

Approved By: [Signature] 10/31/2022
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT					
No. 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 Dept Unit Object Program Code Program Period

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

C. Departmental Fiscal Review: _____
Julie Dowe, Director of Finance and Support Services

III. REVIEW COMMENTS

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

ASD 10/31/22
OFMB ms 10/31

Joe J. Anselmi 10/31/22
Contract Development and Control

B. Legal Sufficiency:

Helene C. Hurd 10-31-22
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

RESOLUTION NO. R-2022-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, CREATING THE PALM BEACH COUNTY ADVISORY COMMITTEE ON BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS; PROVIDING FOR A PURPOSE; PROVIDING FOR MEMBERSHIP, APPOINTMENTS, TERMS; PROVIDING FOR OFFICERS; PROVIDING FOR ROLES AND RESPONSIBILITIES; PROVIDING FOR SUNSHINE LAW, CODE OF ETHICS; PROVIDING FOR MEETINGS; PROVIDING FOR SUBCOMMITTEES; PROVIDING FOR GENERAL PROVISIONS; AND PROVIDING FOR EFFECTIVE DATE, SUNSET.

WHEREAS, behavioral health and substance use disorder are major health problems facing the citizens of Palm Beach County; and

WHEREAS, the Board of County Commissioners (BCC) adopted an Opioid Epidemic Response Plan (the Response Plan) in April of 2017 that identified strategic areas of focus as well as related action steps including appointing a County Drug Czar, designating a lead entity, and establishing an opioid response steering committee to advise and help guide the County's efforts; and

WHEREAS, the Response Plan was intended to satisfy the State's Opioid Settlement Clearing Trust Fund requirement for an opioid response abatement plan pursuant to section 17.42 (4)(c), Florida Statutes (2022); and

WHEREAS, the BCC has identified the substance use epidemic including but not limited to opioids, crack cocaine and crystal methamphetamine as well as behavioral and substance use disorder as high strategic priorities; and

WHEREAS, a Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee was established in 2019 consistent with the Opioid Response Plan, which was intended, in part, to satisfy the State's Opioid Settlement Clearing Trust Fund requirement for a Task Force to respond to the opioid epidemic pursuant to section 17.42 (4)(b), Florida Statutes (2022); and

WHEREAS, the BCC has expressed approval of a person-centered, recovery-oriented system of care focused on quality of care and long-term recovery outcome improvements.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:

Section 1: Purpose. There is hereby established the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder (BHSUCOD) to enhance the County's capacity and effectiveness in formulating comprehensive, integrated, and effective behavioral health, substance use and co-

occurring disorders prevention, treatment, support, and recovery policies, as well as to offer recommendations regarding the County's provision of services to the citizens of Palm Beach County. The BHSUCOD will be supported by the Palm Beach County Community Services Department. The BHSUCOD will increase the coordination and interactions between organizations, agencies and institutions whose mission is to resolve Substance Use and Behavioral Disorders in Palm Beach County.

Section 2: Membership, Appointments, Terms.

- A. Members: The BHSUCOD shall be comprised of nine (9) at-large Members and eight (8) Ex officio Members. Members and Ex Officio Members will have equal voting rights on all matters to come before the BHSUCOD. The total membership of the Advisory Committee shall, at a minimum, represent the organizations, agencies, institutions, and municipalities whose mission is to resolve Substance Use and Behavioral Disorders. Members shall be selected for their knowledge, competence, and experience relative to behavioral health and substance use disorder. In addition, three (3) of the nine (9) Members shall have lived experience with behavioral health and/or substance use disorder. All Members and Ex Officio Members must reside in Palm Beach County at the time of appointment and while serving on the Board. Membership shall be representative of the racial, ethnic, and geographic diversity of Palm Beach County.
- B. Inaugural Membership. The nine (9) individuals who serve as Members of the Opioid Response Plan Steering Committee at the time this Resolution is approved by the BCC, and the three (3) individuals who serve as Ex Officio Members of that Steering Committee, shall comprise the inaugural membership of the BHSUCOD, provided each individual resides in Palm Beach County. Ex Officio Members required by Paragraph C below, who do not serve as Ex Officio Members of the Steering Committee at the time this Resolution is approved, will be added to the inaugural membership of the BHSUCOD immediately on recommendation of the organization they represent.
- C. Ex Officio Members: the Ex Officio Members of the BHSUCOD shall be:
 - 1. One (1) member of the Palm Beach County League of Cities who represents a municipality involved in opioid litigation;
 - 2. One (1) member representing the State Attorney, Fifteenth Judicial Circuit;
 - 3. One (1) member representing the Health Care District of Palm Beach County;
 - 4. One (1) member representing the Florida Department of Health in Palm Beach County;
 - 5. One (1) member representing the Palm Beach County Sheriff;
 - 6. One (1) member representing Palm Beach County Fire Rescue;
 - 7. One (1) member representing Southeast Florida Behavioral Health Network;
and
 - 8. One (1) member representing Palm Health Foundation.

Ex Officio Members shall be recommended for membership by the organization they represent, and membership shall occur simultaneously with that recommendation.

D. Appointments and Terms: At the inaugural meeting of the BHSUCOD, there will be a random selection designating three (3) Members to serve a one (1)-year initial term, three (3) Members to serve a two (2)-year initial term, and three (3) Members to serve a three (3)-year initial term. Following a Member's inaugural membership, Members shall be appointed at large by the BCC, and serve staggered terms of three (3) years, with a limit of three (3) consecutive three (3)-year terms. Vacancies occurring during a term shall be filled for the unexpired portion of the term, and shall not count toward the member's term limits. Ex Officio Members are not term limited. All Members shall serve at the pleasure of the BCC.

E. Attendance: Members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall be the same as a failure to attend a meeting. Members removed pursuant to this paragraph shall not continue to serve on the Advisory Committee and such removal shall create a vacancy. Attendance requirement does not apply to Ex Officio Members.

Section 3: Officers. A chair and vice-chair shall be elected by a majority vote of the BHSUCOD and shall serve for a term of one year, but not to exceed two consecutive terms in any one office. The duties of the chair shall be to:

- A. Call Advisory Committee meetings and organize the agenda for the meetings;
- B. Preside at Advisory Committee meetings;
- C. Establish subcommittees, appoint subcommittee chairs, and charge subcommittees with specific tasks;
- D. Serve as primary liaison with staff; and
- E. Perform other functions as the Advisory Committee may suggest.

The vice-chair shall perform the duties of the chair in the chair's absence, and such other duties as the chair may assign.

If a vacancy occurs in the office of the chair, then the position shall be assumed by the vice-chair for the remainder of the term. Any remaining officer vacancies shall be filled through a majority vote of the Advisory Committee.

Section 4: Roles and Responsibilities. The BHUSCOD shall have the following roles and responsibilities:

- A. Collect information related to substance abuse disorders in the County and provide that information to the BCC, along with recommendations on responding to the opioid epidemic, as provided in section 17.42, Florida Statutes (2022).
- B. Submit to the BCC by October 1 of each year the BHSUCOD Annual Report or Response Plan Update, which shall evaluate mechanisms for behavioral health and substance use disorder services and recommend any changes that may improve the quality, long-term recovery outcomes, and coordination of these services.
- C. If requested by the BCC, provide recommendations on positions the BCC may take on local, state and federal legislation.

Section 5: Sunshine Law, Codes of Ethics

The BHSUCOD is subject to Florida's Sunshine Law. Reasonable public notice of all meetings, including subcommittee meetings, shall be provided, as required by the Sunshine Law, and all meetings shall be open to the public and minutes shall be taken. Records are subject to public disclosure.

Members of the BHSUCOD shall comply with the State's Code of Ethics found in Chapter 112, Part III of the Florida Statutes, as well as Palm Beach County's Code of Ethics codified in Sections 2-254 through 2-260 of the Palm Beach County Code.

SECTION 6: Meetings

The BHSUCOD shall meet monthly, or as needed, as determined by a majority of the membership.. A quorum, as established by ordinance, must be present for the conduct of all meetings. Meetings shall be governed by Robert's Rules of Order.

SECTION 7. : Subcommittees

The BHSUCOD shall be as self-sufficient as possible in that there is no budget for its function. To this end, to carry out its duties, the creation of subcommittees is encouraged.

Section 8. General Provisions All members shall comply with the Uniform Policies and Procedures governing advisory bodies as set forth in Resolution No. 2013-0193, and any amendments thereto. Members will be provided a copy of the resolution and are expected to become familiar with the various requirements, including the provision for automatic removal for lack of attendance, conduct of meetings, and compliance with state and local laws pertaining to financial disclosure and other requirements.

The BHSUCOD is not established to duplicate efforts that County programs and departments were established to address.

No member shall represent the BHSUCOD before any governmental body or public or private entity or group unless approved to do so by a majority vote of the BHSUCOD.

SECTION 9: Effective Date, Sunset Provision

This Resolution shall become effective upon approval by a majority vote of the Board of County Commissioners, Palm Beach County, Florida. The BHSUCOD will sunset five years from the effective date unless the Board extends its service through official action.

The foregoing resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____, and upon being put to a vote, the vote was as follows:

Robert S. Weinroth, Mayor	-	_____
Gregg K. Weiss, Vice Mayor	-	_____
Commissioner Maria G. Marino	-	_____
Commissioner David Kerner	-	_____
Commissioner Maria Sachs	-	_____
Commissioner Melissa McKinlay	-	_____
Commissioner Mack Bernard	-	_____

The Mayor thereupon declared the Resolution duly passed and adopted this ____ day of _____, 2022.

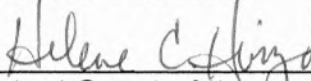
ATTEST:
CLERK OF CIRCUIT COURT
Joseph Abruzzo

PALM BEACH COUNTY, Florida
By its Board of County Commissioners

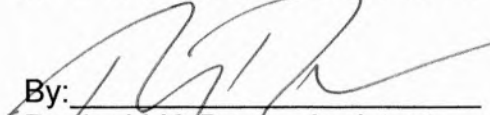
By: _____
Clerk of Court & Comptroller

By: _____
Robert S. Weinroth, Mayor

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:

By: 
Assistant County Attorney

APPROVED AS TO CONTENT:

By: 
Reginald K. Duren, Assistant
County Administrator

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Agenda Item #:

5A-3
Time Certain
2:30pm

Meeting Date: April 4, 2017

[]
[]

Consent
Ordinance

[X]
[]

Regular
Public Hearing

Department: COUNTY ADMINISTRATION
Submitted For: COUNTY ADMINISTRATION

MMMB 7-0

APPROVED

I. EXECUTIVE BRIEF

BY BOARD OF COUNTY COMMISSIONERS
AT MEETING OF

APR 04 2017

D.C.

Motion and Title: Staff recommends motion to:

Shirley Pardo

MINUTES & RECORDS SECTION

A) approve a report containing findings and recommendations related to the heroin/opioid epidemic entitled *Opioid Crisis: Palm Beach County's Response*, prepared for County Administration by the Ronik-Radlauer Group, Inc.;

B) approve the creation of a senior level position within County Administration to oversee the County's efforts to address the opioid epidemic, as well as, any emerging or future addiction related epidemics;

C) approve the addition of two positions to the complement of the Medical Examiner's Office, an associate medical examiner and a forensic technician; and

D) authorize OFMB to administratively process a budget transfer, up to \$1,000,000 from the General Fund Contingency Reserve to fund the various program costs.

Summary: Fatal accidental opioid overdoses in Palm Beach County increased by 114% from 2015 (257) to 2016 (549). At the November 22, 2016, BCC meeting, staff was directed to review the opioid epidemic in the County, current initiatives underway to address the issue, and recommendations made by the National Association of Counties and National League of Cities in a joint report entitled *A Prescription for Action: Local Leadership in Ending the Opioid Crisis*. The Board also directed staff to prepare recommendations for Board action. On January 9, 2017, staff contracted with a behavioral health expert, the Ronik-Radlauer Group, Inc., to identify current initiatives in the County, review the NLC/NACo Report, gather data, meet with stakeholders, and prepare a report to County staff in order for staff to respond to the directive of the Board. The report provides specific action items to address the issue on both an immediate and long-term basis. Funds requested will immediately be made available for additional staffing and expenses of the Medical Examiner's Office and for the new staff position within County Administration. Additional expenditures related to treatment expansion and other response activities will be determined after community collaboration to identify the most critical needs and priorities and will be subject to established Board contracting and procurement policies and procedures. Countywide (DC)

Background and Justification: The illegal use of the opioid drug heroin and synthetic versions of opioids such as fentanyl and carfentanil have reached epidemic proportions across the nation. Palm Beach County has seen 549 fatal accidental opioid overdoses in 2016, up 114% from 2015 when the number was 257. The creation and increased usage of fentanyl, which is 100 times more potent than morphine, and carfentanil, which is 10,000 times more potent than morphine, have contributed greatly to the number of overdoses. A normal dose of the antidote for an opioid overdose, Narcan, was .5 milligrams ten years ago. Today it requires up to 10 milligrams. Communities all across America, like our County, are struggling with the impact of this epidemic on first responders, medical examiners, communities, families, law enforcement, and resources needed to address the issue.

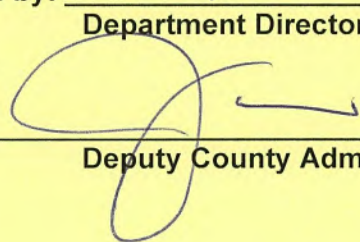
Attachments:

Opioid Crisis: Palm Beach County's Response, prepared for County Administration by the Ronik-Radlauer Group, Inc.

Recommended by: N/A

Department Director

Date

Approved by: 

Deputy County Administrator

3-30-17

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Capital Expenditures					
Operating Costs	\$1,000,000	\$2,000,000			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	\$1,000,000	\$2,000,000			

ADDITIONAL FTE

POSITIONS (Cumulative) 3 0 0 0 0

Is Item Included In Current Budget? Yes No X

Budget Account Exp No: Fund _____ Dept. _____ Unit _____
Obj. _____

Rev No: Fund _____ Dept. _____ Unit _____ Rev _____

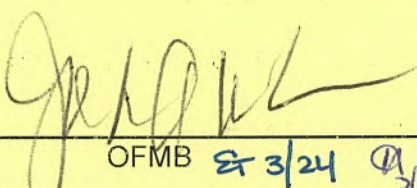
B. Recommended Sources of Funds/Summary of Fiscal Impact:

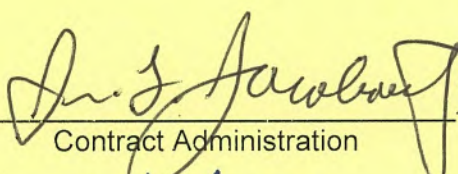
Fund: General Fund Contingency Reserves (FY2017)
Unit:
Grant:

Departmental Fiscal Review: _____

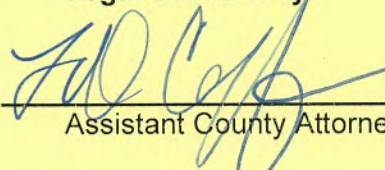
III. REVIEW COMMENTS

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


OFMB 3/24 3/27 3/28

 3/29/17
Contract Administration
3/29/17

B. Legal Sufficiency:


Assistant County Attorney 3/30/17

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.



2/20/2017

Opioid Crisis

Palm Beach County's Response

The Ronik-Radlauer Group, Inc.

SUBMITTED TO THE PALM BEACH COUNTY OFFICE OF COUNTY ADMINISTRATION





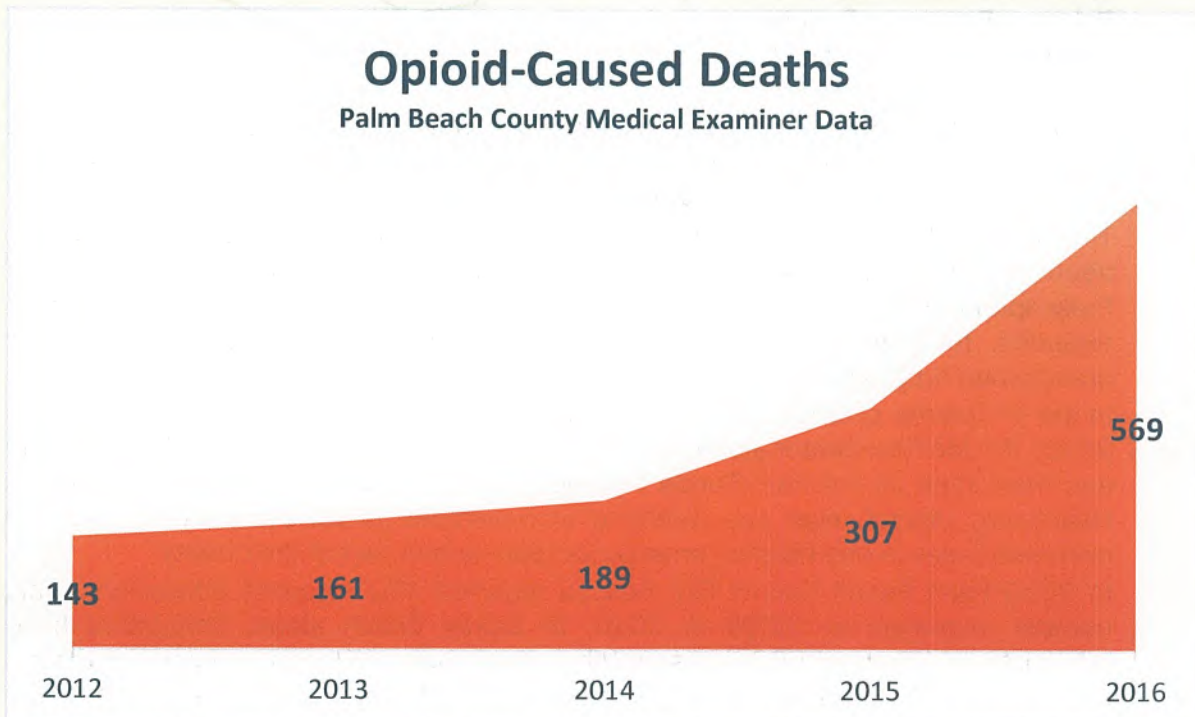
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Palm Beach County's Plan to Address the Opioid Epidemic 2017

Introduction

The use of opioids and their subsequent toll on individuals, families and the community has reached epidemic proportions in Palm Beach County. As a result, stakeholders have come together in a variety of settings to address this complex challenge and recommend strategies for change. In January 2017, the Palm Beach County Office of County Administration contracted with the Ronik-Radlauer Group to conduct an evaluation of these efforts and to develop recommendations for moving forward in a comprehensive, integrated manner. This Report represents an assessment of the extent of this challenge including root causes, data analysis, feedback from key stakeholders, and integration of report recommendations as well as a plan with strategic action steps for the path forward.

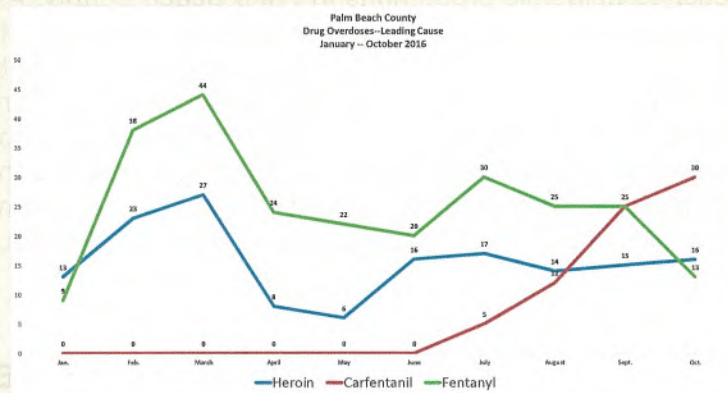


Alarming is the sharp increase in deaths due to the Fentanyl analogue, Carfentanil, which is 10,000 times more potent than morphine and is used as an elephant tranquilizer. Prior to 2016, Fentanyl analogues were not identified nor tracked by Medical Examiners. In 2016, there were 147 instances of these analogues in fatal overdoses in Palm Beach County.



