

Agenda Item #:

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

[illegible]

Submitted By: ADMINISTRATION

Submitted For: ADMINISTRATION

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) authorize** staff to continue to work with the Health Care District of Palm Beach County and other community partners to establish an Addiction Stabilization Facility within Palm Beach County. The facility would include an Addiction Emergency Room (AER) and an outpatient Medication Assisted Treatment (MAT) clinic as part of the C.L. Brumback Primary Care Clinics, a federally qualified Health Center operated by the District.
- B) authorize** staff to negotiate contract(s) with the Southeast Florida Behavioral Health Network and/or directly with community providers to expand substance abuse treatment capacity on an emergency basis utilizing an amount not to exceed \$500,000 in funding from the approved allocation for implementation of the Palm Beach County Opioid Crisis Response Plan. Continuation of such contracts beyond the current fiscal year would be subject to an appropriation for this purpose in the FY 2019 budget.

Summary: These approvals will allow staff to continue to work with the Health Care District of Palm Beach County and others to establish an addiction treatment facility within Palm Beach County and to expand substance abuse treatment capacity at community facilities on an emergency basis. The addiction stabilization facility will include two (2) major components designed to stabilize a patient's addiction and avoid relapse. The first component is a 14-bed, 24/7 addiction emergency room (AER). Patients who have overdosed may be directly transported by Fire Rescue to the AER. Additionally, patients may be self-referred or transferred from other emergency rooms. At this facility, patients will receive complete medical assessment and treatment, psychosocial and psychiatric assessment, peer counseling, and navigation services. At the same location, an outpatient MAT Continuation Clinic will provide similar psychosocial and psychiatric assessments, medication assisted treatment, individual and group therapy, pharmacy, and primary care services for conditions including HIV, Hep-C, etc. The combined facilities will serve as a centralized hub and a model facility for addiction assessment, treatment and referral to community network facilities. The emergency services being recommended will include additional inpatient treatment beds and expanded capacity for medication assisted treatment on an inpatient and outpatient basis. Countywide (HH)

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Attachments:

1. Addiction Stabilization Center Executive Summary, Key Points and Flow Chart produced by the Health Care District of Palm Beach County

Recommended by: [Signature] 2/5/18
Deputy County Administrator Date

Approved By: [Signature] for 2/5/18
County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures					
Operating Costs					
External Revenues					
Program Income(County)					
In-Kind Match(County					
NET FISCAL IMPACT	*				
#ADDITIONAL FTE					
POSITIONS (CUMULATIVE					

Is Item Included in Current Budget? Yes ☒ No ☐
Does this item include the use of federal funds? Yes ☐ No ☒

Budget Account No:
Fund 000 \ Agency 200 Organization 702 \ Object

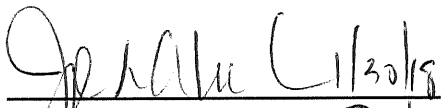
B. Recommended Sources of Funds/Summary of Fiscal Impact:

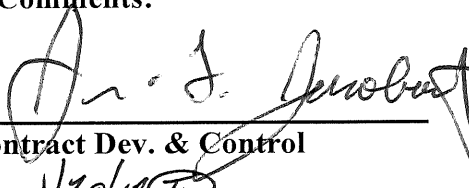
* Contract(s) in a not to exceed amount of \$500,000 previously budgeted will be presented at a later date. This future expenditure will leave approximately \$1.4 M of the original allocation for start up of the addiction stabilization facility.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS:

A. OFMB Fiscal and/or Contract Dev. and Control Comments:


OFMB
1/29/18 1/30/18


Contract Dev. & Control
1/30/18

B. Legal Sufficiency


Assistant County Attorney

C. Other Department Review

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

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Background and Policy Issues: Palm Beach County Medical Examiner Dr. Michael Bell has confirmed approximately 600 deaths from drug overdoses in Palm Beach County in 2017, the majority of which caused by opioids. Palm Beach County Fire Rescue alone responded to over 2700 suspected overdose calls involving opioids during the same time period. On May 3, 2017, Governor Rick Scott declared a Public Health Emergency for the opioid epidemic in the State of Florida. In addition to the huge death toll and devastating impacts to families, there is an increased burden on emergency medical services, law enforcement, social services, hospitals and other public systems. In response to this public health crisis, the Board of County Commissioners in April 2017 adopted a comprehensive set of recommendations included in a staff report entitled *Opioid Crisis: Palm Beach County's Response*. This report included a series of recommendations in seven (7) focus areas: Leadership; Prevention & Education; Treatment Capacity, Public Safety & Law Enforcement, Public Policy & Legislative Advocacy; Ancillary Services; and Evaluation & Monitoring. The actions being recommended in this item advance the goals of the report primarily, but not exclusively, through expansion of treatment capacity.



