenton, Government Operations Consultant III, Florida Department of Health
Jacqueline Lobban-Marsan, Assistant Director and Chief of Operations, Florida Department of Health

The presentation was focused on the Palm Beach County Overdose Data to Action (OD2A) grant. The Florida Department of Health was awarded funding in the amount of \$3,795,923.00 on an annual basis for a 3-year project period (September 1, 2019 – August 31, 2022) in Palm Beach County.

This funding opportunity will continue work focused on:

- Increasing comprehensiveness and timeliness of surveillance data
- Building State and local capacity for public health programs based on research evidence
- Making Prescription Drug Monitoring Programs (PDMP) easier to use and access
- Working with health systems, communities to improve opioid prescribing

- Adding linkages to care and other areas of innovation supported by evidence-based practice

The goals of the OD2A grant are as follows:

- To decrease drug overdoses in Palm Beach County by 20% by 2022
- To decrease the rate of opioid misuse and opioid use disorder in Palm Beach County by 20% by 2022
- To increase the percentage of evidence-based treatment for opioid use disorder by 10% by 2022
- To decrease the rate of emergency department (ED) visits due to misuse or opioid use disorder in Palm Beach County by 20% by 2022

The presenters identified 10 key CDC Strategies to accomplish the goals set:

1. Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, all heroin, and all stimulant overdoses (implemented at the state level only)

2. Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data (implemented at the state level only)

3. Implement innovative surveillance

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| <ul style="list-style-type: none"> • Data collation from Medical Examiner's Office • Data collation from 14 hospitals in Palm beach County • Develop Memorandum of Agreements with First Responders, Law Enforcement and other stakeholders for collation of data. • Utilize data from existing data sources in aggregate form to analyze and | <ul style="list-style-type: none"> identify drug burden in Palm Beach County. • Data Collection Sources • Medical Records • EMS Records • OD Maps • Biospatial • ESOOS • ESSENCE • Merlin • E-VAULT (Death Records) • ME (autopsy report and tox screens) |
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Variables Collected:

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| <ul style="list-style-type: none"> • Demographics • Accidental or intentional OD • Overdose info • Location • Narcan use • Tox Screen results • Education • Employment status • Incarceration status • Drug related crimes • Attempts at detox, rehab • Periods of sobriety | <ul style="list-style-type: none"> • Mental health diagnosis • Chronic pain diagnosis • Family history of drug abuse • Syringe use (Shares?) • Hepatitis A, B, C, HIV status • Trauma • Military affiliation |
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Biostatistics:

- Produce quarterly reports for community stakeholders.
- Provide monthly updates regarding overdoses in PBC.
- Highlight emerging trends in PBC.
- Identify clusters and spikes.
- Understanding social determinants in substance abuse.
- Reporting fatal and non-fatal overdose data for the community stakeholders, deidentified and aggregated.

4. Prescription Drug Monitoring Program

- PDMP will implement pilot training program in PBC, Duvall and Broward
- Collaborate and participate in monthly State and county calls
- Collaborate with PDMP and other counties to develop educational offerings for Academic Detailing
- PDMP disseminated list of targeted providers in PBC

Health Council of Southeast Florida (HCSEF) - The region's local health planning council

- One of 11 health planning councils established by FL Statute 408.033
- Conduct comprehensive health planning and service delivery in PBC and Treasure Coast
- Adaptable and well-informed of changing healthcare landscape
- Promote and support health access and apply as health equity lens to all work
- Collaborate and engage extensively with community partners, stakeholders and residents
- Long-established collaborative partnership with DOH (locally and Statewide)
- Proven track record of successfully convening partners around key issues
- Operate at the system and community levels
- Advocating for and deploying the CHW model in various areas – Health Ins, HIV, Opioids, COVID
- Coordinates the prevention strategies and evaluation components for OD2A

5. Integration of State and Local Prevention and Response Efforts

- Provide opioid education to students, parents, professionals and the community
- Utilize innovative tools and approaches to disseminate prevention messaging
- Partners conducting these activities in the community include Palm Beach County Behavioral Health Coalition and Living Skills in the Schools
- To date, we have educated over 6,000 individuals through these initiatives