Scope of the Problem

- The Palm Beach County Medical Examiner reports that between 2012 and 2016, there was an increase from 153 to 932 fatal overdoses where opioids were present, representing a 509% increase over the 5-year period, while fatal overdoses where opioids were the cause of death rose from 143 to 569 during the same time period, reflecting a 298% increase.
- Local data from the Palm Beach County Medical Examiner's Office revealed that in 2016 there were a total of 569 opioid caused deaths in Palm Beach County. This is compared to 2015 when there were 307 opioid caused deaths in Palm Beach County, representing 185% increase in just one year.
- According to the Florida Medical Examiner's Annual Report in 2015, *Palm Beach County led the state in heroin deaths* in 2015 with 158 deaths caused by heroin, accounting for 21% of Florida's total heroin deaths.
- The number of neonatal abstinence syndrome cases in Palm Beach County *more than doubled* from 2010 to 88 in 2014, with 74 for the first three quarters of 2015.
- Prescription drugs account for 67.7% of all drug occurrences when ethyl alcohol is excluded. In Palm Beach County in 2015, there were 394 deaths caused by prescription drugs which is a 13% increase from 2014.
- In the 4th quarter of 2015, JFK Medical Center recorded 90 overdoses in 91 days. In 2015, JFK Medical Center alone had as many overdoses as all of Miami-Dade County and more than all but four Florida counties. According to an administrator with the Healthcare District, over one weekend in November 2016, there were over 140 overdose cases in one hospital emergency room in one part of the County.
- In 2015 Palm Beach County Fire Rescue reported 420 naloxone admissions. This number increased to 2,598 in 2016. In Delray Beach alone, firefighters have administered Narcan 1,603 times and there have been 47 heroin-related deaths (as of November 2016). Most recently, Palm Beach County Fire Rescue reported that they responded to 3,530 overdoses in 2016.
- Palm Beach County Fire Rescue increased their purchases of Narcan from 1,330 units in 2012 to 5,920 units in 2016, with costs per unit rising during the same time period. During this timeframe, spending for Narcan increased 1041% from \$18,003 to \$205,346.





Stakeholder Engagement

Many individuals, organizations, and groups participated in the analysis. We would like to acknowledge the following for their contributions:

- Florida Department of Health-Palm Beach County
- Healthcare District of Palm Beach County
- Heroin Task Force
- Palm Beach County Medical Examiner's Office
- Palm Beach County Criminal Justice Commission
- Palm Beach County Fire Rescue
- Palm Beach County Office of the County Administrator
- Palm Beach County's Sheriff's Office
- Palm Beach County Substance Awareness Coalition-Recovery Action Partnership
- Sober Homes Task Force and Proviso Group
- Southeast Florida Behavioral Health Network and providers

Summary of Recommendations

The process has resulted in the following Areas of Focus to address the challenge:

- Create a coordinated response through the designation of a primary entity responsible for the integration of all efforts relative to the epidemic
- Provide prevention and education throughout the community
- Expand options for access to treatment and provide oversight and monitoring
- Support approaches to public safety and law enforcement
- Support strategies to reduce illicit supply and demand
- Advance change through public policy and legislative advocacy
- Understand the importance of the social determinants of health and create opportunities for success through the provision of necessary ancillary services
- Generate and implement a comprehensive evaluation plan to monitor and measure achievement

Each of these Areas of Focus is discussed in greater detail in the Strategic Plan.



The Approach

The Ronik-Radlauer Group utilized a multi-method approach to collect, analyze, and synthesize the data and information used in this report. In addition to data analysis and identification of root causes, the Ronik-Radlauer Group conducted key stakeholder interviews and reviewed the recommendations from a number of entities, local and national. Each of these processes resulted in the development of smaller summary reports relative to their scope.

- Data Analysis consisted of review and evaluation of local statistics. This included information gathered from:
 - Agency for Healthcare Administration hospital admissions
 - Palm Beach County Criminal Justice Commission
 - Dept. of Children and Families Licensed Substance Use Treatment Facilities
 - Florida Charts
 - Insurance analysis conducted by Optum, a behavioral health research firm
 - Palm Beach County Medical Examiner's Office
 - National Forensic Laboratory Information System
 - Office of the State Attorney General Prescription Drug Task Force
 - Palm Beach County Fire Rescue
 - Palm Beach County Sheriff's Office
 - SAMHSA Funding proposal (Southeast Florida Behavioral Health Network)
 - SAMHSA's Treatment Episode Data Set
 - Sober Home Task Force and Proviso Group
 - Southeast Florida Behavioral Health Network Catalogue of Care and Utilization of Services
- Analysis of reports and associated recommendations from a variety of sources. These reports and recommendations included:
 - Heroin Task Force Strategic Plan
 - Sober Homes Task Force Recommendations
 - Grand Jury Report
 - Palm Beach County Substance Awareness Coalition's Recovery Awareness Partnership Recommendations
 - Local Drug Enforcement Administration (DEA) efforts
 - High Intensity Drug Trafficking Area Program (HIDTA) ODMAP initiative
 - SAMHSA funding request for Strategies to Reduce Opioid Use
 - A Prescription for Action: Local Leadership in Ending the Opioid Crisis, A Joint Report from the National League of Cities (NLC) and the National Association of Counties (NACo), 2016.
 - Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States, National Governor's Association Center for Best Practices, Washington, D.C., July 2016.
 - The Prescription Opioid Epidemic: An Evidence-Based Approach. Bloomberg School of Public Health, Baltimore, Maryland: 2015





Palm Beach County's Approach to the Opioid Crisis

- **Key Stakeholder Interviews:** A series of interviews were held with individuals and organizations who are intricately involved in addressing the epidemic. These included:
 - Alexa Lee, Palm Beach County Substance Awareness Coalition
 - Alton Taylor, Executive Director, Drug Abuse Foundation
 - Captain Houston Park, Palm Beach County Fire Rescue
 - Chief Deputy Michael Gauger, Palm Beach County Sheriff's Office
 - Darcy Davis and Dr. Belma Andric, Healthcare District
 - Dr. Alina Alonso, Florida Department of Health-Palm Beach County
 - Dr. Michael Bell, Medical Examiner, Palm Beach County
 - Judge Caroline Shepherd, Drug Court
 - Justin Kunzelman, Recovery Advocate, Rebel Recovery, Ebb Tide Treatment Center
 - Michael Hendren, Delray Beach Drug Abuse Task Force
 - Public Defender Carey Haughwout, and staff members Barbara White and Jennifer Loyless
 - State Attorney Dave Aronberg and Chief Assistant State Attorney Alan Johnson
- A root cause analysis was conducted based upon review of the above information. The following were identified as root causes of the opioid epidemic in Palm Beach County and the response to the epidemic:
 - The opioid epidemic is complex requiring a coordinated community response
 - The publicly funded treatment system is overburdened
 - Individuals addicted and in recovery are in need of access to prevention, early intervention, and evidence-based treatment and services
 - First Responders are often on the frontline of the epidemic
 - The Medical Examiner's Office is overwhelmed with the increase in number of cases
 - There is a need for legislative advocacy to impact local, state, and federal rules and laws
 - Sober Homes are unregulated and may be involved in unscrupulous business practices
 - Law Enforcement and the Criminal Justice system have been challenged to respond to the epidemic
 - There is an increased likelihood for co-morbid physical challenges such as HIV and HepC as well as psychiatric illnesses and trauma-related issues
 - The insurance industry may be a contributing factor to the opioid epidemic

The balance of this report provides a deeper overview of each of these areas, followed by a Comprehensive Strategic Plan to address the recommendations.



Data Analysis

In reviewing and analyzing the data for this report, it became clear that some data sources are easily accessed, while others are more difficult and complicated. In addition, data is not consistent across sources and therefore is presented with that caveat. A recommendation is made to establish mechanisms in the County for shared data, shared measurement, and shared outcomes.

The analysis of data related to the opioid epidemic in Palm Beach County included a review of information from a variety of sources. These sources include, but are not limited to:

1. Palm Beach County Medical Examiner's Autopsy Results
2. Sober Homes Task Force Report
3. Heroin Task Force Action Plan
4. Southeast Florida Behavioral Health Network FY15-16 Client Service data
5. Southeast Florida Behavioral Health Network request for funding through the statewide Opioid State Targeted Response through the Substance Abuse and Mental Health Services Administration
6. Meetings attended: Sober Homes Task Force, Heroin Task Force, Law Enforcement Planning Council of the Palm Beach County Criminal Justice Commission
7. Nova Southeastern University, Center for Applied Research on Substance Use and Health Disparities
8. National Survey on Drug Use in Households
9. Palm Beach County Criminal Justice Commission data request
10. Drugs Identified in Deceased Persons by Florida Medical Examiners, 2015 Annual Report
11. Numbers of DCF licensed substance abuse treatment providers in Palm Beach County
12. Drug Abuse Trends in Palm Beach County Florida, July 2015
13. Optum White Paper





Overview of the extent of the epidemic

- The Palm Beach County Medical Examiner reports that between 2012 and 2016, there was an increase from 153 to 932 fatal overdoses where opioids were present, representing a 509% increase over the 5-year period, while fatal overdoses where opioids were the cause of death rose from 143 to 569 during the same time period, reflecting a 298% increase.
- Local data from the Palm Beach County Medical Examiner's Office revealed that in 2016 there were a total of 569 opioid caused deaths in Palm Beach County. This is compared to 2015 when there were 307 opioid caused deaths in Palm Beach County, representing 185% increase in just one year.
- In 2010, there were 262 heroin overdoses, by 2015 there were 1,271 opiate overdoses, with 453 of them fatal. In the 4th quarter of 2015, JFK Medical Center recorded 90 overdoses in 91 days. In 2015, JFK Medical Center alone had as many overdoses as all of Miami-Dade County and more than all but four Florida counties. According to an administrator with the Healthcare District, over one weekend in November 2016, there were over 140 overdose cases in one hospital emergency room in one part of the County.
- Prescription drugs account for 67.7% of all drug occurrences when ethyl alcohol is excluded. In Palm Beach County in 2015, there were 394 deaths caused by prescription drugs which is a 13% increase from 2014.
- In 2015 Palm Beach County Fire Rescue reported 420 naloxone admissions. This number increased to 2,598 in 2016. In Delray Beach alone, firefighters have administered Narcan 1,603 times and there have been 47 heroin-related deaths (as of November 2016). Most recently, Palm Beach County Fire Rescue reported that they responded to 3,530 overdoses in 2016.
- Unintentional injuries are the fourth leading cause of death in Palm Beach County (Florida Charts, 2015 data) and the rate has increased steadily over the past five years. This includes automobile accidents, accidental overdoses, and unintentional suicides.
- According to the Florida Medical Examiner's Annual Report in 2015, Palm Beach County led the state in heroin deaths in 2015 with 165, accounting for 21% of Florida's total heroin deaths.

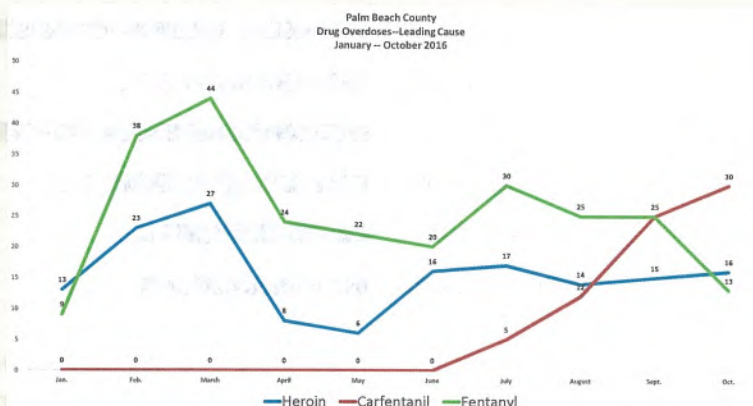
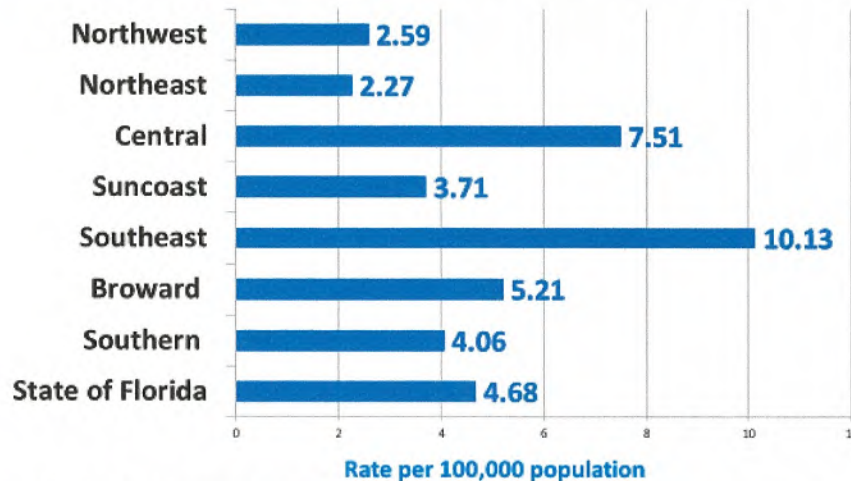




Exhibit 25 Rates per 100,000 of Heroin-Related Deaths by Florida Management Regions: 2015



Source: FDLE – Drugs Identified In Deceased Persons by Florida Medical Examiners
2015 Annual Report

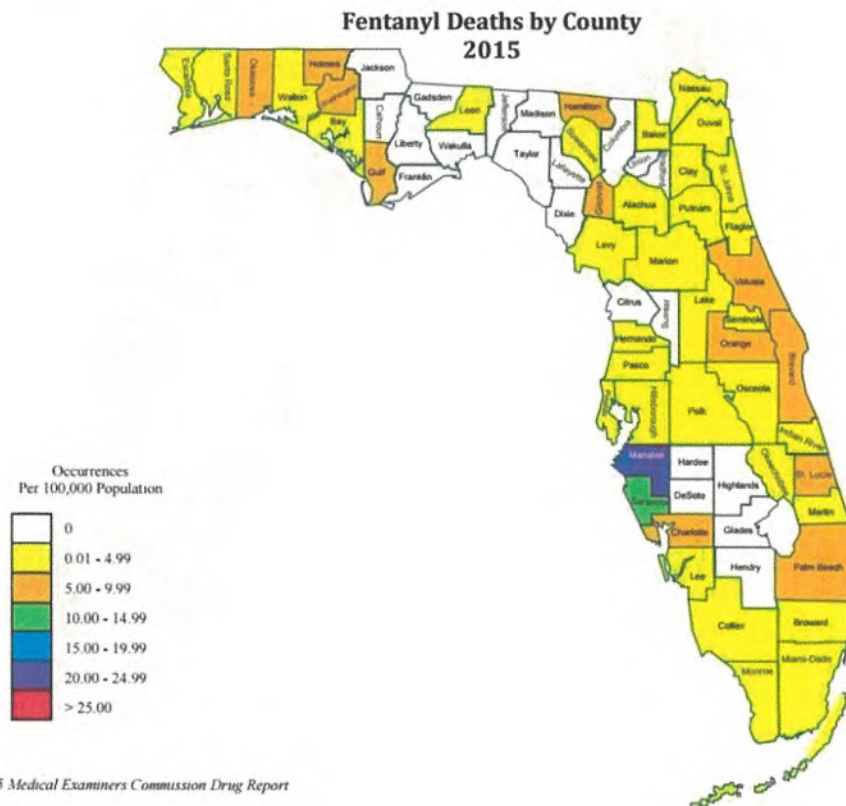
- The number of neonatal abstinence syndrome cases in Palm Beach County more than doubled in 2010 to 88 in 2014, with 74 for the first three quarters of 2015.

According to the Florida Medical Examiner's Office, in 2015, Palm Beach County had:

- a higher rate of deaths related to heroin than Broward, Miami-Dade, and Hillsborough Counties;
- a higher rate of deaths related to fentanyl than Broward, Miami-Dade, and Hillsborough Counties;
- a higher rate of deaths related to cocaine than Broward or Hillsborough Counties; and
- a higher rate of deaths related to oxycodone than Broward or Miami-Dade Counties.

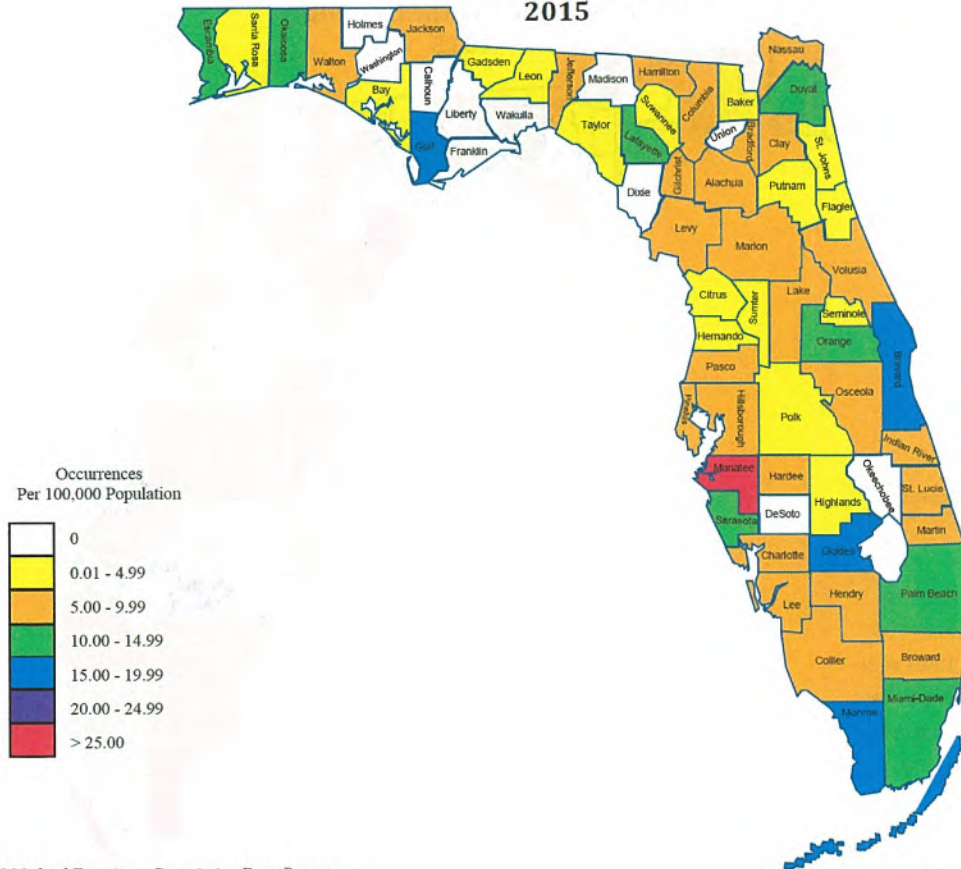
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Cocaine Deaths by County 2015



2015 Medical Examiners Commission Drug Report

A map of Florida showing its 67 counties, each color-coded according to the 2015 Commission Drug Report. The colors represent different levels of drug-related activity or risk. The counties are: Alachua (orange), Baker (orange), Bay (orange), Bradford (orange), Brevard (orange), Broward (yellow), Calhoun (orange), Charlotte (green), Collier (orange), Columbia (orange), Conway (orange), Cook (orange), Coral Gables (orange), Dade (orange), DeSoto (white), Duval (orange), Escambia (orange), Flagler (orange), Franklin (orange), Gadsden (orange), Gilchrist (orange), Glades (orange), Hardee (orange), Hendry (orange), Hernando (orange), Hillsborough (orange), Holmes (orange), Indian River (orange), Jackson (yellow), Jefferson (orange), Leon (orange), Levy (orange), Lincoln (orange), Madison (white), Manatee (yellow), Marion (orange), Martin (orange), Miami-Dade (yellow), Monroe (orange), Nassau (orange), Oklawaha (orange), Okeechobee (orange), Orange (orange), Osceola (orange), Ocala (orange), Palm Beach (orange), Pasco (orange), Pinellas (orange), Polk (orange), Putnam (orange), Santa Fe (orange), Seminole (orange), St. Johns (orange), St. Lucie (orange), Suwannee (orange), Taylor (orange), Volusia (orange), Walton (orange), Washington (orange), and Winkler (orange).

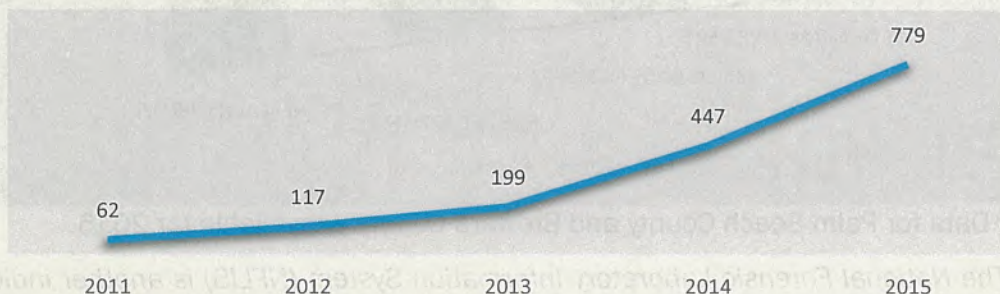
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The information cited below is excerpted from the Intelligence Summary Report: South Florida Opiate Increase, South Florida High Intensity Drug Trafficking Area Report, October 2016:

"According to the 2015 Florida Medical Examiner's Annual Report, heroin deaths in the State of Florida increased 1156% from 2011 to 2015. **Palm Beach County led the State of Florida** in heroin deaths in 2015 with 165, representing 21% of Florida's total heroin deaths.