E X E C U T I V E S U M M A R Y
ADDICTION STABILIZATION CENTER, PALM BEACH COUNTY
(A.K.A. Addiction Receiving Facility) – H.B. 3797

In 2016, there were nearly 600 deaths from opioid overdoses in Palm Beach County, Florida as a direct result of the opioid addiction epidemic. There is no simple solution to ending this epidemic, and to add to its complexity, the treatment community in South Florida has been reluctant to adopt evidence-based practices recommended by the American Society of Addiction Medicine (ASAM), the American Academy of Addiction Psychiatry (AAAP), the Substance Abuse and Mental Health Services Association (SAMHSA), and the National Institute of Mental Health (NIMH). Medication Assisted Treatment (MAT), for example Suboxone, should be routinely offered in the primary care setting, in Emergency Departments (ED), and in the hospital inpatient setting, with careful attention to continuity and patient care coordination upon discharge (as opposed to the current “treat them and street them” approach). Unfortunately, MAT is not readily being provided in the above-mentioned medical settings. These are some of the challenges that led us to develop and launch a cost-effective, evidence-based approach to address this epidemic.

The Health Care District of Palm Beach County (HCD) operates the C. L. Brumback Primary Care Clinics (CLBPCC), a Federally Qualified Health Center with sites located throughout Palm Beach County. In March of 2017, in response to the county’s opioid epidemic, the HCD engaged the CLBPCC to partner in a pilot program with Palm Beach County Fire Rescue (FR) and JFK Medical Center’s ED department. Thirty (30) patients who overdosed on opioids participated in this pilot program. They were revived by FR with Narcan and transported to JFK’s ED for emergency care. While in the hospital, these patients received Suboxone to treat their opioid addiction, before being transferred to the CLBPCC’s outpatient clinic for continuation of care and Suboxone treatment maintenance. At CLBPCC, all patients receive behavioral therapy, a psychiatric evaluation, as well as medical and dental care. Fifty-six percent (56%) of the participants in the program are still in recovery. Encouraged by the pilot program’s success, HCD hopes to expand these services to all county patients who suffer from opioid addiction. The HCD, in collaboration with Palm Beach County, South East Florida Behavioral Network, and other community partners will be operating an Addiction Stabilization Center (ASC) in the county. The site will be a “one-stop-shop” and consist of two major components in an attempt to “stabilize” the patient’s addiction and avoid relapse.

The first component of the ASC is a 14-bed “Addiction Emergency Room” (AER) that will receive patients who have overdosed on opioids and were revived in the field by FR. More precisely, FR from all municipalities would bypass the closest ED’s and transport these patients to the AER. Once all emergent issues are addressed, the patients will receive a psychiatric evaluation, a psycho-social assessment, and patient navigator services. Where Suboxone treatment is indicated, patients will receive the first two doses while in the AER. This will suppress drug cravings and provide the opportunity for patients to begin their recovery. Patients who need medical detox from alcohol or benzodiazepines (in addition to opioid addiction) will be transferred to Lakeside Medical Center, the HCD’s acute care teaching hospital, and/or a participating community partner managing a detox center. Once stabilized, the patient will be offered the opportunity to participate in the CLBPCC’s outpatient MAT program.

The second component, the CLBPCC, is co-located within the ASC. This outpatient clinic will offer continuation of care for patients who initiated treatment with Suboxone in the AER, as well as ongoing care for addiction, psychiatry, behavioral therapy and general medicine. The site will be staffed by an Addiction Psychiatrist, Licensed Clinical Social Workers, and an Advanced Registered Nurse Practitioner (ARNP) to manage the patient’s medical well-being including HIV and/or Hepatitis C. There will also be an on-site pharmacy to provide affordable medications under the 340B Program.

We are confident the Addiction Stabilization Center will provide Palm Beach County with an opportunity to more effectively address the opioid addiction crisis. This centrally located “one-stop-shop” will provide a much needed integration of services and access to evidence-based care. The HCD supports H.B. 3797, and any additional funding, to support this initiative.