6. Establishing Linkages to Care

- Prevent individuals with Opioid Use Disorder from overdose
- Provide warm handoffs from point of overdose to Addiction Stabilization Unit to treatment, including MAT

- Partners conducting these activities include the Healthcare District of Palm Beach County, Palm Beach County Fire Rescue and HCSEF’s team of Community Health Advocates
- To date, we have engaged over 2000 individuals through these efforts

7. Providers and Health Systems Support

- Providing opioid-related continuing education opportunities for prescribers and other medical providers
- Disseminate opioid-related information to hospitals and provider offices
- Provide opioid-specific Academic Detailing to physicians and other prescribers
- Partners conducting these activities include Palm Beach County Medical Society, T Leroy Jefferson Medical Society and HCSEF
- To date, we have educated over 500 providers through these efforts

8. Public Safety Partnerships

- Palm Beach County Fire Rescue is a key OD2A partner and has engaged approximately 900 individuals through their Mobile Integrated Health model.
- HCSEF and rural EMS providers have been sharing best practices on community paramedicine programs to rural EMS providers
- The OD2A team is exploring the implementation of a biospatial database which integrates real-time data from first responders
- To date, we have engaged an additional 6 law enforcement agencies and are continuing seek out opportunities for collaboration.

9. Empowering Individuals to Make Safer Choices

- Palm Beach County’s OD2A team is collaborating with the State for a coordinated messaging campaign (in development)
- Messaging will incorporate the CDC RX Awareness campaign, utilizing multiple social media platforms and other modalities
- Campaign uses the “It Only Takes a Little to Lose a Lot” message with focus on the target groups
- To date we have disseminated over 700 opioid-related educational materials through direct outreach

10. Prevention Innovation Projects

- Enhance and support the existing efforts of the Addiction Stabilization Unit (HCD/JFK North Hospital/PBCFR)
- Peer Support Specialists from Rebel Recovery have been trained in the national Mental Health First Aid’s train the trainer program
- The PBCBHC is using the “SBIRT” (Screening, Brief Intervention and Referral to Treatment) to train providers to recognize early signs of substance misuse
- HCSEF utilizes the innovative Community Health Advocacy model to engage/serve clients
- Coordination with other OD2A grantees to explore the possibility of bringing a real- time treatment availability tool to Palm Beach County

Evaluation of Strategies

- OD2A has a robust evaluation infrastructure
- Helps ensure that processes result in intended outcomes and ultimately contribute to the desired impact
- LOCAL: As a best practice, HCSEF contracted with an independent local evaluator – Dr. Shelley Robertson
- STATE: Regular coordination with the Statewide OD2A evaluation team at Florida State University
- NATIONAL: Supported & guided by CDC’s national OD2A evaluation team

VII. Q&A/Open Discussion

The Question and Answer and Discussion focused on several key issues listed below:

1. Would you please expand upon " Advocating for and expanding the CHW Model"?
2. In relation to Strategy 6 what can we do to have our own Sheriffs carry NARCAN?
3. In regard to Strategy 6, Michelle mentioned that they may help meeting other needs> How? With what other orgs?
4. Will there be prescriber education on subconscious patient judgment? In other words, grandma may well be misusing opioids, xanax, etc just as the most common image of a young, tattooed patient?
5. What is "Evidence-based prescribing decisions" relative to individualized/precision decisions?
6. How do we reconcile the disparities in employment for Community Health Workers?
7. Please review how the Health Council is coordinating with PBC Behavioral Services and SEFBHN? How are services blended?
8. Regarding the ER data which shows OD admissions by hospital, will that data also be used with community education AND medical community education? And perhaps engaging in conversations with the discharge disposition of the hospitals? Will it be shared back to the hospitals?
9. In regard to Strategy 6, Michelle mentioned that they may help meeting other needs> How? With what other orgs?

VIII. Next Steps/Next Meeting Date

March 11th, 2021, 2:00pm-4:00pm via Microsoft Teams

IX. Public Comments

All public comments were made during the Question-and-Answer section.

X. Adjournment

Chairman Michael Schlossman moved to adjourn this meeting at 3:48PM. This motion was seconded by Scott Rice.