Florida Statewide Heroin Deaths



Source: Florida Medical Examiner's Annual Reports

In Florida, fentanyl-related deaths rose 286% from 2011 to 2015. The opioid epidemic is a national threat, however, states east of the Mississippi River are seeing the greatest impact. **In 2015, Palm Beach** and Miami-Dade counties were **third** and fourth in the State of Florida, among the 24 Medical Examiner's districts for fentanyl-related deaths. The 2015 collective total of the four major South Florida counties is 39 % of Florida's total fentanyl-related deaths. From 2011 to 2015, fentanyl-related deaths in Miami-Dade County increase of 628%, Broward County 446%, **Palm Beach County increased 296%** and Monroe County 59%.

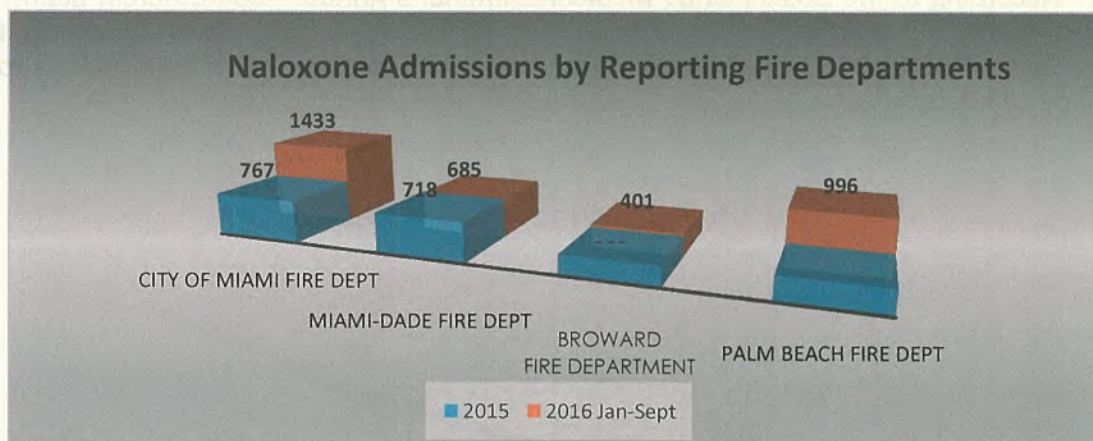
In South Florida, from 2011 to 2015, heroin deaths in Miami Dade County increased 513% with many of the deaths occurring in the City of Miami. It is believed that transients from other areas of the state are travelling to Miami for heroin and overdosing there as a result. Likewise, **heroin deaths in Palm Beach have increased 394%** and rose 256% in Broward County.

The chart below shows naloxone admissions by regional major fire departments. Particularly alarming is in the City of Miami and **Palm Beach County** with naloxone admissions being more than double 2015's totals in only nine months of 2016. Please note that as of the time of this report (October 2016), the determination as to the precise reason for the administrations of naloxone could not be established. Sources



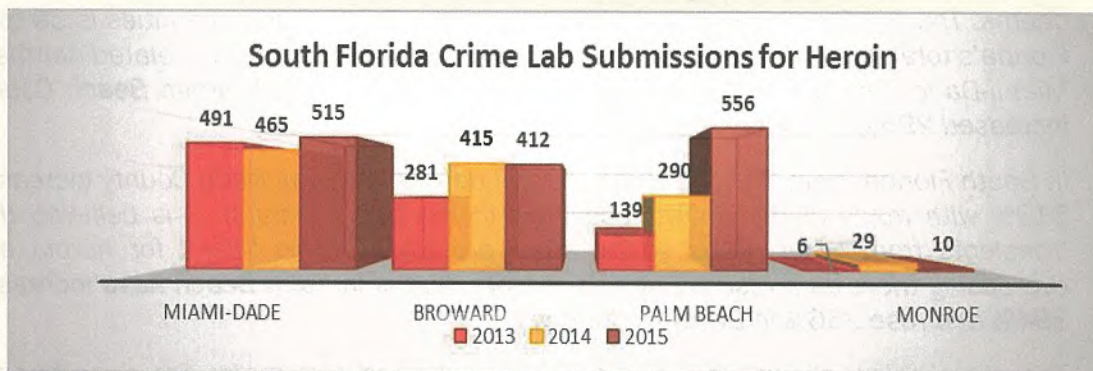
Palm Beach County's Approach to the Opioid Crisis

advised that naloxone was used in incidents other than overdoses where breathing rates were below four breaths per minute e.g. heart attack or unconscious victims.



*Data for Palm Beach County and Broward County unavailable for 2015.

The National Forensic Laboratory Information System (NFLIS) is another indicator of opiate activity. The below chart shows heroin submissions for the four major counties in South Florida for 2013 to 2015. **The greatest increase was observed in Palm Beach County.** There was an increase over the three year period of 300%. Miami-Dade County remained relatively constant and Broward County crime lab heroin submissions increased 47%. For Monroe County, a minimal change was noted for heroin submissions.



Source: NFLIS Report dated October 3rd, 2016

Likewise, fentanyl submissions overall increased for South Florida crime labs. In Broward County, fentanyl submissions to NFLIS increased from 17 in 2014 to 41 in 2015 with Miami-Dade County submissions increasing from 3 in 2014 to 23 in 2015. Over the same time period, for Palm Beach and Monroe Counties, fentanyl submissions were not significant in numbers. However particularly for Palm Beach County, submissions of compound substances containing fentanyl are alarming. In



Palm Beach County's Approach to the Opioid Crisis

2015, the Palm Beach County Sheriff's Office Crime Lab received 85 submissions and thus far in 2016, there have been 371 submissions with fentanyl and other substances."

Hospital and substance use treatment admissions

- According to SAMHSA's Treatment Episode Data from 2001-2011, there was a 346% increase in admissions for opioid treatment for the State of Florida.
- There were 1,225 substance use treatment admissions for opiates *other than heroin* reported as primary treatment admissions in Palm Beach County compared to 586 in Broward County and 231 in Miami-Dade County in 2014. The 2014 admissions in Palm Beach County accounted for 21.5% of all addiction treatment primary admissions ranking second to alcohol at 34 percent. Males accounted for 55% of the prescription opioid treatment clients and 22% were between 18 and 25 years of age. 49% were aged 26-34, and 28% were 35 and older. Injecting drug use was the primary route of administration for 80% of these clients for whom a method of use was reported (n=625). Heroin accounted for an additional 10% of the 2014 primary admissions for a combined rate of 31.5% for all opiates (heroin and opioids).
- In FY15-16, there were a total of 9,301 substance use treatment admissions in Palm Beach County. Of these, 3,196 were for heroin (1,733) and other opiates (1,463), representing 34% of all treatment admissions.
- A review of AHCA data for 2015 for hospital admissions in Palm Beach County due to alcohol/drug abuse or dependence showed 2,206 admissions. The average length of stay was 2.94 days, with a total cost of care (for all payer sources) equaling \$42,719,615. The average charges were \$19,365 per person. JFK Medical Center had the most admissions (665), followed by Delray Medical Center (567), Jerome Golden Center for Behavioral Health (220), West Palm Hospital (218), St. Mary's Hospital (178), Good Samaritan Medical Center (149), Palms West (60), Boca Raton Regional (54), West Boca Medical Center (49), Bethesda Medical Center East (46).

Criminal Justice Involvement

The opioid epidemic affects all segments of the community, including law enforcement. A shift has taken place to focus on the misuse and abuse of opioids as a disease more than a criminal activity. A recent review of data conducted by the Criminal Justice Commission suggests that there has been little impact on the criminal justice system for simple possession (893.13(6A)) for opioid type drugs. The data reveal a small number of individuals ever entering the system for such offenses. This does not account, however for related offenses such as theft, burglary, prostitution, etc. as well as the expenditure of resources to respond to crisis/overdose events. Between January 1, 2015 and January 29, 2017:

- Of the total 75,086 arrests during the time period, there were a total of 139 arrests associated with opioid charges (.185%). These include arrests related to possession of heroin, possession of oxycodone, and possession of hydrocodone. Excluded from this analysis are arrests related to trafficking, manufacturing, and possessing for the purpose of selling.

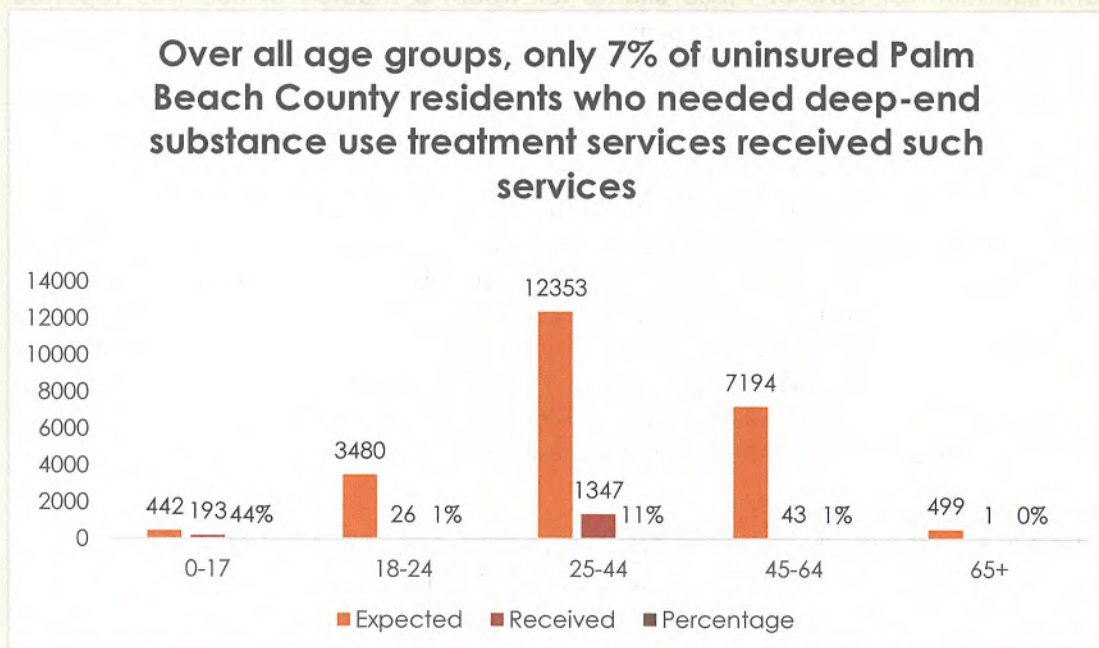


Publicly Funded Treatment Capacity

A current analysis of the substance abuse services available in Palm Beach County reveals a gaping insufficiency in publicly-funded services for the indigent population. The 11-SEFBHN contracted providers of publicly-funded treatment services represent 5% of the overall 206 substance abuse treatment providers in Palm Beach County. There are only 24 publicly funded detox beds in Palm Beach County. (SEFBHN submission to DCF for SAMHSA funding).

A recent analysis conducted by the Ronik-Radlauer Group for the behavioral health needs assessment for Palm Beach County revealed that 3,443 individuals over the age of 17 received substance use treatment services, representing 8 percent of the perceived need for substance use treatment services for the uninsured in Palm Beach County (National Survey on Drug Use in Households).

While over 24,000 uninsured individuals would be expected to receive "deep end" substance use treatment services (detoxification and residential treatment services), only 2,206 uninsured Palm Beach County residents received such services in FY15-16.



There is currently a waiting list for publicly funded treatment services, particularly for deep-end detoxification and residential treatment services. The following provides an overview of the publicly funded substance use treatment services in Palm Beach County, with their capacity and waiting list information (dated January 3, 2017).

The following provides an overview of publicly funded treatment providers with their primary address, current capacity and waiting list, if applicable.



Palm Beach County's Approach to the Opioid Crisis

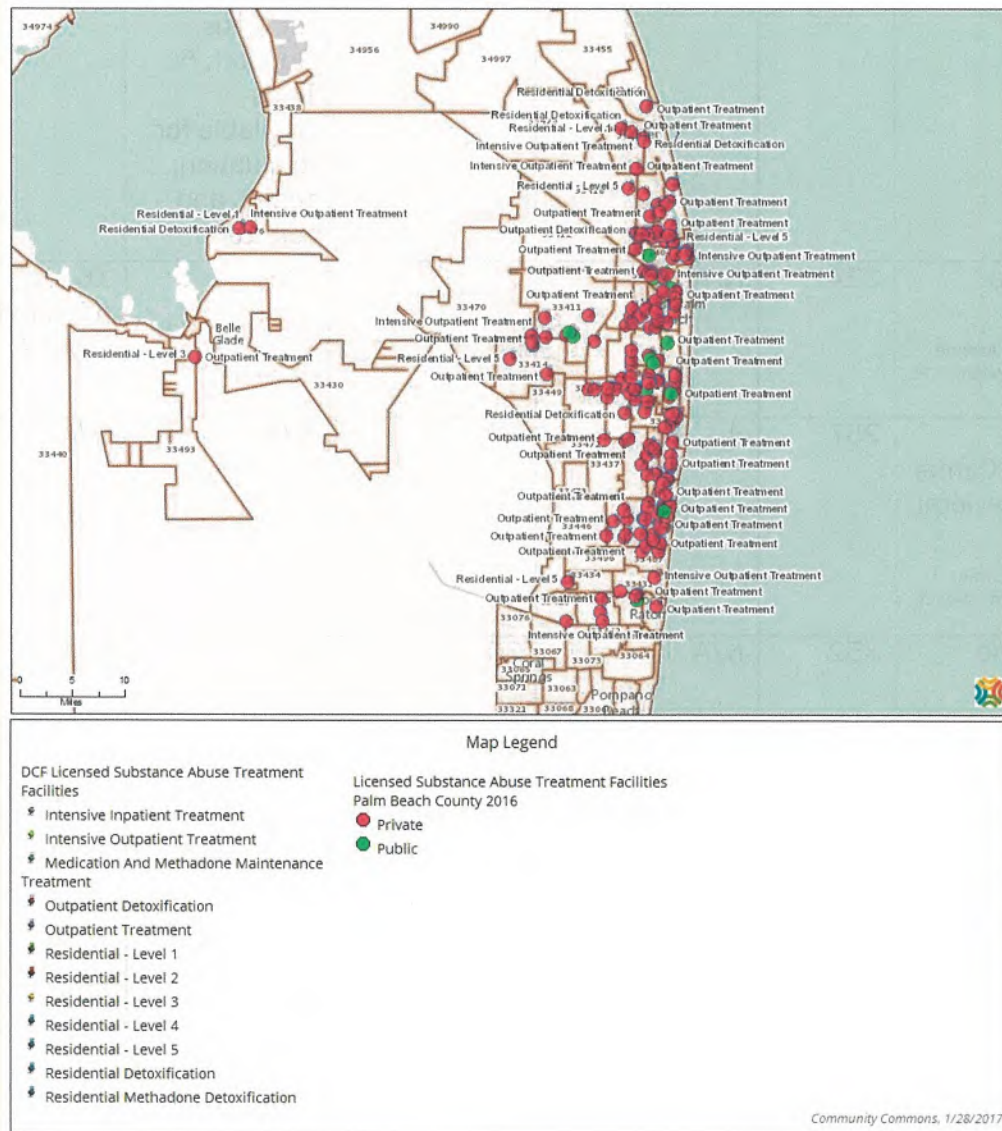
Organization	# Served in FY15-16	Detoxification Beds (Capacity)	Residential Beds (Capacity)	Outpatient and Crisis Support Slots (Capacity)	Waiting list-cumulative
Drug Abuse Foundation of Palm Beach County (DAF) 400 South Swinton Avenue Delray Beach, Florida 33444	4,836	22	130	Outpatient: 250 Crisis Support: Almost 5,000 visits for Crisis Support. 5 beds available for evaluation, triage, and referral	186 (Residential Level 2)
Wayside House 378 NE 6 th Avenue Delray Beach, FL 33483	324	N/A	28	11	16 (Residential Level 2)
Jerome Golden Center for Behavioral Health 1041 45 th Street West Palm Beach, Florida	257	4	30	N/A	N/A
Gratitude House 1700 N. Dixie Highway West Palm Beach, Florida	352	N/A	30	20	N/A
Housing Partnership 2001 Blue Heron Blvd. Riviera Beach, Florida 33404	256	N/A	36	N/A	N/A
TOTAL	6,025	26	254	281	202



An analysis was conducted by the Ronik-Radlauer Group about the locations and types of services of all DCF-licensed substance use treatment facilities in Palm Beach County.

The following map provides an overview of those locations. While licensed by DCF, it should be noted that DCF does not currently have the capacity to provide adequate oversight and monitoring of all locations. In addition to these treatment facilities, it is estimated that there are currently over 500 sober home locations maintaining capacity for 6,880 occupants (Florida Association of Recovery Residences).

DCF Licensed Substance Abuse Treatment Facilities, Palm Beach County, October 2016

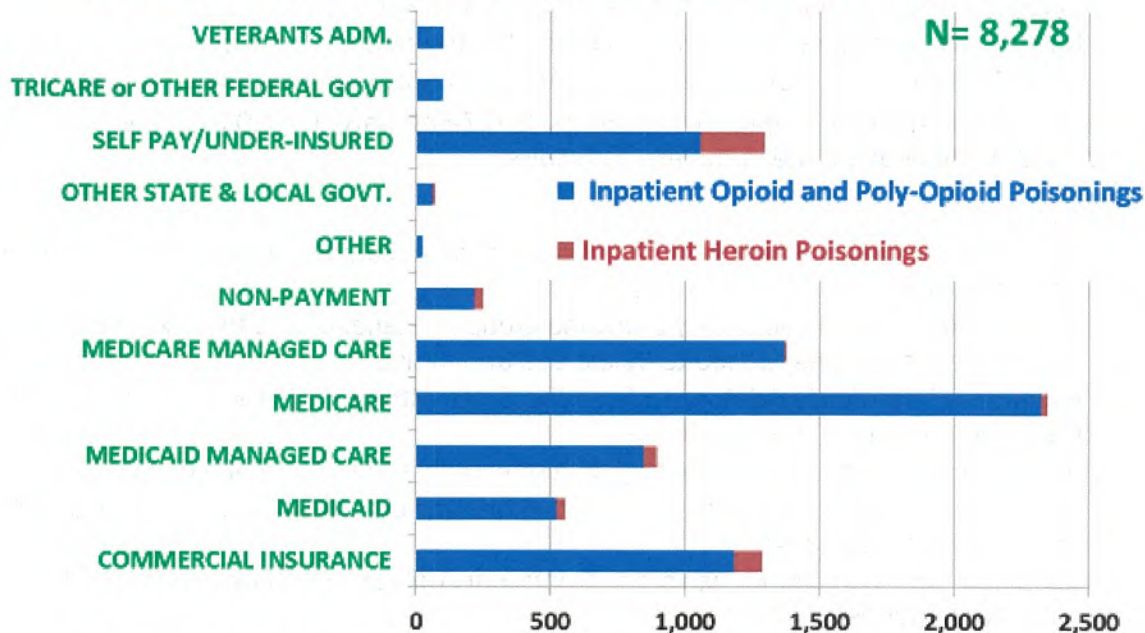




Insurance

- A behavioral health research firm, Optum, estimates that of 2013 insurance claims for substance abuse treatment in Florida for 18-25 year-olds, nearly 75% were not Florida residents.
- Recent analysis conducted by AHCA reveals that in addition to the heroin overdoses, attention must continue to be paid to the prescription opioids and subsequent overdoses. It is noteworthy that the primary payer for hospital overdoses for prescription overdose poisonings was Medicare, signifying the need to focus on challenges of the older adult population. Although this data is currently statewide, attempts will be made to access county specific data.