ADDICTION STABILIZATION CENTER

KEY POINTS

- 1) This project was preceded by a proof of concept pilot program in Palm Beach County that successfully proved this evidenced-based, best practice can provide extremely good long term outcomes of 56% success rates for substance use disorder patients provided with our bundled therapy approach (this is compared to a zero to 10% long term success rate for abstinence programs). When these long-term success cases return to the workforce, we get the double benefit of reduced utilization of resources (and decreased cost of healthcare) and a taxpaying, productive citizen as a return on our investment.
 - 2) Correctly treats this psychiatric medical condition as a psychiatric medical condition by board-certified, specially-trained physicians and nursing staff
 - 3) Creates a Public/Private Partnership that successfully leverages the expertise and resources of available treatment and care modalities in our community
 - 4) Creates a regionalized system of care for this life-threatening illness. Regionalization is a scientifically, well-proven concept of concentrating high acuity cases in a small number of hands to create regional centers of excellence. In every instance in medicine where this approach has been incorporated, scientifically-proven decreases in death rates and disease burden have been realized. Examples of regionalization include the Trauma System (of which we are already a regional expert), Stroke Care, Burn Care and Heart Attack Care. This current life threat is no different and should see a similar large increase in successful treatment rates due to concentrating these cases at a specialized treatment center.
 - 5) The current narcotic overdose epidemic is creating a tremendous burden on area emergency department health safety nets. These already overtaxed departments are getting inundated with high resource-demanding overdose patients. This program can shunt some of that burden away from the emergency departments, thus freeing those community resources to better care for all the other myriad community threats while our specialized center provides the highest level of care for the substance use disorder patient.
 - 6) By providing a specialized emergency treatment area, we maximize the ability to treat these patients with medication assisted therapy and psychiatric evaluation and stabilization while the patients are at both their most receptive point and their most vulnerable from a health care need standpoint.
 - 7) Concentrating all the needed resources to care for these complex patients in a “one stop shopping” format has already been proven by our pilot study to vastly increase the likelihood of long term recovery from this illness when compared to conventional, layperson-directed outpatient and inpatient “abstinence programs”. These abstinence programs are largely provided by well-meaning laypersons without the requisite medical and scientific knowledge of evidence-based practice to allow these patients a realistic chance at meaningful, long-term recovery. In many cases these types of programs that are lacking in expert, board certified medical oversight potentiate several of the long held myths and misinformation with respect to this disease process and how best to provide treatment.
 - 8) Placing resources into a program run by specially trained and equipped board certified medical experts puts patients with this disease back into the hands of physicians and provides the highest opportunity for long term success. It also reduces the need to create a costly and difficult long term educational program to train the many thousands of other health care providers at all the other area emergency departments and hospitals on the correct manner of treatment for this vulnerable patient population.
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Addiction Stabilization Center

Health Care District Palm Beach County

(Former Stockade on Southern Blvd. at Fairgrounds-Founded by Palm Beach County)

Stockade Location

Free Standing ER

Mother-ship LMC

- **Medical Assessment & Treatment**
(24/7 ER MD/ARNP/PA)
Suboxone Introduction, X-Ray basic labs, etc.
- **Psychosocial Assessment**
(24/7 LCSW)
- **Psychiatric Assessment**
Consult from MAT clinic
(M-F 8-5, telemed after hrs/ wknds)
- **Patient (System) Navigator** (8hr/day)
Plans and coordinates care after ER discharge
- **Peer Counseling Services**
"Rebel Recovery" 24hrs/day
Provided by community partners

FIRE RESCUE
(Patients overdosed on opiates, reversed and woke up in the field, with no obvious medical complications)

Transfer from other
ER's

Patient self referred
(Walk-ins)

Transportation AMR →

Belle Glade Hospital

LMC

- **DETOX-Alcohol & Benzos**
(Suboxone continued during inpatient stay)
- **More comprehensive ER assessment if needed**
(CT Scan, more labs, hospital admission, etc.)

Stockade Location

HCD Outpatient MAT Continuation Clinic

- **Psychiatric Services**
(Mental Health, Suboxone maintenance, Vivitrol induction and maintenance)
- **Psychological Assessment** (LCSW)
- **Psychosocial Services** (Individual, group therapy)
- **PCP Services** (Primary care, HIV, Hep-C, etc.)
- **Pharmacy**

PBSO
Patient expressed willingness to receive treatment

Crisis Housing

Walk-ins

DAF, Research Recovery, Private Facilities

Community Outpatient MAT Continuation Clinic

JGC, DAF, Private Facilities

Community Partner Referrals

DETOX- Opiates
Referred to community network
Residential Treatment
Referred to community network

Patient Discharge

Refuse any Treatment
Psychiatric Crisis Transferred to community network
Private Insured Transferred per preference