Payer for Hospital Overdose Poisonings Care for Rx Opioids and Heroin: State of Florida 2014



Source: Analysis of Data from Florida Agency for Health Care Administration



Stakeholder Interviews

The Ronik-Radlauer Group conducted a series of key stakeholder interviews with individuals critical to addressing the opioid epidemic in Palm Beach County. A focus group was also held with the Recovery Action Partnership, a group of individuals (parents, persons in recovery, treatment providers, and community stakeholders) to discuss strengths and challenges as well as plans to move forward. Interviews were held with:

- Alexa Lee, Executive Director, Palm Beach County Substance Awareness Coalition
- Captain Houston Park, Palm Beach County Fire Rescue
- Chief Deputy Michael Gauger, Palm Beach County Sheriff's Office
- Darcy Davis and Dr. Belma Andric, Healthcare District
- Dr. Alina Alonso, Florida Department of Health-Palm Beach County
- Dr. Michael Bell, Medical Examiner, Palm Beach County
- Judge Caroline Shepherd, Drug Court
- Justin Kunzelman, Recovery Advocate, Rebel Recovery, Ebb Tide Treatment Center
- Michael Hendren, Delray Beach Drug Abuse Task Force
- Public Defender Carey Haughwout, Barbara White and Jennifer Loyless
- State Attorney Dave Aronberg and Chief Assistant State Attorney Alan Johnson

Interviews were conducted between January 9, 2017-February 10, 2017. The aggregate findings of the stakeholder interviews are as follows:

Strengths of the existing system

- Palm Beach County Administration's interest in developing solutions and working collaboratively with community partners
- Commitment on many levels by a diverse group of stakeholders to solve the complex community challenges related to opioid use and abuse
- Resources from the legislature to fund the State Attorney's initiative to focus on the treatment industry and sober homes
- Suboxone pilot project supported by the community through existing dollars
- The Criminal Justice Commission is bringing the Law Enforcement community together to focus on the challenge
- Research on Medication Assisted Treatment will expand continuum to include outpatient options
- Drug Court has robust outcomes
- Drug Court has committed treatment providers that allow access to services, including psychiatric, with assessments conducted on-site at Drug Court
- A group of committed treatment providers are interested in creating a peer review protocol to monitor treatment services
- The State Attorney's Office has worked with the Sober Homes Task Force, the Heroin Task Force and the Grand Jury to identify legislative changes to impact the system
- The Heroin Task Force has robust involvement and commitment- representatives from diverse organizations are at the table



Palm Beach County's Approach to the Opioid Crisis

- The State Attorney's Sober Home Task Force enforcement initiatives have resulted in the arrests of several "bad actors" in the substance use treatment industry
- The Palm Beach County Substance Awareness Coalition is working to create materials to assist families in accessing services
- The Palm Beach County Substance Awareness Coalition is engaging the Palm Beach County School system through prevention curriculum
- Prevention services are provided at Palm Beach County schools through DATA (Drug Abuse Treatment Association), a contracted SEFBHN provider
- Individuals with lived experience, people in recovery, peer specialists and family members are engaged in the process
- Numerous materials have been reviewed, including the National League of Cities/National Association of Counties and the National Governor's Association to support evidence-based practices
- The Medical Examiner is a partner in using data to focus on solutions
- The Medical Examiner's office is creating an application to track data about overdoses, suicides and deaths
- The Florida Department of Health in Palm Beach County is an engaged partner and is supportive of the initiative, particularly regarding the co-morbidity of HIV, HepC and other communicable diseases
- The Palm Beach County Sheriff's Office is integrally involved and has engaged social workers as partners in their community policing efforts
- Judge Shepherd had staff trained to administer Naloxone at Drug Court when necessary
- The Healthcare District is expanding their resources to support people with substance use issues
- A support system and phone number has been created to assist when people change or lose their sober home accommodations

Challenges of the existing system

- Need more treatment beds for uninsured and underinsured
- Length of stay in residential does not meet the needs (LOS based on insurance)
- Need sober housing for teens
- Need training for Emergency Room doctors, nurses and techs about how to work with individuals who are abusing substances
- Palm Beach County citizens cannot access treatment services in Palm Beach County due to the influx of out of state participants
- Florida based insurance (i.e., Florida Blue) pays less for in-state treatment so treatment centers prefer to fill beds with out-of-state people
- Only two (2) of the twenty-five (25) (Boynton Beach and Delray Beach) local law enforcement agencies in Palm Beach County use Naloxone in the community
- The Community needs to be further engaged in carrying and utilizing Naloxone
- Families do not know where to turn to get help for access to treatment



Palm Beach County's Approach to the Opioid Crisis

- There is a lack of safe, stable, and affordable housing options in the community (people are homeless or end up in unstable housing situations)
- There are not enough residential beds to support discharge from the hospital
- Marketing practices of some for-profit treatment centers may put clients at risk
- Need local support for clean needle exchange programs
- Limited services are available in Belle Glade
- Need additional funding for enhanced urinalysis testing in Drug Court
- Number of substance related deaths has recently increased significantly
- Emergency room toxicology screenings should be updated and improved to assist the Medical Examiner in their autopsy review
- Medical Examiner lacks capacity to meet the increased volume of overdose deaths
- Rebuild publicly supported substance abuse crisis response and treatment services to restore capacity lost over the past 10 years (as much as 60%) due to the closure of the Sheriff's Office Substance Abuse and Awareness Program (SAAP) which included the Drug Farm and CARP.
- Between March 2015 and March 2016, there were a total of 60 individuals incarcerated from Drug Court who were waiting for a community residential treatment bed. They were incarcerated for an average of 11.6 days at a cost of \$135 per day, for a total cost of \$93,825.
- In order to meet the need, nonprofits need the resources to build services to insure immediate access to treatment for individuals abusing substances
- Not all for-profit treatment providers are accountable to clinical standards through monitoring and evaluation
- The community needs to build capacity to provide Medication Assisted Treatment
- Out of state individuals come to Palm Beach County for treatment and if they are not successful they do not always return to their home state

Opportunities for the existing systems

- DCF in Tallahassee is applying for a federal SAMHSA grant and SEFBHN has submitted local program ideas and needs and request for funding
- Palm Beach County's Criminal Justice Commission is exploring options to expand the number of Drug Court treatment beds through its upcoming MacArthur Safety and Justice Challenge grant application in an effort to reduce the numbers of individuals remaining in jail while waiting for residential treatment
- Palm Beach County Sheriff's Office is applying for a Department of Justice grant
- The Palm Beach County Substance Awareness Coalition has compiled a database of existing DCF-licensed locations including insurance information (although the information has not been vetted)
- Opportunity to revisit the concept of the Drug Farm or a similar type program for incarcerated individuals who have substance use challenges
- The system continues to find new ways to evolve once a problem is solved (drugs change and practices change continually)
- More providers are interested in working in the Drug Court system





Palm Beach County's Approach to the Opioid Crisis

- Opportunities exist to educate the community about the effects of opioids on the brain and body
- Look to create “damp” housing in Palm Beach County
- Further data about opioid deaths to include psychological autopsies is needed for future planning
- Opportunity for Florida to join the National clearinghouse for substance abuse treatment centers
- Design a system with enhanced substance abuse licensure requirements and oversight
- Increase the cost per license to offset the costs of oversight
- Look to institute evidence-based practices such as a LEAD-like program or harm reduction model in Colorado
- Syringe exchange programs have the potential to reduce the incidence of HIV, HepC and other communicable diseases
- Utilize the Angel program for Palm Beach County residents
- Manage the number of substance use treatment providers based on Palm Beach County need
- Rebel Recovery is hiring peer specialists to work with clients in need of support
- DEA is involved in the system to try to decrease access to illegal substances
- The system is tracking overdoses through an application to identify overdose sites
- The current Task Forces have brought the community together to begin collective impact work regarding opioid overdoses
- Data is available that can be used to apply for funding and grants
- Work with University of Miami to learn from their clean needle exchange program

Barriers for the existing system

- Florida is 49th out of 50 states in mental health per capita funding
- There are funding, legal and political barriers to creating a needle exchange program
- The number of treatment facilities outpaces the capacity for DCF program specialists to monitor those facilities
- Marketing practices have interfered with the system’s ability to treat individuals
- Out of state clients come to West Palm and utilize local beds that could support the internal needs of Palm Beach County
- The current laws and rules need to be changed to address the current challenges (i.e., marketing practices)
- Once the laws change, the illegal practices change so the system needs to be vigilant



Local Initiatives' Recommendations

There are currently three (3) county-wide initiatives that are addressing the opioid epidemic. These initiatives include the Heroin Task Force, the Sober Homes Task Force and Proviso Group, and the Palm Beach County Substance Awareness Coalition's Recovery Action Partnership. Each of these initiatives, while working independently, are interconnected. Each have developed their own set of recommendations. These recommendations have been incorporated into the larger Strategic Plan. The following provides an overview of those initiatives and their recommendations.

Heroin Task Force

The Heroin Task Force was initiated in May of 2016 when a group of Palm Beach County stakeholders initiated a collaborative response to develop protocols and approaches for prevention, treatment, first responders and law enforcement to address the growing problem. The Task Force is composed of individuals and organizations across many disciplines who have come together to develop both short and long-term strategies to prevent abuse, addiction, overdose and to improve access to different types of treatment for opioid addiction. The Heroin Task Force developed an Action Plan to help Palm Beach County identify the resources, gaps in services and funding that are needed to tackle this escalating health crisis. The community stakeholders include Palm Beach County Fire Rescue, Palm Beach Sheriff's Office, Southeast Florida Behavioral Health Network, JFK Medical Center, Health Care District, Criminal Justice Commission, 15th Circuit Court, State Attorney's Office, Drug Abuse Foundation, Delray Medical Center, Delray Beach Police Department, Boynton Beach Police Department, DCF, PBC Substance Awareness Coalition, Nova Southeastern University, City of Lake Worth, County Commissioners Office, Florida Harm Reduction Initiative, The Treatment Center, Grace's Way Recovery, The Good Life Treatment Center, South Florida HIDTA and the Palm Beach Post. The following represents an overview of the strategies that have been proposed by the Heroin Task Force to address the epidemic.

Heroin Task Force Recommendations

1. Administrative Strategies
 - a. Engage the County and Department of Health to elevate to a Public Health Crisis
 - b. Coordinate efforts to focus on public and private partnerships that leverage existing resources to facilitate visible treatment and recovery support services that are easily accessible and affordable.
 - c. Integrate data management, reporting and analysis
 - d. Information dissemination: Community engagement, education and outreach
 - e. Media engagement
2. Prescribing and Prescription Monitoring Prevention
 - a. Educate Doctors/Hospitals on prescribing practices—compliance with CDC prescribing guidelines
 - b. Provide education of safe prescription and over the counter products use and secure storage of medications
 - c. Promote locations of disposal sites for prescription medication
 - d. Increased use of the Prescription Drug Monitoring Program
3. Schools & Communities



Palm Beach County's Approach to the Opioid Crisis

- a. Create a Strategic Prevention Framework to educate all sectors, and develop a Prevention plan for Community, Parents and Schools, including colleges and universities.
- b. Monitor future Florida Youth Substance Abuse Survey to evaluate who is most vulnerable and who should be targeted for Prevention programming.
4. Harm Reduction
 - a. Education on safe needle usage
 - b. Education/ Promotion of syringe exchange programs
 - c. Education on the danger of new poisonous opiate analogs and trends
5. Overdose Prevention
 - a. Increase access to naloxone through pharmacies and law enforcement
 - b. Support/Provide Cross-sector trainings and trainings for families and significant others on naloxone usage
 - c. Provide Education and public awareness about the Good Samaritan Law
 - d. Collaborate with hospitals to provide referrals/discharge plan for individuals who have overdosed
6. Criminal Justice
 - a. Diversion PRIOR to arrest is optimal. The Criminal Justice Commission is working with law enforcement agencies on a pilot program.
 - b. Increase Utilization of the Marchman Act (need Addictions Receiving Facility and secure residential beds)
 - c. Implementation of the Designer Drug Enforcement Act
 - d. Enhance community enforcement
 - e. Consumer Protection laws and ADA/FHA considerations in enforcement
7. Housing and Homelessness
 - a. Increase the capacity of certified sober homes
 - b. Increase access to Homeless Shelters
 - c. Institute "Voucher Return Program" for individual brought to this area for rehab, but now have no means to return home.
8. Stabilization and Treatment
 - a. Increase funding to expand treatment facilities and services
 - b. Increase access to Medicated Assisted Treatment (MAT)
9. Crisis Stabilization
 - a. Increase number of non-secure Detox beds
 - b. Add secure detox bed capacity – (20-bed addictions receiving center)
 - c. Increase number of Acute Care Residential Level 1 beds
 - d. Implement specialized suboxone detox component for targeted opiate abuser



10. Residential Treatment

- a. Increase number of male Level 2 Residential Treatment Beds
- b. Increase number of male Level 4 Residential Treatment Beds
- c. Add secure level 2 Residential Treatment capacity in coordination with PBSO
- d. Increase special residential services for pregnant women

11. Non-Residential Treatment

- a. Expanded Integration of Medication Assisted Treatment into all levels of residential care using Naloxone and Vivitrol
- b. Fully Implement Medication Assisted Treatment for Outpatient Care
- c. Implement Medication Assisted Treatment – Day/Night Component

12. Special Initiatives

- a. "Reversal Centers": Suboxone Pilot Project - PBC Fire Rescue, JFK Medical Center, Southeast Florida Behavioral Health Network, Health Care District, DAF
- b. DAF – PBSO Initiative in Lake Worth
- c. Encourage hospitals to do more with the patients they treat after an overdose
- d. Establish Coordination of care by utilizing case managers and peer specialists in hospitals
- e. Increase bed capacity through scholarship beds at for-profit providers to help divert consumers into treatment immediately following overdose

Law Enforcement Task Force, Proviso Group, Sober Homes Task Force

The Law Enforcement Task Force, Proviso Group, and Sober Homes Task Force were created in response to a request by the Florida Legislature to the State Attorney for the 15th Judicial Court to form a Task Force to study the opioid crisis and recommend changes to Florida law and administrative rules. Meeting since July 2016 these groups have convened to identify strengths and challenges of existing criminal laws to deal with unscrupulous activity in the treatment and recovery industry and to make recommendations for positive change through legislation and regulatory enhancements. In January of 2017 the Palm Beach County Sober Homes Task Force released its report and recommended changes to existing laws and regulations. The following represents a summary of those changes and recommendations.

Law Enforcement Task Force, Proviso Group and Sober Homes Task Force Recommendations

1. Department of Children and Families

- a. The Department of Children and Families (DCF) should be given the necessary resources (including staff and authority) to license and monitor treatment providers and recovery residences, as well as investigate complaints.
- b. Chapter 397 should include provisions that would allow DCF flexibility to deny or delay the issuances of licenses where there are concerns with compliance.
- c. DCF should be given the authority to license commercial recovery residences that are engaged in commerce with treatment providers. Such licensing should encompass more than safety issues and should require that significant protocols be followed, similar to those utilized by the Agency for Health Care



Administration (AHCA) for the oversight of Adult Living Facilities (ALF) and Adult Family Care (AFC) licenses.

- d. DCF should develop standards similar to the National Alliance of Recovery Residences (NARR) which must be met by applicants prior to issuing a license to the commercial recovery residence.
- e. Marketing practices standards should be included in the requirements for all components of licenses. Such standards should address advertising, internal and external admissions and call centers, staff training, minimum qualifications and compensation, referrals, and compliance with the Florida Patient Brokering Act.
- f. Create and nationally advertise a hotline for DCF to investigate complaints against treatment providers and commercial recovery residences in Florida. A separate investigative division should be established to monitor compliance as well as marketing abuses.
- g. Increase funding to DCF to sufficiently process provider and component licenses. Provide adequate revenue-neutral funding through an increase in fees for non-public licensed providers and commercial recovery residences.

2. Patient Brokering

- a. Provide meaningful oversight and enforcement by DCF as well as mandatory credentialing (currently FARR) for any commercial recovery residence that is allowed to receive a subsidy, directly or indirectly, from a treatment provider in exchange for referrals to, or from, that provider, or otherwise contracts in any way with a provider.
- b. Adopt legislative changes to 397.407(11) requiring that a licensed service provider not be allowed to "refer a prospective, current, or discharged patient to, or accept a referral from" a recovery residence unless the recovery residence is certified and actively managed by a certified recovery residence administrator.
- c. Commercial recovery residences that contract with a service provider, directly or indirectly, need to be licensed and monitored by DCF and be required to maintain identifiable standards.
- d. Restrict the licensure category for Intensive Outpatient (IOP) or Day/Night treatment from providing free or subsidized housing to a patient beyond 90 days within one calendar year.
- e. Add the word "benefit" to the prohibited items solicited or received in return for patient referrals to the Patient Brokering Statute.
- f. Increase penalties for multiple brokering offenses as well as significant fines to deter misconduct.
- g. Adequately fund the commercial recovery residence credentialing entity through increased certification fees and fees for service.



3. Marketing

- a. Require marketers or admissions employees directing patients to specific treatment programs to have certain minimum education and/or certain qualifications. Such individuals should be prohibited from diagnosing and/or recommending specific levels of care without the appropriate license or certification.
- b. Require marketing entities referring patients to Florida to be registered agents in the State for service of process.
- c. The Legislature should enact §397.55 "Prohibition of Unethical Marketing Practices", an ethical marketing statute that would clarify standards in the industry.
- d. The Legislature should enact §817.0345 "Prohibition of Fraudulent Marketing Practices" to criminalize and deter the most serious marketing abuses involving fraudulent representations.

4. Attorney General Office of Statewide Prosecution: Jurisdiction

- a. The Legislature should amend §16.5 to include patient brokering as a specific offense, enabling the Attorney General to investigate and prosecute this crime.
- b. The Legislature should amend §895.02 to add patient brokering to the predicate offenses constituting "racketeering activity" enabling the Attorney General to investigate and prosecute criminal enterprises that commit these crimes in one or more circuits.

5. Impediments to Effective Prosecution: Recommendations

- a. Amend §397.501 "Rights of Individuals" to follow the criteria for the issuance of a preliminary court order by specifically adopting by reference the language found in 42C.F.R. §2.66(b).
- b. The Legislature should consider additional state funding for law enforcement training in the areas of patient brokering, marketing and healthcare fraud in the substance abuse treatment industry.

6. Standard of Care/Medical Necessity/Ancillary Services

- a. The Legislature should consider enhanced penalties based on significant dollar amount thresholds; over \$100,000, \$500,000, \$1,000,000.
- b. The standard of care involved in substance abuse treatment is not easily defined or universally accepted. The Task Force will continue to study the issue and report any findings or recommendations to the Legislature.
- c. The need for ancillary services (transportation, benefits, employment, life skills) while involved in recovery will continue to be studied by the Task Force.



Document Review

This report represents findings based on a review of existing reports and plans that have been conducted to date.

- a. Grand Jury Report
- b. Palm Beach County Substance Awareness Coalition's Recovery Awareness Partnership
- c. Delray Beach Drug Abuse Task Force
- d. Local DEA efforts
- e. HIDTA ODMAP initiative
- f. SAMHSA funding
- g. A Prescription for Action: Local Leadership in Ending the Opioid Crisis, A Joint Report from the National League of Cities (NLC) and the National Association of Counties (NACo), 2016.
- h. Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States, K. Murphy, M. Becker, J. Locke, C. Kelleher, J. McLeod, & F. Isasi. National Governor's Association Center for Best Practices, Washington, D.C., July 2016.
- i. The Prescription Opioid Epidemic: An Evidence-Based Approach. November 2015. Alexander, C.G., Frattaroli, S., Gielen, A.C., eds. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015



Local Initiatives

Grand Jury Report

A Palm Beach County Grand Jury was called for to investigate how government agencies are addressing the proliferation of fraud and abuse occurring within the addiction treatment industry. It was asked to make appropriate findings and recommendations on how these agencies can better perform their duties to ensure that communities remain safe and individuals with substance use disorders are protected. Through this assignment, the Grand Jury reviewed five major areas of concern in regulatory oversight and enforcement: (1) marketing; (2) commercial group housing designed for persons in recovery (also known as recovery residences, halfway houses, or sober homes); (3) the ability of the Department of Children and Families to take action; (4) the strength and clarity of the patient brokering statute; and (5) law enforcement's ability to take action. After hearing testimony from a wide range of sources, the Grand Jury found a compelling and urgent need for both increased oversight and enforcement in Florida's substance abuse treatment industry. The following represents a summary of the recommendations made by this Grand Jury:

- Prohibit deceptive advertising and punish with criminal sanctions.
- Require disclaimers that notify patients and families about material information.
- Require marketers and admissions personnel to be licensed.
- Require DCF license and FARR certification for commercial recovery residences, especially those that contract with treatment providers.
- Eliminate loopholes that allow for patient referrals to uncertified recovery residences owned by a treatment provider.
- Prohibit treatment providers from accepting patient referrals from uncertified recovery residences.
- Treat license as a privilege rather than a right.
- Require credentials such as a background check for owning a treatment center.
- Required certificate of need for new treatment providers.
- Provide adequate resources to DCF and FARR by raising fees.
- Amend §817.505, Fla. Stat. to prohibit the solicitation or receipt of any "benefit" in exchange for referrals or treatment.
- Increase criminal penalties and minimum fines for patient brokering.
- Enable the Office of Statewide Prosecution to prosecute patient brokering.
- Amend §397.501(7)(h), Fla. Stat. to allow disclosure for patient records without prior notification under the same circumstances as found in 42 C.F.R. §2.66(b).
- Educate local law enforcement on privacy laws and promote better inter-agency collaboration.



Palm Beach County Substance Awareness Coalition Recovery Awareness Partnership (RAP)

In addition to the above efforts to combat the opioid epidemic specifically, other entities exist in Palm Beach County that meet regularly to address the challenges of substance use and other co-occurring conditions more globally. These include the Palm Beach County Substance Awareness Coalition and the Delray Beach Drug Abuse Task Force. An email provided by the Palm Beach County Substance Awareness Coalition outlined the priorities of the Recovery Awareness Partnership.

1. Ethics and Standards
 - Establish an ethics board for peer accountability in the local treatment industry
2. Insurance and Parity
 - Work toward establishing lines of communication with the Florida Insurance Commission. Improve relationships with insurers so that Floridians may access addiction treatment services in Florida.
3. Family and Community Education
 - Educate family members and members of the larger community on how to find good treatment, how to avoid unethical providers and to support recovery in our families and communities
4. Public/Private Partnership
 - Increase treatment capacity for the uninsured and underinsured. Develop, "The Palm Beach 100", a network of quality providers willing to contract with public agencies to provide addiction treatment services.
5. Public Policy
 - Make connections with elected officials and keep that group informed of legislation affecting the treatment industry and the recovery community. Build bridges between our group and state, municipal and county officials.

Local DEA efforts

In January 2017, the DEA's West Palm Beach District Office launched a Palm Beach county-wide heroin initiative. The initiative is a multi-jurisdictional endeavor in which its success is dependent upon close collaboration with state and local police departments as they traditionally serve as first responders to the numerous opiate overdose scenes in the county. The ultimate goal of the initiative is to drastically decrease the availability of opiates in Palm Beach County which in effect would reduce the alarming number of overdoses. DEA will attempt to accomplish this by:

- Identifying retail and mid-level drug traffickers that knowingly distribute heroin/fentanyl and other related opiates to an individual that result in their death.
- Provide ongoing assistance to state and local departments in Palm Beach County by providing information that may lead to the arrest and conviction of these groups.
- Dismantle and disrupt Drug Trafficking Organizations at the highest level that are directly responsible for importing/smuggling large quantities of heroin/fentanyl into Palm Beach County.



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Bureau of Justice Assistance, U.S. Department of Justice
On January 17, 2017 the Washington/Baltimore High Intensity Drug Trafficking Area Program (HIDTA) launched its real-time overdose surveillance system-ODMAP. This will enable first responders -police, fire, and EMS personnel to report known or suspected overdose events using a Smartphone application. Within 15 seconds after an overdose event is reported, the event is mapped and monitored. Filters allow viewers to sort events by date, time and location to identify overdose spikes. Public health agencies can use this real-time information to develop strategies designed to stop the use of dangerous drugs such as heroin, fentanyl and fentanyl analogues. Future plans include collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC) to offer lifesaving information services for caregivers and treatment sites. ODMAP is provided free of charge.

Substance Abuse and Mental Health Services Administration

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) issued a Funding Opportunity Announcement (FOA) entitled "State Targeted Response to the Opioid Crisis" in late 2016. Applications for this funding announcement must be submitted by the State Department of Children and Families by February 17, 2017. The local Managing Entity, Southeast Florida Behavioral Health Network (SEFBHN) submitted data and information relative to the opioid crisis in Palm Beach County, requesting funding through this application. Funding will support the development of a statewide comprehensive needs assessment as well as a comprehensive strategic plan to address the gaps in prevention, treatment and recovery identified in the needs assessment.



National Reports

A Prescription for Action: Local Leadership in Ending the Opioid Crisis, A Joint Report from the National League of Cities (NLC) and the National Association of Counties (NACo), 2016.

In early 2016, the National League of Cities and the National Association of Counties convened a joint task force to identify the local policies and practices that reduce opioid abuse and related fatalities. The task force developed recommendations aimed at city and county officials that were divided into four sections: (1) leadership; (2) education; (3) treatment; and (4) public safety and law enforcement. The following provides the highlights of those recommendations.

Leadership:

- Set the tone in the local conversation on opioids. Leaders must set the tone in conversations about opioids by breaking the silence, chipping away at stigma, and normalizing conversations about addiction and its treatment.
- Convene community leaders. City and county leaders should form or join local task forces of leaders from various sectors of local government and across the community to assess the causes and impacts of opioid abuse and the solutions needed to decrease rates of abuse.
- Foster regional cooperation. It is vital to establish or strengthen lines of communication with neighboring governments. Solutions are more effective when coordinated among the various governments within a region.
- Educate and advocate to state and federal partners. City and county officials should educate their state and federal counterparts on the effects of the opioid crisis on local communities and advocate for actions from those levels of governments that can help reverse trends of opioid misuse.
- Ensure progress for all in formulating responses to addiction. Give ongoing attention and action to the racial disparities relevant to addiction and to its treatment. Continue programs of research, information sharing, educational programming, advocacy and technical assistance in the fields of addiction and addiction treatment.

Prevention and Education:

- Increase public awareness by all available means. Use a variety of platforms to communicate with constituents and increase public awareness about the dangers of opioids. Actively seek opportunities to communicate with constituents, especially those who may be at greater risk of opioid abuse and addiction.
- Reach children early, in and outside of school. Out-of-school recreation programs provide valuable opportunities to engage children and youth. Local elected officials should call on each parent in the community to speak regularly with their children about the dangers of prescription and illicit opioids.
- Advocate for opioid training in higher education. Students in health-related undergraduate and graduate programs, in addition to those in medical, pharmacy, nursing, and dental schools, should receive appropriate training on pain management and substance use disorders. City and county leaders should assess the extent to



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which this training is provided in educational institutions within their jurisdiction and use their positions as elected leaders to advocate for greater training where needed.

- Embrace the power of data and technology. Data related to overdoses and deaths can help local leaders focus public awareness efforts on neighborhoods facing greater rates of opioid-related harm. Assess where data is being collected and to what extent it is being shared between different departments and organizations. Medical Examiners should list with specificity the drugs that caused opioid-related deaths so public health and law enforcement officials can adjust their response accordingly. Mapping technology can provide information to individuals about resources such as safe disposal locations, pharmacies that dispense naloxone and facilities that offer treatment services.
- Facilitate safe disposal sites and take-back days. Ensure that there are a sufficient number of accessible, safe disposal sites within the jurisdiction so members of the community can dispose of unneeded opioids. Host periodic drug take-back days so community members can dispose of unneeded opioids at a convenient location while also creating public awareness about the dangers of prescription drugs.

Expanding Treatment:

- Make Naloxone widely available. Leaders should work to ensure that Naloxone is made widely available in the community and provided to all city and county first responders. The administration of naloxone should be followed by medical holds, referrals, or "warm handoffs" to counseling and treatment services that help individuals address the underlying drug abuse that led to their overdose.
- Intervene to advance disease control by implementing a clean syringe program. Establish places or programs to deposit used syringes and needles to help with disposal and to open a path for individuals seeking substance use treatment.
- Increase availability of medication-assisted treatment. A regimen of long-term (six months or more) of medication exchange, psychological counseling, peer-to-peer support networks and close patient monitoring is the evidence-based model to address addiction and co-occurring mental health problems. Sophisticated medication-assisted treatment requires highly trained practitioners and access to often costly medication. Increase the cooperation between city and county governments to enhance the number of beds for long-term medication-assisted treatment to overcome the health crisis.
- Expand insurance coverage of addiction treatments. Advocate for including addiction treatments in all insurance plans and remove limits on such treatments. Work to ensure that the health plans of local government employees cover addiction treatments.
- Employ telemedicine solutions. This technology is useful in serving rural populations, where distance between first responders and patients is often a critical factor. Establish telemedicine networks to provide treatment for medical conditions, including mental health and drug addiction treatment.





Reassessing Public Safety and Law Enforcement approaches:

- Reduce the illicit supply of opioids. Facilitate partnerships between local law enforcement and the state and federal counterparts to identify the flow of illicit drugs into communities. Work closely with the DEA's State and Local Task Force Program.
- Consider alternatives to arrest. Empower local law enforcement officials to use alternatives to arrest for individuals who commit low-level crimes associated with drug abuse and often co-occurring mental health issues. Local law enforcement officers should be able to refer addicts to local, community-based drug treatment programs. Local law enforcement officials should be trained on resources that are available for drug treatment programs and how individuals who need treatment can access these programs.
- Divert from the criminal justice system. Advocate for diversion from incarceration for nonviolent individuals whose low-level criminal behavior stems from their drug addiction. Utilize Drug Courts to reduce drug use relapse and criminal recidivism through risk and needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment and various rehabilitation services. On average, drug courts save an estimated \$5,680 to \$6,208 per offender. Diversion courts can have a particularly positive impact on our nation's veterans. Veteran's treatment courts offer an opportunity for those suffering with substance abuse or mental health issues to receive assistance in accessing their earned benefits, obtaining targeted treatment and connecting with a peer mentor who understands their challenges and pain.
- Facilitate treatment in jails. Work to ensure that inmates in local jails who struggle with addiction receive proper treatment for their illness, including medication-assisted treatments, with a special focus on pre-release treatment and service coordination. Jails can implement low-cost treatment programs to provide individuals with the treatment they need. Treatment programs in jails have consistently been shown to reduce the costs associated with lost productivity, crime and incarceration caused by heroin use.
- Support "Ban the Box" initiatives. Change hiring practices to prohibit questions regarding past criminal history on applications for local government jobs and hiring by vendors under government contract. The inability to find a job or a place to live leads many to return to previous criminal activities and remain in the grip of opioid abuse and associated criminal behavior. "Ban the Box" prevents prospective employers from asking about criminal background history during the early stages of the application process. The goal of the initiative is to ensure employers first consider the job candidate's qualifications without the stigma of a criminal record.

State Recommendations:

- Establish or strengthen prescription drug monitoring programs (PDMPs). States should require medical professionals to use PDMPs to assess potential abuse or diversion before prescribing opioids, and they should require those who dispense opioids to report each prescription to the PDMP within 24 hours.



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- Institute guidelines for prescribing opioids. States should adopt the CDC guidelines to help practitioners determine when to initiate opioids for chronic pain, how to select opioids, set their dosage, duration and discontinuation and how to assess risk and address the harms of opioid use.
- Support greater availability of medication-assisted treatments. States should assess the factors that limit medication-assisted treatments in their cities and counties and take actions to help increase the availability of such treatments. Barriers to medication-assisted treatments should be assessed and training of primary care physicians in administering medication-assisted treatments should be required or incentivized.
- Structure Medicaid programs to promote safe opioid prescription practices and access to treatments. Medicaid participants are twice as likely to be prescribed opioids and have six times the risk of opioid-related overdose deaths. States should address these disparities through their Medicaid plans by limiting opioid prescriptions, promoting the use of non-opioid pain management methods and optimizing timely access to medication-assisted treatments.
- Explicitly authorize or remove barriers to clean syringe programs. Clean syringe exchange programs protect communities from outbreaks of infectious diseases such as HIV and hepatitis. They also provide important opportunities to connect individuals struggling with drug addiction to treatment services. States should support these programs and remove statutory barriers to their establishment in cities and counties.

Federal Recommendations:

- Expand access to medication assisted treatments. The federal government should continue to make changes to allow other medical professionals (such as nurse practitioners) to dispense buprenorphine.
- Provide funding for local efforts to address the opioid crisis. The federal government should quickly pass legislation to provide emergency supplemental funding to assist local governments through grants that would help expand and improve existing efforts to address the opioid epidemic in local communities across the nation.
- Partner with local and state officials to reduce the supply of fentanyl and carfentanil. The federal government should devote extensive resources to federal, state, and local law enforcement efforts to stop the illicit trafficking of fentanyl and carfentanil.
- Allow individuals in custody to continue receiving Medicaid benefits until convicted, sentenced and incarcerated and require states to suspend, rather than terminate, Medicaid for individuals in jail. The federal government should provide greater flexibility in the Medicaid program for justice-involved populations and should require states to suspend, rather than terminate, coverage for incarcerated individuals.



Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States, K. Murphy, M. Becker, J. Locke, C. Kelleher, J. McLeod, and F. Isasi.

National Governor's Association Center for Best Practices, Washington, D.C., July 2016.

This road map was developed to help states respond to the growing crisis of opioid misuse and overdose. It was created through extensive research and consultation with senior state officials and other national experts in the fields of health and public safety. The National Governors Association (NGA) invited input from a broad array of stakeholders, including pain specialists, substance use disorder treatment providers, health care payers, law enforcement, and criminal justice professionals. Numerous federal agencies shared resources and expertise. The following represents the highlights of the road map.

Identify Policy and Financial Levers, and Conduct High-Level Data Scan

- Take initial inventory of existing efforts, financial mechanisms, and high-level data to improve understanding of the problem and identify opportunities
 - Identify staff to conduct initial review of:
 - Existing prescription opioid and heroin plans
 - Medicaid and other contracting authorities
 - Payment policies
 - Financing mechanisms, including federal funding for health care and public safety
 - High-level, publicly available state and local data, including health and public safety data

Identify or Create Prescription Opioid and Heroin Task Force

- Designate a team that owns development and execution of a strategic plan
 - Compose or work with an existing Opioid Team with direct report to high-level officials
 - Consider a team comprised of state officials and local academic experts to work in consultation with stakeholders
 - Identify a team lead (or co-leads) who is engaged with public health and safety, and who has:
 - Visibility overall health and law enforcement efforts
 - Ability to elevate key issues to ultimate decision makers

Ensure Key Decision Makers are Involved

- Opioid Team identifies key decision makers to review and validate levers and provide preliminary high-level priorities for addressing the epidemic
 - Identify and engage key decision makers to familiarize them with the problem and understand their high-level priorities
 - Key decision makers may include:
 - "Drug czar"
 - Behavioral health leads
 - Medicaid director
 - Local health officials

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- Corrections officials
- State Attorney
- Public Safety officials
- Social services officials
- Sheriffs/police chiefs

Connect with Priority Stakeholders and Set Vision

- Opioid Team meets with priority stakeholders to assess the problem, identify potential challenges and establish vision.
- Meet with priority stakeholders and trusted experts to:
 - Identify health care and public safety priorities
 - Interpret data and review evidence base
 - Identify major county-specific challenges and opportunities related to political environment, cultural competency, etc.
 - Develop a vision statement to guide priority setting within time horizons (1 year, 5-10 years, etc.)

Establish a Policy Framework

- Create an Overarching Prescription Opioid Misuse and Heroin Policy Framework
 - Develop health care strategies for prevention and early identification
 - Develop public safety strategies for reducing illicit supply and demand
 - Develop health care strategies for treatment and recovery
 - Develop public safety strategies for response to misuse and overdose
- Analyze Policy Strategies and Identify Policy Priorities
 - Health Care Strategies for Prevention and Early Identification
 - Develop and update guidelines for all opioid prescribers
 - Limit new opioid prescriptions for acute pain, with exceptions for certain patients
 - Develop and adopt a comprehensive opioid management program in Medicaid and other publicly funded programs
 - Remove methadone for managing pain from Medicaid preferred drug lists
 - Expand access to non-opioid therapies for pain management
 - Enhance education and training for all opioid prescribers
 - Maximize the use and effectiveness of PDMPs
 - Use public health and law enforcement data to monitor trends and strengthen prevention efforts
 - Enact legislation that increases oversight of pain management clinics to reduce "pill mills"
 - Raise public awareness about the dangers of prescription opioids and heroin
 - Public Safety Strategies for Reducing the Illicit Supply and Demand for Opioids



- Establish a collaborative information sharing environment that breaks down silos across state agencies to better understand trends, target interventions and support a comprehensive community-based response
- Leverage assets from partner entities to improve data collection and intelligence sharing to restrict the supply of illicit opioids
- Expand statutory tools for prosecuting major distributors
- Expand law enforcement partnerships and data access to better target over-prescribers
- In narcotics investigations, implement best practices and ensure intergovernmental cooperation
- Establish and enhance stakeholder coalitions
- Health Care Strategies for Treatment and Recovery
 - Change payment policies to expand access to evidence-based MAT and recovery services
 - Increase access to naloxone
 - Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services
 - Create new linkages to evidence-based MAT and recovery services
 - Consider authorizing and providing support to syringe service programs
 - Reduce stigma by changing the public's understanding of substance use disorder
- Public Safety Strategies for Responding to the Opioid Crisis
 - Empower, educate and equip law enforcement personnel to prevent overdose deaths and facilitate access to treatment
 - Reinforce use of best practices in drug treatment courts
 - Ensure access to MAT in correctional facilities and upon re-entry into the community
 - Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment (LEAD: Law Enforcement Assisted Diversion)
 - Ensure compliance with Good Samaritan laws
- Finalize Policies, Implement and Evaluate
 - Develop Work Plan Based on Policy Priorities
 - Develop a Work Plan or identify an existing vehicle, such as an existing statewide opioid plan, from which an actionable work plan can be developed to achieve defined objectives. The plan should include:
 - Specific evidence-based or promising health care and public safety strategies that will be pursued to achieve desired outcomes in the short and long term
 - Agreed upon metrics for assessing the effect of the selected strategies
 - Solutions to address critical resource gaps, such as workforce, data and evaluation



- An ongoing process for maintaining internal cross-agency collaboration and external stakeholder engagement
- A communications plan with deliverables, target audiences, key messaging and measurable outcomes
- Clear action steps that drive toward stated objectives
- Continuously monitor and evaluate
 - Implement rapid cycle performance monitoring, reporting, and quality improvement strategies
 - Meet regularly to report on activities and ensure alignment
 - Connect monitoring, reporting, and quality improvement strategies to the existing framework, such as dashboards, assessments or other reporting requirements
 - Assess progress toward goals and monitor for potential unintended consequences
 - Make programmatic adjustments based on evaluation

The Prescription Opioid Epidemic: An Evidence-Based Approach. November 2015. Alexander, C.G., Frattaroli, S., Gielen, A.C., eds. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015

This report provides a comprehensive overview of seven target points of opportunity, summarizes the evidence about the intervention strategies for each, and offers recommendations for advancing the field through policy and practice. The seven points are: (1) prescribing guidelines; (2) prescription drug monitoring program; (3) pharmacy benefit managers and pharmacies; (4) engineering strategies; (5) overdose education and naloxone distribution programs; (6) addiction treatment; and (7) community-based prevention. The following provides a highlighted overview with more detail to follow in the final report.

Prescribing Guidelines

- Repeal existing guidelines and lax prescription laws and rules
- Require oversight of pain treatment
- Provide physician training in pain management and opioid prescribing and establish a residency in pain medicine for medical school graduates

Prescription Drug Monitoring Program (PDMPs)

- Mandate prescriber PDMP use
- Proactively use PDMP data for law enforcement and education purposes
- Authorize third-party payers to access PDMP data with proper protections
- Empower licensing boards for health professions and law enforcement to investigate high-risk prescribers and dispensers



Pharmacy Benefit Managers (PBMs) and Pharmacies

- Inform and support evaluation research
- Engage in consensus process to identify evidence-based criteria for using PBM and pharmacy claims data to identify people at high risk for abuse and in need of treatment
- Improve management and oversight of individuals who use controlled substances
- Support restricted recipient (lock-in) programs
- Support take-back programs
- Improve monitoring of pharmacies, prescribers and beneficiaries
- Incentivize electronic prescribing

Overdose education and Naloxone distribution programs

- Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high-priority future directions for naloxone-related research
- Partner with product developers to design naloxone formulations that are easier to use by nonmedical personnel and less costly to deliver
- Work with insurers and other third-party payers to ensure coverage of naloxone products
- Partner with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program stability
- Engage with the healthcare professional community to advance consensus guidelines on the co-prescription of naloxone with prescription opioids

Addiction Treatment

- Invest in surveillance of opioid addiction
- Expand access to buprenorphine treatment
- Require federally-funded treatment programs to allow patients access to buprenorphine or methadone
- Provide treatment funding for communities with high rates of opioid addiction and limited access to treatment
- Develop and disseminate a public education campaign about the important role for treatment in addressing opioid addiction
- Educate prescribers and pharmacists about how to prevent, identify and treat opioid addiction
- Support treatment-related research

Community-based prevention strategies

- Invest in surveillance to ascertain how patients in treatment for opioid abuse and those who have overdosed obtain their supply
- Convene a stakeholder meeting with broad representation to create guidance that will help communities undertake comprehensive approaches that address the supply of, and demand for, prescription opioids in their locales; implement and evaluate demonstration projects that model these approaches



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- Convene an inter-agency task force to ensure that current and future national public education campaigns about prescription opioids are informed by the available evidence and that best practices are shared
- Provide clear and consistent guidance on safe storage of prescription drugs
- Develop clear and consistent guidance on safe disposal of prescription drugs; expand access to take-back programs
- Require that federal support for prescription misuse, abuse and overdose interventions include outcome data



Root Cause Analysis

Following review of the data, evaluation of local and national reports and recommendations, and meetings with key stakeholders, the Ronik-Radlauer Group conducted a root cause analysis focusing on the local epidemic, with causes, challenges associated with those causes and recommendations to address those root causes. After synthesizing this information, a Strategic Plan was developed to provide a blueprint and road map for the path forward. The following provides an overview of the root causes:

- The opioid epidemic is complex and requires a coordinated community response
- There is an urgent need to rebuild publicly supported substance abuse crisis response and treatment services capacity lost due to the closure of the Sheriff's Office SAAP/Drug Farm and CARP when 60% of the county's indigent capacity was eliminated
- Individuals addicted and in recovery are in need of access to prevention, early intervention, and evidence-based treatment and services
- First Responders are often on the frontline of the epidemic
- The Medical Examiner's Office is overwhelmed with the increase in number of cases
- There is a need for legislative advocacy to impact local, state, and federal rules and laws
- Sober Homes are unregulated and may be involved in unscrupulous business practices
- Law Enforcement and the Criminal Justice system have been challenged to respond to the epidemic
- There is an increased likelihood for co-morbid physical challenges such as HIV and HepC as well as psychiatric illnesses and trauma-related issues
- The Prescription Drug Monitoring Program (PDMP) is not being implemented completely
- The insurance industry may be a contributing factor to the opioid epidemic



Causal Factor	Root Cause Challenges	Recommendations
<p>The opioid epidemic is complex and requires a coordinated community response</p>	<ul style="list-style-type: none"> *The community needs to be aware of the size and scope of the opioid epidemic. The challenge is ever-changing so staying abreast of current trends is necessary *Any successful intervention needs to address the cultural needs of the community in which it serves *There needs to be coordinated access to treatment so that consumers and family members know where to go to get the help that they need *Currently there are multiple Opioid efforts occurring in the County. There is a need to create a coordinated effort to address the complexity of this issue. Continued coordination of these initiatives is required to continue to address the epidemic *There needs to be Leadership to coordinate the County-wide effort including the development of a Steering Committee and a comprehensive strategic plan *More data is needed to ensure that the needs of the community are being met. Create Data Development agendas to identify what data is needed *There are multiple funding opportunities for state and federal grants. A coordinated effort is required to be successful. There needs to be leadership within the community to ensure that there is collaboration and not competition. 	<ul style="list-style-type: none"> *Develop educational plan to engage all sectors, including the most up-to-date information on the danger of new poisonous analogs and trends *Identify needs specific to communities of color and develop plan to address those needs *Identify needs specific to linguistically and geographically isolated populations and develop plan to address those needs, including telemedicine solutions *Create community resource directory of vetted treatment providers *Create the "Palm Beach 100," a network of quality, vetted providers who are willing to contract with public organizations to provide addiction treatment services *Create a Coordinator position and support positions within Palm Beach County government to provide leadership and guidance *Work with existing Heroin Task Force, Sober Homes Task Force, Recovery Action Partnership and other community-based groups to integrate efforts *Create a process for communication and collaboration across County government departments. *Create a Steering Committee/Leadership Coalition of leaders with decision-making authority to support implementation of the strategic plan. *Identify and engage key decision makers to familiarize them with the problem and understand their high-level priorities *Through the use and understanding of data and evidence base identify major county-specific challenges and opportunities *Develop a vision statement to guide priority setting within time frames *Identify and coordinate funding opportunities as well as public/private partnerships to support the strategies and activities of the strategic plan. *Convene a regional coordinating coalition of stakeholders in counties to the north and south to integrate efforts *Establish a collaborative information sharing environment that breaks down silos across agencies to better understand trends and target interventions.



Causal Factor	Root Cause Challenges	Recommendations
<p>There is an urgent need to rebuild publicly supported substance abuse crisis response and treatment services capacity due to the closure of the Sheriff's Office SAAP/ Drug Farm and CARP.</p>	<ul style="list-style-type: none"> *Medication Assisted Treatment needs to be implemented and expanded in Palm Beach County *There are not enough residential substance abuse treatment services available *There are not enough Detox beds in Palm Beach County * Develop plan to require DCF license and FARR certification for commercial recovery residences, especially those that contract with treatment providers 	<ul style="list-style-type: none"> *Scale and replicate Suboxone Pilot Project throughout County based on outcomes *Increase access to naloxone through pharmacies and law enforcement. *Increase funding to expand publicly funded treatment facilities and services including Residential Level 2 and 4 beds. *Increase funding to expand publicly funded capacity for non-secure Detox beds (Residential Level 1) *Increase funding to create a publicly funded secure Detox or Addictions Receiving Facility for youth and adults * Increase bed capacity through scholarship beds at for-profit providers to help divert individuals into treatment immediately following discharge from hospital or jail *Provide funding for access to peer support specialists and case managers or navigators to support individuals who are preparing for discharge from hospital or jail.



Causal Factor	Root Cause Challenges	Recommendations
<p>Individuals addicted and in recovery are in need of access to prevention, early intervention, and evidence-based treatment and services</p>	<ul style="list-style-type: none"> *In order to slow the growth of the Opioid epidemic there needs to be a concerted effort towards prevention services *In order to slow the growth of the Opioid epidemic upcoming healthcare professionals need to be taught appropriate prescribing practices *Early screening, identification and intervention of substance use behavior decreases the chance of later more serious drug use *Traditional behavioral health services do not meet the needs of all substance users. There is evidence that 18-25 year-olds have access to treatment but do not utilize traditional treatment services *Once a person is in recovery they need additional supports to be successful including housing, job support transportation, etc. 	<ul style="list-style-type: none"> *Develop an evidence-based curriculum to reach children and youth early, inside and out of school *Advocate for opioid training in schools of higher education, including prescribing practices and compliance with current CDC prescribing guidelines *Develop plan to provide training in evidence-based assessment screening tools for school-based nurses *Provide support to the Suboxone Pilot Project through the use of peer support specialists and case managers or navigators. *Develop plan to train educators about the signs and symptoms of substance use, mental illness, and trauma *Develop plan to engage and support 18-25 year-olds in treatment through peer support rather than traditional treatment strategies *Develop plan to increase access to housing, including emergency shelters, supportive housing, and permanent housing *Develop plan to increase access to childcare, transportation, and employment for individuals in recovery



Causal Factor	Root Cause Challenges	Recommendations
First Responders are often on the frontline of the epidemic	<p>*First Responders are trained in health related trauma but do not have knowledge of behavioral health conditions including mental health and substance use</p> <p>*First Responders are being exposed to repeated trauma of seeing overdose and death which takes a toll on their stress level</p>	<p>*Develop plan to provide training in substance use, mental illness and trauma to emergency room staff, healthcare professionals, and pharmacists</p> <p>*Develop plan to provide training in substance use, mental illness and trauma to first responders</p> <p>*Develop a plan to support First Responders as the frontline response to the opioid epidemic</p>



Causal Factor	Root Cause Challenges	Recommendations
The Medical Examiner's Office is overwhelmed with the increase in number of cases	<ul style="list-style-type: none"> *There has been an increase of deaths related to Opioid overdoses *Information regarding psychological autopsies will take addition support but will assist in the collection of data 	<ul style="list-style-type: none"> *Provide financial support to the Medical Examiner to hire an additional Examiner and technician. *Develop a plan to integrate data management, reporting and analysis across all reporting organizations (hospitals, Fire Rescue, Law Enforcement, Medical Examiner, treatment providers, Department of Health, etc.)



Causal Factor	Root Cause Challenges	Recommendations
There is a need for legislative advocacy to impact local, state, and federal rules and laws	<p>*There are many issues that need to be addressed through policy and advocacy including:</p> <ul style="list-style-type: none"> • Sober homes • Patient brokering • Marketing and healthcare fraud • Regulating the treatment industry <p>*The State Attorney's office has identified multiple initiatives to be addressed through various task force committees</p>	<p>*Develop a plan to advocate and lobby the Legislature for additional funding for law enforcement training in the areas of patient brokering, marketing and healthcare fraud in the substance abuse treatment industry</p> <p>* Work with existing Heroin Task Force, Sober Homes Task Force, Recovery Action Partnership and other community-based groups to integrate efforts</p> <p>*Develop a plan to work with elected officials to inform them of legislation and other activities affecting the substance abuse treatment industry and the recovery community</p>



Causal Factor	Root Cause Challenges	Recommendations
<p>Sober Homes are unregulated and may be involved in unscrupulous business practices</p>	<ul style="list-style-type: none"> *Sober homes are unregulated *Some sober homes are not working to the benefit of the clients *Some sober homes are only referring to treatment centers that pay them for referrals *Some sober homes are involved in unscrupulous marketing practices *There is a lack of affordable housing that causes people going through treatment to rely on these sober homes * Develop recommendations to ensure necessary resources (including staff and authority) are available to DCF to support the licensing and monitoring of treatment providers and recovery residences, as well as investigate complaints 	<ul style="list-style-type: none"> *Advocate for changes to Chapter 397 and DCF responsibilities to license and monitor treatment facilities and sober homes adequately and effectively. (per Sober Homes Task Force recommendations and Grand Jury Report) *Promote adoption of amendment of §817.505, Florida Statute, to prohibit the solicitation or receipt of any "benefit" in exchange for referrals or treatment *Develop plan to advocate for recommendations made by the Sober Homes Task Force under "Marketing" and the Grand Jury Report recommendations



Causal Factor	Root Cause Challenges	Recommendations
<p>Law Enforcement and the Criminal Justice system have been challenged to respond to the epidemic</p>	<ul style="list-style-type: none"> *Law Enforcement need to have treatment and diversion alternatives to arrest *Law Enforcement need to be able to assist individuals in accessing treatment as well as ensure safety of the community and the individual *Law Enforcement needs to be able to share information to connect individuals to support and treatment *People that are addicted to drugs tend to be involved in illegal activities to support their habits *Correctional facilities typically do not provide substance abuse treatment services *The Palm Beach County Drug Court Program does not have a dedicated treatment program though there is access to a referral network *There is a waiting list for residential treatment beds for individuals in Drug Court and who are waiting for those beds in-custody 	<ul style="list-style-type: none"> *Identify potential pre-arrest diversion options (similar to LEAD-Law Enforcement Assisted Diversion) for appropriate cases *Evaluate and scale based upon results *Support the Palm Beach County Reentry's Program's Ban the Box initiative to add more cities and private sector businesses *Implement and evaluate the Designer Drug Enforcement Act *Evaluate the use and effectiveness of the Marchman Act *Educate local law enforcement on privacy laws and promote better interagency collaboration *Develop plan to ensure access to Medication Assisted Treatment (MAT) in correctional facilities and upon re-entry into the community *Develop plan to reinforce the use of evidence-based practices in drug treatment courts *Provide support to drug treatment courts to facilitate real-time access to treatment services *Increase funding to support specialized urinalysis for Drug Court participants *Enhance in-custody treatment provision and evaluate effectiveness of programs *Ensure access to peer support specialists and case managers or navigators to support individuals who are preparing for discharge from hospital or jail



Causal Factor	Root Cause Challenges	Recommendations
<p>There is an increased likelihood for co-morbid physical challenges such as HIV and HepC as well as psychiatric illnesses and trauma-related issues</p>	<ul style="list-style-type: none"> *There are state and local laws prohibiting the distribution of new syringes and collection of used syringes *Intravenous drug users often re-use and share syringes placing them at risk for HIV and Hepatitis C among other diseases 	<ul style="list-style-type: none"> *Create plan to intervene to advance disease control by implementing a clean syringe program. *Collaborate with University of Miami to determine expansion feasibility into Palm Beach County. *Identify and seek private funding to support syringe exchange program. *Provide education on safe syringe usage. *Promote and educate regarding syringe exchange programs



Causal Factor	Root Cause Challenges	Recommendations
The insurance industry may be a contributing factor to the opioid epidemic	<ul style="list-style-type: none"> *Insurance industry pays excessively for some services and not enough for others *Insurance industry pays for out of network services while under-reimbursing for in-state clients *Prescription Opioids continue to be the gateway drug to illegal Opioid use 	<ul style="list-style-type: none"> *Develop plan to establish communication with insurance providers through the Florida Insurance Commission *Mandate prescriber Prescription Drug Monitoring Program (PDMP) and proactively use data for law enforcement and insurance education purposes *Authorize third party payers to access PDMP data with proper precautions *Develop guidelines about how to avoid unethical providers, how to navigate the insurance industry and how to support recovery in our families and communities *Develop plan to structure Medicaid programs to promote safe opioid prescription practices and access to treatments



Palm Beach County Opioid Initiative Strategic Plan

Palm Beach County Opioid Initiative Strategic Plan				
Area of Focus: Leadership				
Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Establish a mechanism for oversight of the Opioid Initiative in Palm Beach County	1. Create a Coordinator position and support positions within Palm Beach County government to provide leadership and guidance.	Palm Beach County Government		
	2. Work with existing Heroin Task Force, Sober Homes Task Force, Recovery Action Partnership and other community-based groups to integrate efforts.	All Stakeholders		
	3. Create a process for communication and collaboration across County government departments.	Palm Beach County Government		
	4. Create a Steering Committee or Leadership Coalition of community leaders with decision-making authority to support the implementation of the strategic plan.	Palm Beach County Government		
	<ul style="list-style-type: none"> Identify and engage key decision makers to familiarize them with the problem and understand their high-level priorities Identify health care and public safety priorities Through the use and understanding of data and evidence base identify major county-specific challenges and opportunities Develop a vision statement to guide priority setting within time frames 	All Stakeholders All Stakeholders All Stakeholders All Stakeholders		
	5. Develop a plan to work with elected officials to inform them of legislation and other activities affecting the substance abuse treatment industry and the recovery community.	All Stakeholders		
	6. Work with the Governor's Office, the Florida Department of Health and the Florida	Department of Health-Palm Beach County		





Palm Beach County's Approach to the Opioid Crisis

	<p>Department of Health-Palm Beach County as well as legislators to elevate the opioid epidemic to a public health crisis.</p> <p>7. Identify and coordinate funding opportunities as well as public/private partnerships to support the strategies and activities of the strategic plan.</p>	<p>Palm Beach County Government</p>		
<p>Strategy 2 Increase capacity to evaluate and report the extent of the epidemic to inform the systems within the community regarding emerging or contributing trends.</p>	<p>Activity/Intervention</p> <ol style="list-style-type: none"> 1. Provide financial support to the Medical Examiner to hire an additional Examiner and technician. 2. Develop a plan to integrate data management, reporting and analysis across all reporting organizations (hospitals, Fire Rescue, Law Enforcement, Medical Examiner, treatment providers, Department of Health, etc.) 	<p>Palm Beach County Government</p> <p>Opioid Steering Committee</p>		
<p>Strategy 3 Foster regional cooperation to address the epidemic</p>	<ol style="list-style-type: none"> 1. Convene a regional coordinating coalition of stakeholders in counties to the north and south to integrate efforts. 	<p>Palm Beach County Government</p>		



Palm Beach County Opioid Initiative Strategic Plan

Area of Focus: Prevention and Education				
Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Create opportunities for community engagement	<ol style="list-style-type: none"> 1. Develop social marketing and media strategy plan. 2. Develop educational plan to engage all sectors of the community, including the most up-to-date information on the danger of new poisonous analogs and trends. 	<p>Sober Homes Task Force</p> <p>Southeast Florida Behavioral Health Network</p>		
Strategy 2 Develop and expand opportunities for school-based prevention and education efforts	<ol style="list-style-type: none"> 1. Develop and implement a Strategic Prevention Framework that is evidence-based to educate all sectors. 2. Develop an evidence-based curriculum to reach children and youth early, inside and out of school. 3. Advocate for opioid training in schools of higher education, including prescribing practices and compliance with current CDC prescribing guidelines. 4. Develop plan to provide training in evidence-based assessment screening tools for school-based nurses. 5. Develop plan to train educators about the signs and symptoms of substance use, mental illness, and trauma. 	<p>Southeast Florida Behavioral Health Network</p> <p>Southeast Florida Behavioral Health Network</p> <p>Florida Atlantic University</p> <p>Health Care District</p> <p>School Board of Palm Beach County</p> <p>Southeast Florida Behavioral Health Network</p>		
Strategy 3 Develop opportunities to educate emergency personnel, healthcare professionals, and pharmacists.	<ol style="list-style-type: none"> 1. Develop plan to provide training in substance use, mental illness and trauma to emergency room staff, healthcare professionals, and pharmacists. 2. Develop plan to provide training in substance use, mental illness and trauma to first responders. 	<p>Southeast Florida Behavioral Health Network</p> <p>Palm Beach County Fire Rescue</p>		



Palm Beach County's Approach to the Opioid Crisis

Strategy 4 Expand community awareness of law enforcement, prevention strategies and treatment options	Activity/Intervention 1. Develop plan to provide education and public awareness about the Good Samaritan Law. 2. Develop a plan to support cross-sector training on naloxone usage. 3. Provide training and education to the community on safe storage and safe disposal of prescription drugs as well as take back programs.	Palm Beach Sheriff's Office Rebel Recovery Department of Health-Palm Beach County		
Strategy 5 Develop opportunities to educate family members and community-at-large	Activity/Intervention 1. Create community resource directory of vetted treatment providers. 2. Develop guidelines about how to avoid unethical providers, how to navigate the insurance industry and how to support recovery in our families and communities.	211 RAP		



Palm Beach County Opioid Initiative Strategic Plan

Area of Focus: Treatment

Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Increase availability of medication-assisted treatment	1. Support the implementation of the Suboxone Pilot Project.	Palm Beach County Fire Rescue Health Care District Southeast Florida Behavioral Health Network		
	<ul style="list-style-type: none"> Provide support to the Suboxone Pilot Project through the use of peer support specialists and case managers or navigators. Partner with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program stability. Engage with the healthcare professional community to advance consensus guidelines on the co-prescription of naloxone with prescription opioids 	Heroin Task Force		
	2. Scale and replicate Suboxone Pilot Project throughout County based on outcomes.	Heroin Task Force		
	3. Increase access to naloxone through pharmacies and law enforcement.	Pilot Project Partners Heroin Task Force		
Strategy 2	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Increase capacity of substance abuse treatment services	1. Increase access to publicly funded Medication Assisted Treatment (inpatient and outpatient).	Palm Beach County Government		
	2. Increase funding to expand publicly funded treatment facilities and services including Residential Level 2 and 4 beds.	Southeast Florida Behavioral Health Network (SEFBHN)		
	3. Increase funding to expand publicly funded capacity for non-secure Detox beds).	Palm Beach County Government		
	4. Expand the use of Vivitrol as a medication for Medication Assisted Treatment.	SEFBHN		
	5. Increase funding to create a publicly funded secure Detox or Addictions Receiving Facility for youth and adults.	SEFBHN		





Palm Beach County's Approach to the Opioid Crisis

	6. Increase bed capacity through scholarship beds at for-profit providers to help divert individuals into treatment immediately following discharge from hospital or jail.			
Strategy 3 Establish coordinated response for effective community integration following hospital and jail discharge	<p>Activity/Intervention</p> <ol style="list-style-type: none"> 1. Provide funding for access to peer support specialists and case managers or navigators to support individuals who are preparing for discharge from hospital or jail. 2. Provide education and training to discharge planners at hospitals and jails regarding community-based options following discharge. 	SEFBHN SEFBHN		
Strategy 4 Establish guidelines to support harm reduction strategies	<p>Activity/Intervention</p> <ol style="list-style-type: none"> 1. Create plan to intervene to advance disease control by implementing a clean syringe program. <ul style="list-style-type: none"> ▪ Collaborate with University of Miami to determine expansion feasibility into Palm Beach County. ▪ Identify and seek private funding to support syringe exchange program. ▪ Provide education on safe syringe usage. ▪ Promote and educate regarding syringe exchange programs. 2. Investigate the use of additional harm reduction strategies such as medical marijuana. 	No Public Funding will be used for this strategy Will need to secure private funding		
Strategy 5 Expand treatment resources to specialized priority populations	<p>Activity/Intervention</p> <ol style="list-style-type: none"> 1. Increase funding to support publicly funded special residential services for pregnant and parenting women with their children. 2. Investigate the use of harm reduction strategies such as LARC (Long-Acting Reversible Contraceptives). 3. Develop plan to engage and support 18-25 year-olds in treatment through peer support rather than traditional treatment strategies. 	SEFBHN SEFBHN Palm Beach County Sheriff's Office Palm Health Care		





Palm Beach County's Approach to the Opioid Crisis

	<ol style="list-style-type: none"> Enhance in-custody treatment provision and evaluate effectiveness of programs. Identify needs specific to communities of color and develop plan to address those needs. Identify needs specific to linguistically and geographically isolated populations and develop plan to address those needs, including telemedicine solutions. Increase funding to support specialized urinalysis for Drug Court participants. 	<p>Palm Health Care</p> <p>Palm Beach County Government</p>		
<p>Strategy 6 Develop mechanisms to engage insurance industry</p>	<p>Activity/Intervention</p> <ol style="list-style-type: none"> Develop plan to establish communication with insurance providers through the Florida Insurance Commission. Mandate prescriber Prescription Drug Monitoring Program (PDMP) and proactively use data for law enforcement and insurance education purposes. Authorize third party payers to access PDMP data with proper precautions. 	<p>SEFBHN</p> <p>TBD, Work with State officials</p> <p>TBD, Work with State officials</p>		



Palm Beach County Opioid Initiative Strategic Plan				
Area of Focus: Public Safety and Law Enforcement Response				
Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Expand diversion services to decrease criminalization of substance use	<ol style="list-style-type: none"> 1. Identify a community to evaluate the potential for implementation of a LEAD (Law Enforcement Assisted Diversion) pilot project. 2. Evaluate and scale based upon results. 3. Develop a plan to support "Ban the Box" initiatives. 	Criminal Justice Commission Palm Beach County Sheriff's Office TBD TBD		
Strategy 2	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Enhance law enforcement strategies to address special needs	<ol style="list-style-type: none"> 1. Implement and evaluate the Designer Drug Enforcement Act. 2. Evaluate the use and effectiveness of the Marchman Act. 3. Educate local law enforcement on privacy laws and promote better interagency collaboration. 	TBD Palm Beach County Government Palm Beach County Sheriff's Office		
Strategy 3	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Enhance public safety strategies for responding to the opioid epidemic	<ol style="list-style-type: none"> 1. Develop plan to ensure access to Medication Assisted Treatment (MAT) in correctional facilities and upon re-entry into the community. 2. Ensure evidence-based practices for Drug Court are in place utilizing the most current literature, such as those developed by the National Association of Drug Court Professionals as well as evidence-based and culturally proficient treatment practices such as manualized curriculum (e.g., MATRIX Model, MRT-Moral Reconciliation Therapy, and MST-Multi-Systemic Therapy). 3. Provide support to Drug Court to facilitate real-time access to treatment services. 	Palm Beach County Sheriff's Office Palm Beach County Drug Court Palm Beach County Government		



Palm Beach County Opioid Initiative Strategic Plan				
Area of Focus: Public Safety Strategies for Reducing Illicit Supply and Demand				
Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Support the local Drug Enforcement Administration (DEA), High Intensity Drug Trafficking Area Program (HIDTA) and other law enforcement efforts	1. Establish a collaborative information sharing environment that breaks down silos across agencies to better understand trends and target interventions.	Palm Beach County Government		
	2. Develop a plan to leverage assets from partner entities to improve data collection and intelligence sharing to restrict the supply of illicit opioids.	DEA		
	3. Develop a plan to expand law enforcement partnerships and data access to better target over-prescribers.	DEA		
	4. Develop a plan to reduce the illicit supply of substances by identifying retail and mid-level drug traffickers.	DEA		



Palm Beach County Opioid Initiative Strategic Plan				
Area of Focus: Public Policy and Legislative Advocacy				
Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Create mechanisms to address insurance issues in the industry	<ol style="list-style-type: none"> 1. Develop plan to structure Medicaid programs to promote safe opioid prescription practices and access to treatments. 2. Develop plan to allow individuals in-custody to continue receiving Medicaid benefits until convicted, sentenced and incarcerated and suspend, rather than terminate Medicaid for individuals in jail. 	SEFBHN Department of Children and Families AHCA		
Strategy 2	Activity/Intervention			
Prescription Drug Monitoring Program	<ol style="list-style-type: none"> 1. Develop plan to increase use of Prescription Drug Monitoring Program. 2. Establish plan to ensure adherence to prescribing guidelines. 3. Develop plan to proactively use PDMP data for law enforcement and education purposes. 4. Develop plan to work with State licensing boards for health professions and law enforcement to investigate high-risk prescribers and dispensers. 	TBD TBD TBD TBD		
Strategy 3	Activity/Intervention			
Licensing and Certification of Facilities and Services	<ol style="list-style-type: none"> 1. Advocate for changes to Chapter 397 and DCF responsibilities to license and monitor treatment facilities and sober homes adequately and effectively. (per Sober Homes Task Force recommendations and Grand Jury Report). 	State Attorney's Office		
Strategy 4	Activity/Intervention			
		State Attorney's Office		



Palm Beach County's Approach to the Opioid Crisis

Create mechanisms to prevent and prosecute Patient Brokering	<ol style="list-style-type: none"> 1. Promote adoption of amendment of §817.505, Florida Statute, to prohibit the solicitation or receipt of any "benefit" in exchange for referrals or treatment. 2. Promote the increase of criminal penalties and minimum fines for patient brokering. 3. Work with the Office of Statewide Prosecution to prosecute patient brokering. 	<p>State Attorney's Office</p> <p>State Attorney's Office</p>		
Strategy 5 Create mechanisms to prohibit deceptive advertising and punish with criminal sanctions	<p>Activity/Intervention</p> <ol style="list-style-type: none"> 1. Advocate for the enactment of §397.55 "Prohibition of Unethical Marketing Practices" and §817.0345 "Prohibition of Fraudulent Marketing Practices." 2. Develop plan to advocate for recommendations made by the Sober Homes Task Force under "Marketing" and the Grand Jury Report recommendations. 	<p>State Attorney's Office</p> <p>Sober Homes Task Force</p>		
Strategy 6 Create opportunities for funding advocacy	<p>Activity/Intervention</p> <ol style="list-style-type: none"> 1. Develop a plan to advocate and lobby the Legislature for additional funding for law enforcement training in the areas of patient brokering, marketing and healthcare fraud in the substance abuse treatment industry. 	<p>Sober Homes Task Force</p>		



Palm Beach County Opioid Initiative Strategic Plan

Area of Focus: Ancillary Services				
Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Create opportunities to support the development of ancillary services to support individuals' recovery efforts	1. Develop plan to increase capacity of certified sober homes.	Sober Homes Task Force		
	2. Develop plan to increase access to housing, including emergency shelters, supportive housing, and permanent housing.	Housing Coalition		
	3. Develop plan to increase access to childcare, transportation, and employment for individuals in recovery.	Heroin Task Force		
	4. Develop "Voucher Return Program" for out-of-state or out-of-county individuals who have received treatment and who wish to return home and who lack resources.	Palm Beach County Government		
	5. Develop plan to increase access to benefits such as Medicaid.	SEFBHN		



Palm Beach County Opioid Initiative Strategic Plan

Area of Focus: Evaluation and Monitoring

Strategy 1	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Create mechanisms to evaluate trends and emerging issues	<ol style="list-style-type: none"> 1. Monitor future Florida Youth Substance Abuse Survey, Youth Risk Behavior Surveillance Survey, and Behavior Risk Surveillance Survey to evaluate at-risk and vulnerable populations for priority prevention programming. 2. Utilize data collected across systems, departments, and community-based efforts to drive decision-making efforts. 3. Develop a plan to evaluate the utilization and effectiveness of the Marchman Act. 4. Create a plan to evaluate the use of urinalysis and other testing procedures approved by insurance companies by treatment providers and sober homes. 	<p>SEFBHN</p> <p>SEFBHN CQI Committee</p> <p>Palm Beach County Government</p> <p>Sober Homes Task Force</p>		
Strategy 2 Create opportunities to expand oversight of licensing of treatment providers and certification of sober homes	<ol style="list-style-type: none"> 1. Develop recommendations to ensure necessary resources (including staff and authority) are available to DCF to support the licensing and monitoring of treatment providers and recovery residences, as well as investigate complaints. 2. Develop plan to require DCF license and FARR certification for commercial recovery residences, especially those that contract with treatment providers. 3. Establish ethics board for peer accountability in the local treatment industry. 4. Create the "Palm Beach 100," a network of quality, vetted providers who are willing to contract with public organizations to provide addiction treatment services. 	<p>Sober Homes Task Force</p> <p>Steering Committee</p> <p>RAP</p> <p>RAP</p>		



Palm Beach County's Approach to the Opioid Crisis

Strategy 3 Expand opportunities to strengthen and support the workforce	Activity/Intervention <ol style="list-style-type: none"> 1. Develop a plan to expand and strengthen the workforce and infrastructure for providing evidence-based Medication Assisted Treatment and recovery services 2. Conduct an analysis of the workforce in the publicly funded substance abuse treatment industry including turnover and retention and salary structure compared to for-profit treatment providers and develop recommendations. 3. Develop a plan to support First Responders as the frontline response to the opioid epidemic. 	SEFBHN SEFBHN Palm Beach County Fire Rescue Palm Beach County Sheriff's Office		
Strategy 4 Create opportunities for evaluation of the efficacy of implementation of plan's activities.	Activity/Intervention <ol style="list-style-type: none"> 1. Develop an evaluation plan to include agreed upon metrics for assessing the implementation of strategies identified in the Strategic Plan. 2. Include and implement rapid cycle performance monitoring, reporting, and quality improvement strategies and track on a regular basis. 3. Ensure that outcome data is integrated into evaluation plan and is aligned with federal indicators. 	Palm Beach County Government Palm Beach County Government Palm Beach County Government		

PALM BEACH COUNTY

ADDRESSING THE OPIOID EPIDEMIC

**COUNTY STAFF REPORT
TO THE BOARD OF COUNTY COMMISSIONERS**

April 4, 2017



BACKGROUND

- November 22, 2016 – Board directs staff to report back on opioid epidemic including a review of the NLC/NACo Report, *A Prescription for Action: Local Leadership in Ending the Opioid Crisis*.
- December 2016 – County Administration and staff meet with behavioral health leaders
- January 9, 2017 – County staff contract with Ronik-Radlauer Group, Inc., to help develop Board response by:
 - Identifying current initiatives in the County
 - Analysis of the NACo/NLC Report
 - Analysis of data
 - Meeting with stakeholders
 - Identification of strengths, weaknesses, and opportunities
 - Analysis of root causes
 - Developing initial recommendations

TODAY'S PRESENTATION PROVIDES

OVERVIEW OF THE ISSUE

- Data
- Impact

EXISTING RESOURCES

- Initiatives underway
- Review of reports with recommendations

RECOMMENDATIONS

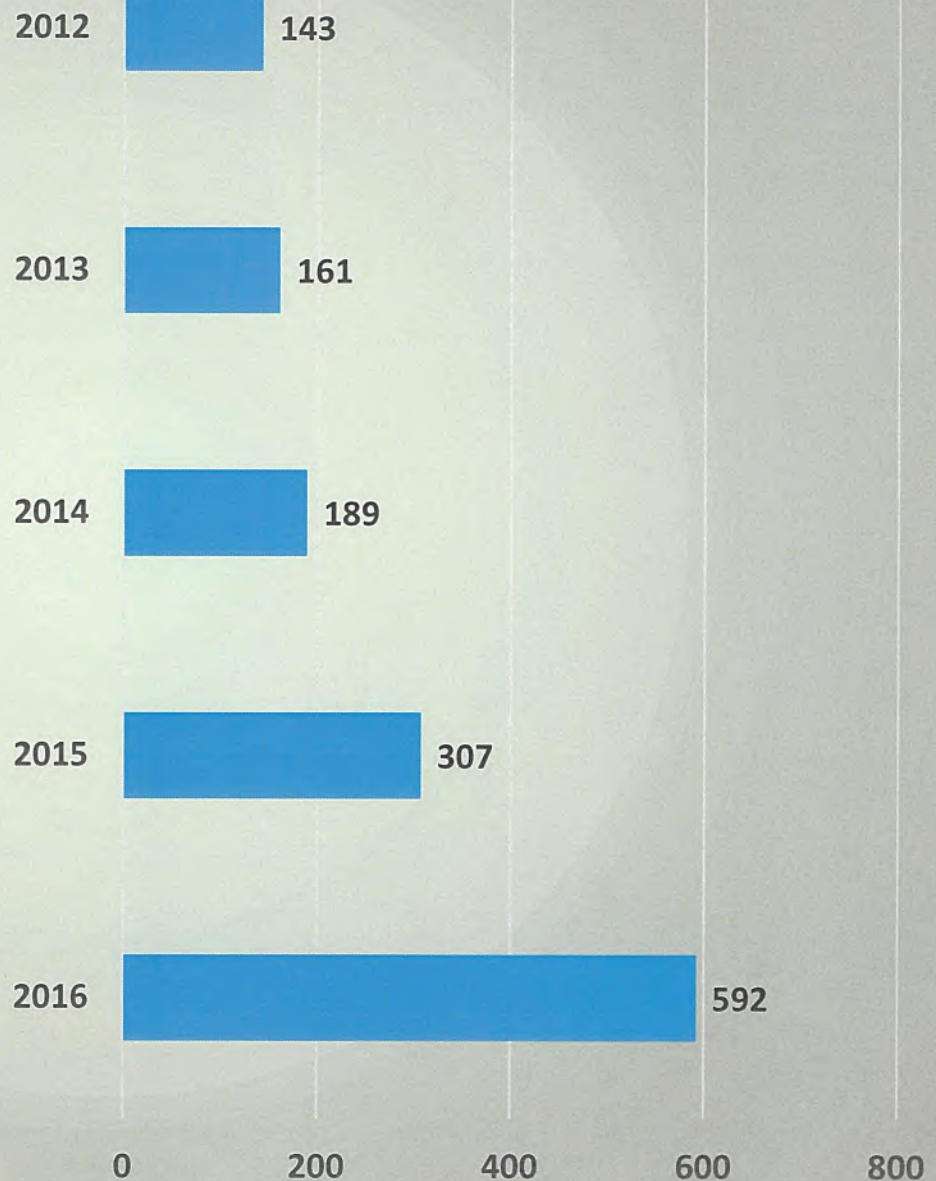
- Immediate short-term
- Long-term

PALM BEACH COUNTY

FATAL OPIOID OVERDOSES

Over the past five years these
overdoses have increased by:

314%



SYNTHETIC OPIOIDS

Used As Additives To Heroin
Spike The Potency
Contribute To Overdoses

FENTANYL

Created in 1960
Up to 100 times
more potent
than morphine

ANALOGUES

Carfentanil

Sufentanil

Alfentanil

Remifentanil

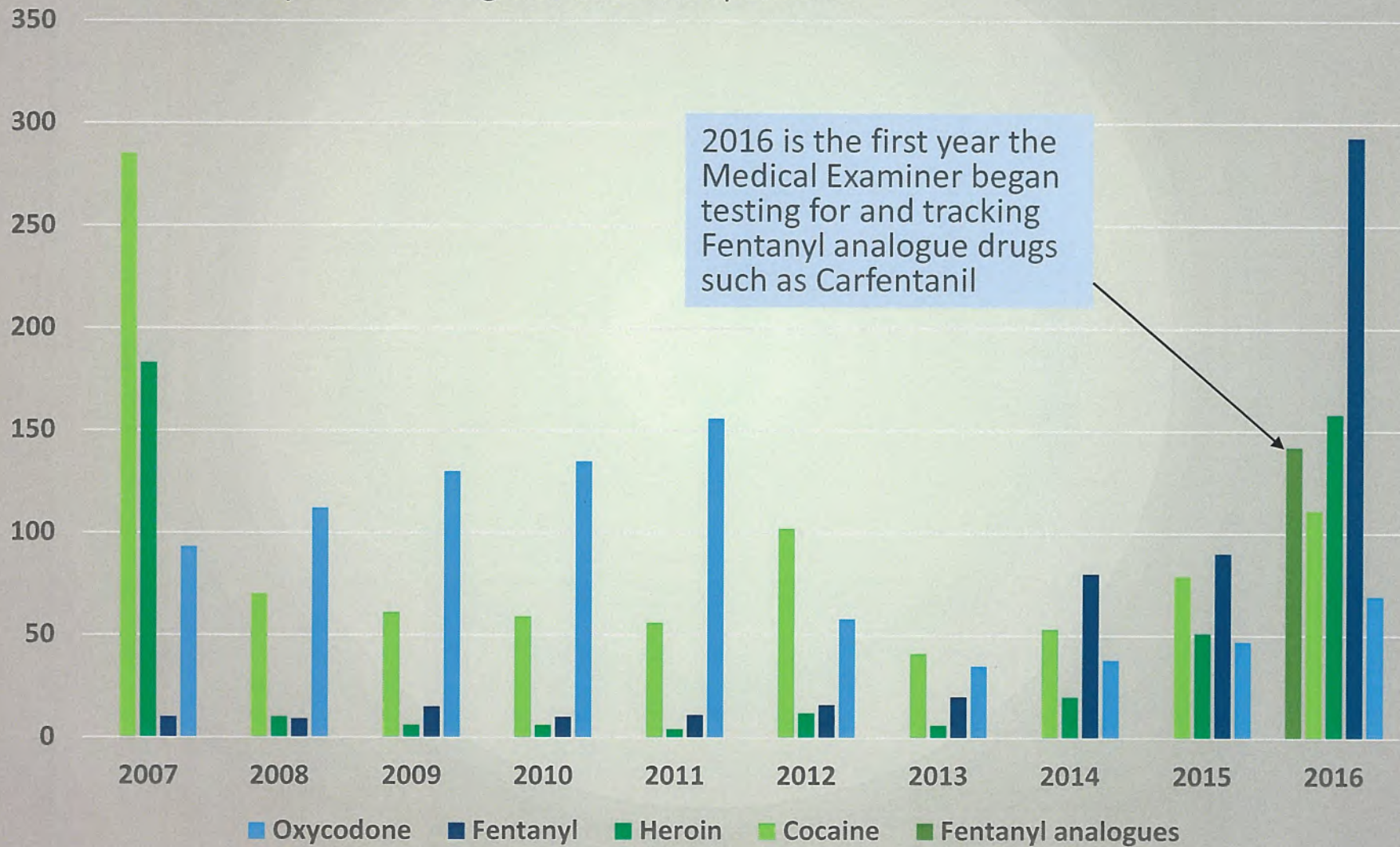
Lofentanil

CARFENTANIL

Created in 1974
10,000 times
more potent
than morphine
Anaesthetic for
elephants

DRUGS CAUSING DEATHS IN PALM BEACH COUNTY

NOTE: Represents drug instances not persons.



NEXT WERE:
BROWARD 225
ORANGE 191
MIAMI 171

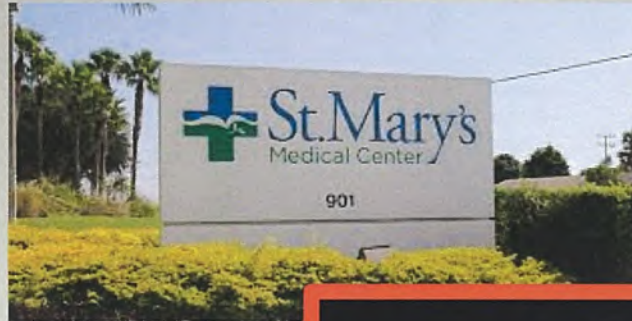
FLORIDA'S OPIOID CRISIS DEATH MAP 2015



Source: FDLE/Florida Medical Examiners Report/Raw Data Request

IMPACT OF THE OPIOID EPIDEMIC

- Communities
- Families
- Law enforcement
- Fire Rescue
- Medical Examiner
- Hospitals
- Courts
- Jail
- Treatment Centers
- Those suffering addictions



IMPACT

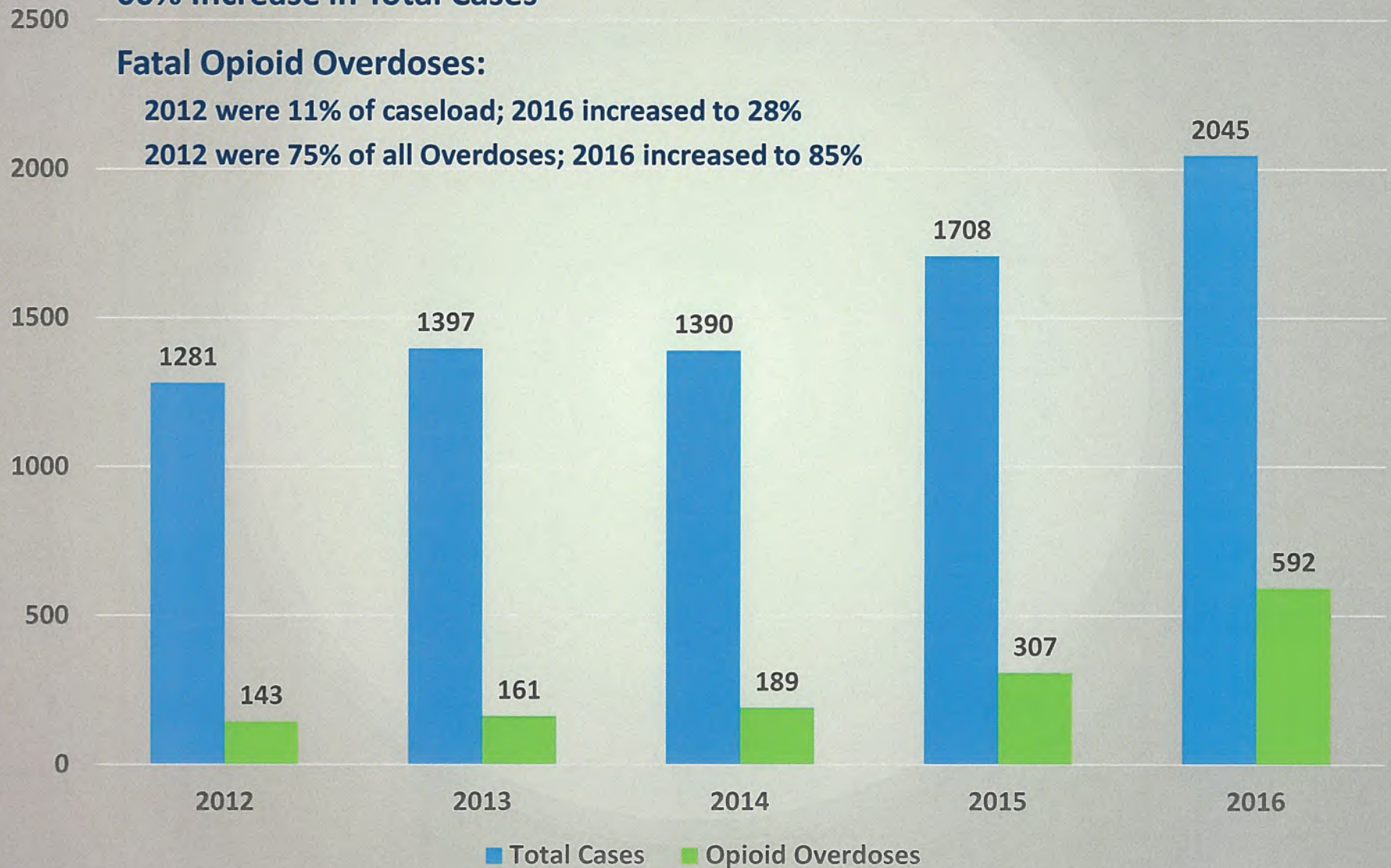
PALM BEACH COUNTY MEDICAL EXAMINER

60% Increase in Total Cases

Fatal Opioid Overdoses:

2012 were 11% of caseload; 2016 increased to 28%

2012 were 75% of all Overdoses; 2016 increased to 85%



IMPACT

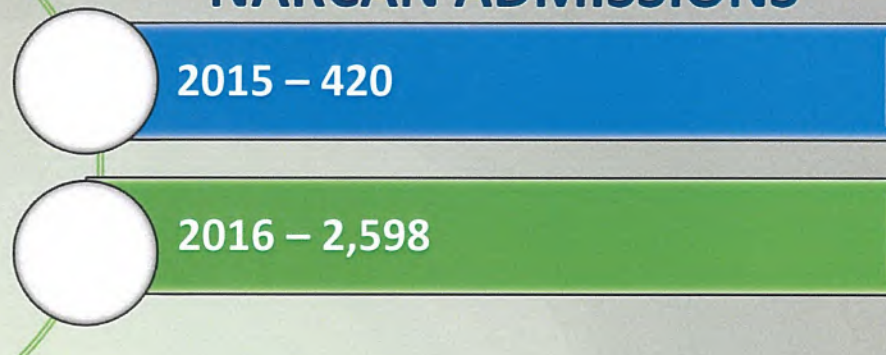


PALM BEACH COUNTY FIRE RESCUE

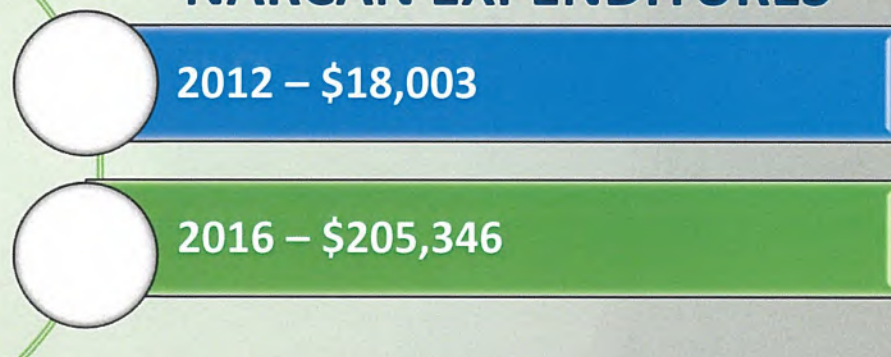
In one year, Narcan
admissions increased by
519%

From 2012 to 2016
Narcan Costs increased by
1,041%

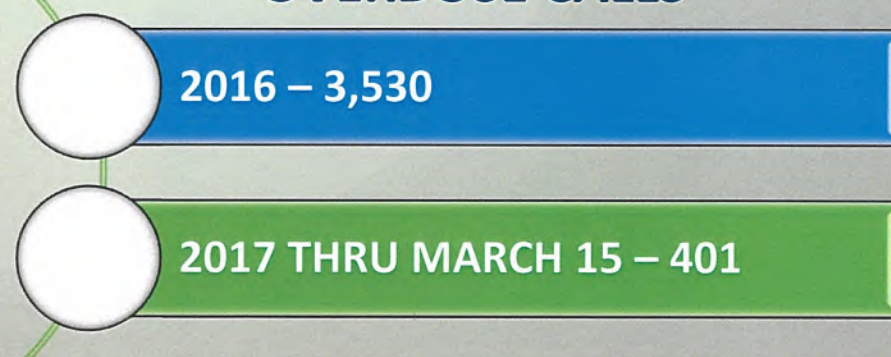
NARCAN ADMISSIONS



NARCAN EXPENDITURES



OVERDOSE CALLS



IMPACT - CRIMINAL JUSTICE SYSTEM

January 2015 – February 2017

Total criminal court cases – all crimes = 78,997

Cases where opioid was primary charge = 2,425

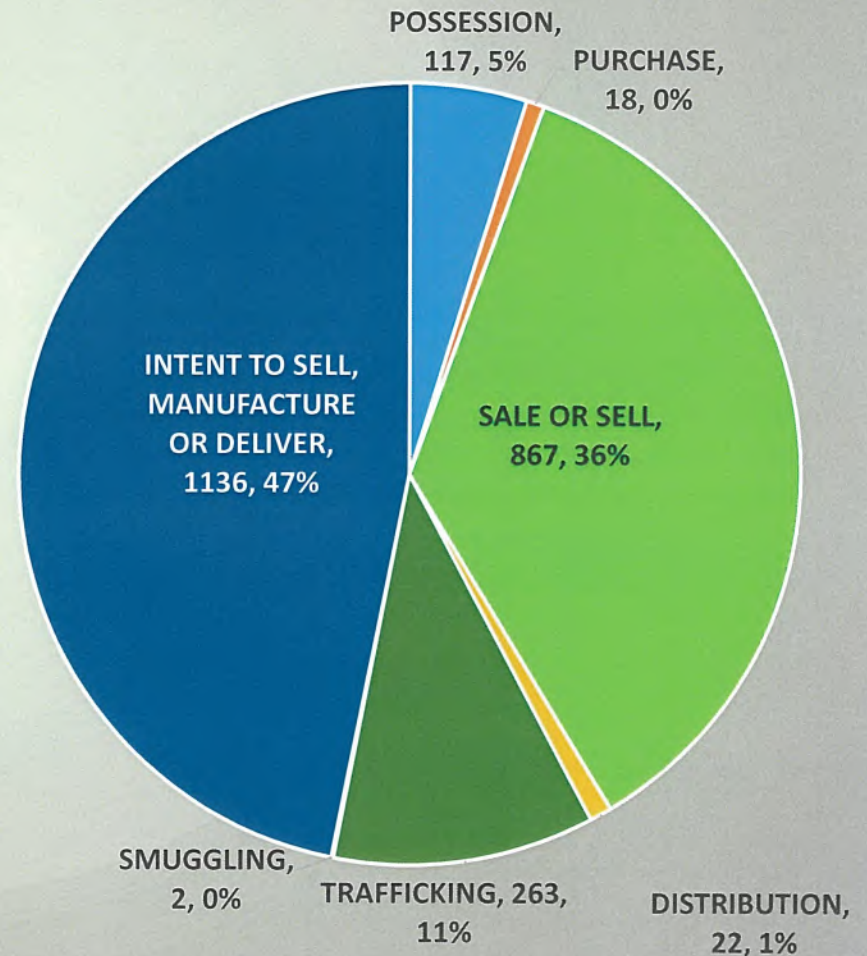
- 3% of all court cases
- 0.2% are possession of opioids

Law enforcement arrests those selling and manufacturing drugs much more than those using drugs

Challenge to System:

Opioid use is masked in other charges

Criminal Court Cases
With Opioid Charge
As Most Serious Offense



IMPACT

PALM BEACH COUNTY
SHERIFF'S OFFICE



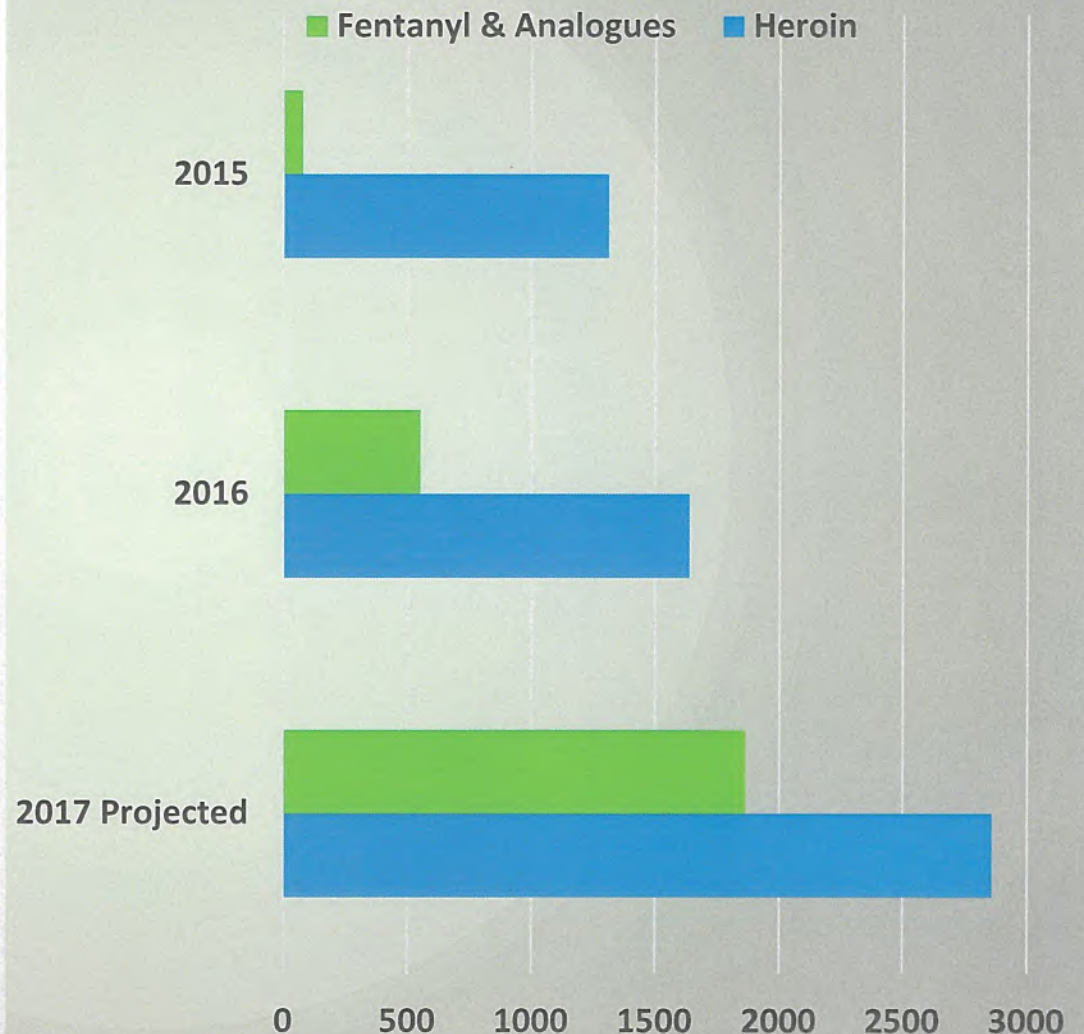
Law Enforcement Operations

- Increased calls for service for overdoses; 1,700 since May 2016
- Safety to officers of the strength of Fentanyl and its analogues – now must be tested by Crime Lab
- Additional resources and training for Narcotics Agents
- Reduction in proactive activities of road patrol due to time needed for overdose investigations
- Diversion of the Gang Unit and Homicide Unit from violent offenses to drug activity and overdoses

Forensic Chemistry Unit

Positive Tests for Opioids 2015, 2016 & Projected 2017

606% Increase 2015 to 2016 in Fentanyl and Analogues
238% Projected Increase 2016 to 2017



IMPACT, CONTINUED

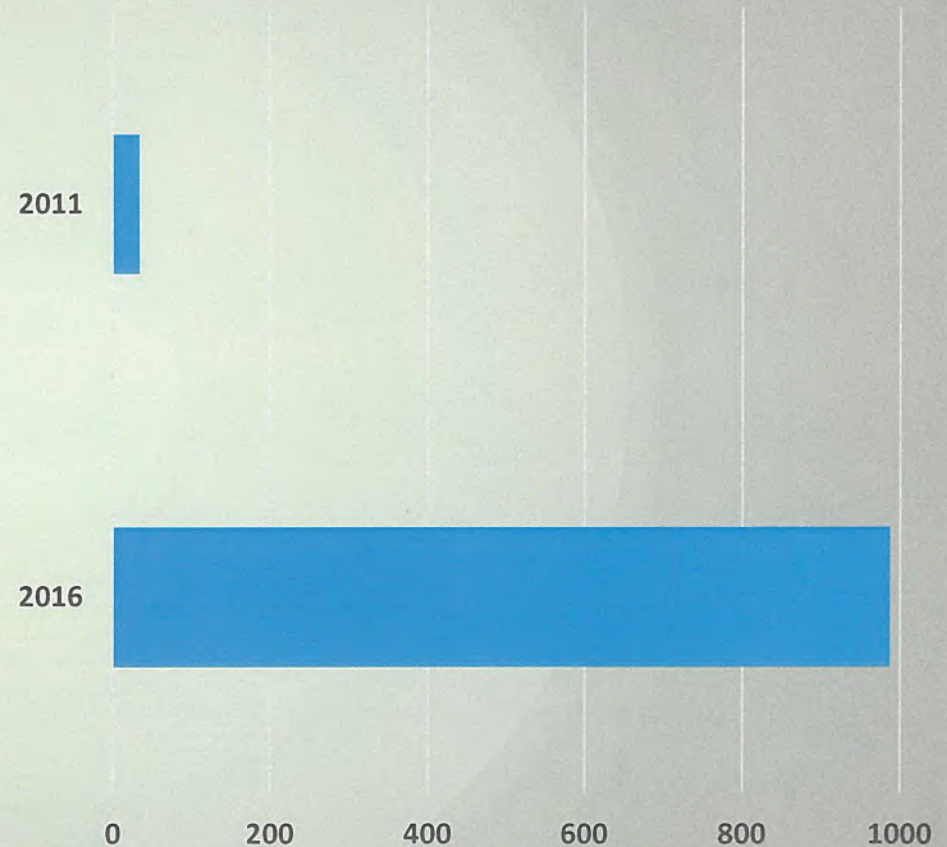
PALM BEACH COUNTY SHERIFF'S OFFICE



Corrections Operations

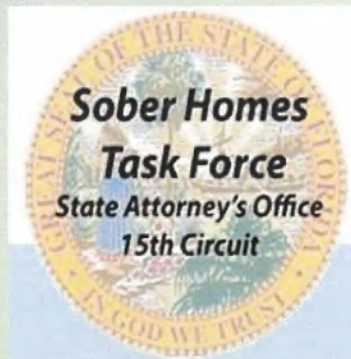
- Medical treatment for detox
- Hospitalization requires transport and 24-hour deputy
- Challenges the resources and protocols of the Corrections Emergency Response Team within the jails
- Introduction of contraband
- Staff training for drug identification and overdose symptoms
- Increase in transportation for court-ordered release to treatment centers

HEROIN JAIL BOOKINGS 2,803% Increase 2011 to 2016



RESOURCES AND EXISTING INITIATIVES

- Heroin Overdose Task Force
- Sober Home Task Force
- NACo/NLC Report



HEROIN TASK FORCE PALM BEACH COUNTY

ACTION PLAN
2016 - 2017



A PRESCRIPTION FOR ACTION

Local Leadership in Ending
the Opioid Crisis



A Joint Report From

NLC NATIONAL
LEAGUE
OF CITIES

NACo NATIONAL
ASSOCIATION
OF COUNCILS
OF GOVERNMENTS

RECOMMENDATIONS

Leadership

- Establish a mechanism for oversight county-wide
- Increase capacity to evaluate and report
- Foster regional cooperation

Prevention & Education

- Create opportunities for community engagement
- Develop and expand opportunities for school-based efforts
- Develop opportunities to education healthcare personnel
- Expand community awareness of law enforcement and treatment options
- Develop opportunities to educate family members and the community

RECOMMENDATIONS, CONTINUED

Treatment Capacity

- Increase availability of medication-assisted treatment
- Increase capacity of service
- Established coordinated response for community integration after hospital/jail discharge
- Establish guidelines to support harm reduction strategies
- Expand treatment resources to specialized priority populations

Public Safety & Law Enforcement

- Expand diversion services to decrease criminalization
- Enhance strategies to address special needs
- Enhance strategies for responding
- Support the DEA, HIDTA and other efforts

RECOMMENDATIONS, CONTINUED

Public Policy & Legislative Advocacy

- Create mechanisms to address insurance issues
- Increase use of the Prescription Drug Monitoring Program
- Support Sober Home Task Force Recommendations:
 - Advocate for improved licensing and certification of facilities/ services
 - Create mechanisms to prevent and prosecute patient brokering
 - Create mechanisms to prohibit deceptive advertising and punish with criminal sanctions
 - Create Opportunities for funding advocacy

Ancillary Services

- Create opportunities to support the development of:
 - Certified sober homes
 - Housing and emergency shelters
 - Voucher Return Program of out-of-county clients
 - Increased access to benefits, such as Medicaid

RECOMMENDATIONS, CONTINUED

Evaluation & Monitoring

- Create mechanisms to evaluate trends and emerging issues
- Create opportunities to expand licensing oversight of providers and certification of sober homes
- Expand opportunities to strengthen and support the workforce
- Create opportunities for evaluation of the efficacy of implementation of the County's initiatives

FUNDING

Federal Government

- CARES Act
- CARA Act
 - SAMHSHA Grants
 - Department of Justice Grants

State Government

- Managing Entity
- Application for CARES Act funding
- Criminal Justice Mental Health & Substance Abuse Reinvestment Act Grant

Local Funding

County Tax Dollars - Ad Valorem
Health Care District

17.42 Opioid Settlement Clearing Trust Fund.—

(1) The Opioid Settlement Clearing Trust Fund is created within the department.

(2) Funds to be credited to the Opioid Settlement Clearing Trust Fund shall consist of payments received by the state from settlements reached with distributors as part of *In re Mallinckrodt PLC*, Case No. 20-12522 (Bankr. D. Del. 2021) and any other similar settlements in opioid-related litigation or bankruptcy. Funds received from such settlements and deposited into the trust fund are exempt from the service charges imposed under s. 215.20.

(3) Funds deposited into the Opioid Settlement Clearing Trust Fund shall be subdivided as follows:

(a) *Regional subfund.*—The following amounts shall be deposited into the regional subfund each year:

1. From 2022 to 2027, inclusive, 47 percent.
2. From 2028 to 2030, inclusive, 41 percent.
3. From 2031 to 2033, inclusive, 40 percent.
4. From 2034 to 2036, inclusive, 39 percent.
5. From 2037 to any subsequent year, inclusive, 35 percent.

(b) *State subfund.*—The state subfund shall be funded with all remaining funds after funds allocated for the regional subfund are deposited.

(4) The department is authorized to draw warrants for amounts for which the Department of Legal Affairs notifies the Chief Financial Officer to draw warrants and withdraw such amounts from the regional subfund to pay amounts due pursuant to the terms of any allocation agreement or settlement to a county within the state that:

(a) Has a population of at least 300,000 according to the United States Census Bureau population estimates as of July 1, 2019, released March 2020, or the United States Decennial Census of 2020, released August and September 2021;

(b) Has an opioid task force of which the county is a member or operates in connection with its municipalities or others on a local or regional basis. As used in this paragraph, the term “task force” includes any department, committee, commission, or bureau established by the county to collect information related to substance abuse disorders in the county and provide that information to the county, along with recommendations on responding to the opioid epidemic, so long as the department, committee, commission, or bureau allows municipalities and others to participate in whatever process is undertaken;

(c) As of December 31, 2021, has an abatement plan that has been adopted or is being used to respond to the opioid epidemic;

(d) As of December 31, 2021, provides or contracts with others to provide substance abuse prevention, recovery, and treatment services to its citizens; and

(e) Enters or has entered into an interlocal written agreement with a majority of the municipalities located within the county's boundaries. As used in this paragraph, the term "majority" means more than 50 percent of the population of the municipalities located within the boundaries of a county. For purposes of calculating a majority, individuals living in unincorporated portions of a county may not be counted.

(5) The department shall disburse funds from the state subfund, by nonoperating transfer, of the Opioid Settlement Clearing Trust Fund to the opioid settlement trust funds of the various agencies, as appropriate, as provided in the General Appropriations Act.

(6) Funds disbursed or transferred under this section shall be used by the state, its agencies, its contractors, and its subdivisions and their contractors to abate the opioid epidemic.

(7) Pursuant to s. 19(f)(3), Art. III of the State Constitution, the Opioid Settlement Clearing Trust Fund is exempt from the termination provisions of s. 19(f)(2), Art. III of the State Constitution.

History.—s. 1, ch. 2022-161.