

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: December 2, 2025

[X] Consent [] Regular
[] Ordinance [] Public Hearing

Department

Submitted By: Community Services

Submitted For: Behavioral Health and Substance Use Disorders

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve:

- A)** a Subrecipient Agreement (Agreement) with Rebel Recovery Florida, Inc. (RRF) for the provision of Mobile Unit Purchase for Expanding Syringe Services Programs (ESSP) in Palm Beach County (County), in the amount of \$275,000, for the one (1)-time purchase of a Mobile Unit for ESSP, effective from the date of full execution by the County through June 30, 2026.
- B)** a one (1)-time advance payment of \$137,500, representing 50% of the total Unit cost, to be paid to RRF.

Summary: RRF is the sole entity providing ESSP services in the County. Utilizing State Opioid Settlement Funds (OSF), RRF will purchase a Mobile Unit to provide mobile ESSP services for County residents who inject drugs. ESSP is a syndemic expansion of the Ending HIV Epidemic (EHE) ESSP program Mobile Unit, serving people living with HIV/AIDS and co-occurring substance use disorders. The expansion of these services were developed in collaboration with the Behavioral Health, Substance Use and Co-Occurring Disorders (BHSUCOD) Advisory Committee and is memorialized in the Behavioral Health and Substance Use Disorder (BHSUD) Plan 2024 (Plan 2024), which was approved by the Board of County Commissioners (BCC) on October 22, 2024 (Agenda Item 5E-1).

The ESSP provides a range of client-centered services focused on connecting participants to health care, mental health services, housing assistance, employment and education counseling, and opioid overdose prevention resources and preventing the transmission of HIV/AIDS, viral hepatitis, and/or other blood-borne diseases. ESSP also serves as a bridge to drug treatment, recovery support, and other social services for persons who inject drugs and their sexual partners.

The RRF's current Mobile Unit has exceeded its useful life, requiring frequent maintenance and service appointments that have limited RRF's ability to consistently provide Syringe Services Program (SSP) activities. The Mobile Unit is essential to the ESSP, as it provides a safe and accessible space for testing, counseling, and other harm reduction resources for County residents.

The OSF BHSUD action areas align with the BCC strategic priority of addressing substance use and behavioral health disorders. These services will be provided in partnership with an established community-based SSP and will cover a range of client-centered activities aimed at identifying individuals and linking them to care and treatment. **(Continue on Page 3)**

Attachments:

1. Subrecipient Agreement with RRF
2. Resolution R2022-1340
3. Behavioral Health Substance Use Disorder Plan 2024

Recommended By:

DocuSigned by:
Taruna Mallotra

11/5/2025

1450E1404F10400
Department Director

Date _____

Approved By:

Deputy County Administrator

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2026	2027	2028	2029	2030
Capital Expenditures	\$275,000				
Operating Costs					
External Revenue	(\$275,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0	0	0

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No
Does this item include the use of federal funds? Yes No X
Does this item include the use of state funds? Yes X No

Budget Account No.:
Fund 1490 Dept 146 Unit 7624 Object 8201 Program Code Program Period

Core A Strategy: Expanding Syringe Services Programs and
Core B Strategy: Prevent Overdose Deaths and Other Harm (Harm Reduction)

B. Recommended Sources of Funds/Summary of Fiscal Impact:
The funding source is Opioid Settlement Funds

C. Departmental Fiscal Review:

DocuSigned by:
Julie Dowe
B5A0C77DCE80A17

Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

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

Signature

11/5/2025

OFMB

11/5

Esu 11-5-25

Signature

11/12/25

Contract Development and Control

207 11.12.25

11-12-25 PD

B. Legal Sufficiency:

Signature

11/13/25

Assistant County Attorney

C. Other Department Review:

Department Director

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

Summary (Continued from Page 1)

Ms. Nancy McConnell, an employee of Rebel Recovery Florida, Inc., is a member of the County's HIV Care Council (Care Council). Mr. Austin Wright, Program Manager for the Florida Access to Syringe and Health Services (FLASH) Exchange program, is a member of the BHSUCOD. The BHSUCOD provides no regulation, oversight, management, or policy-setting recommendation regarding the agency contract listed above. Disclosure of this contractual relationship at a duly noticed public meeting is provided in accordance with Section 2-443 of the County Code of Ethics. **No County match is required. Countywide (JBR)**

Background and Justification: In 2022, the BCC designated the Community Services Department (CSD) as the lead entity for planning, administration, coordination, and contracting of behavioral health and substance use disorder services in the County. Further, it established the BHSUCOD on November 1, 2022, to enhance the County's capacity and effectiveness in developing a comprehensive, integrated, and effective BHSUCOD prevention, treatment, support, and recovery plan (Resolution R2022-1340).

On November 15, 2022, the BCC approved the Behavioral Health and Substance Use Master Plan 2022 (Plan 2022) (Agenda Item No: 5F-1). Both the BHSUCOD Advisory Committee and Plan 2022 were developed to satisfy the State of Florida's Opioid Settlement Clearing Trust Fund requirement pursuant to Section 17.42 (4)(c), Florida Statutes (2022). In 2023, the CSD, in collaboration with the BHSUCOD, community members, and key stakeholders, conducted a process to update Plan 2022. The BHSUD Plan 2024, approved on October 22, 2024, provides recommendations related to behavioral health and substance use disorders and OSF. One key strategic recommendation within the Master Plan was to expand SSP capacity and opportunities.

In addition, the Florida Legislature approved the Infectious Disease Elimination Act (IDEA), codified in Section 381.0038(4), Florida Statutes (2019), authorizing the BCC to establish a sterile needle and syringe exchange program. Subsequently, the County adopted the Infectious Disease Elimination Ordinance (Ordinance No. 2019-026), with the primary goal of preventing the transmission of HIV/AIDS, viral hepatitis, and/or other blood-borne diseases among intravenous drug users and their sexual partners and offspring, and with the secondary goal of providing a bridge to drug treatment, recovery support and other social services for intravenous drug users.

The County has one (1) approved SSP Operator, RRF, an HIV/AIDS services and recovery community organization located in West Palm Beach. RRF has operated its SSP, the FLASH Exchange Program, since April 1, 2021, and is the first and only community-based SSP in Florida that provides services exclusively through a mobile unit with rotating service locations.

SUBRECIPIENT AGREEMENT

This Agreement is made as of the 2nd day of December, 202⁵, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY, and **Rebel Recovery Florida, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **81-5190566**.

WHEREAS, the COUNTY, pursuant to the Florida Opioid Allocation and Statewide Response Agreement between the State of Florida Department of Legal Affairs, Office of the Attorney General and certain local governments in the State of Florida, including Palm Beach County, (**EXHIBIT I**), and is the designated recipient of the Opioid Settlement Funds in Palm Beach County; and

WHEREAS, the AGENCY has proposed providing certain services funded by Opioid Settlement Funds; and

WHEREAS, the Board of County Commissioners (BCC) unanimously approved the Behavioral Health and Substance Use Disorder Plan 2024 (2024 Plan) and an opioid settlement fund expense plan on October 22, 2024; and as approved, the 2024 Plan includes: Opioid Settlement Funds be allocated with ninety (90) percent of funds going towards Social Determinants of Health and ten (10) percent towards Deep End Treatment; the COUNTY'S collective and collaborative efforts have been directed at planning, developing and executing a comprehensive person-centered, recovery-oriented ecosystem of care; the COUNTY measures its initiatives primarily through a resilience and recovery capital framework because of its ability to capture resilience, health, well-being, social determinants of health and risk factors; and

WHEREAS, the COUNTY is committed to a syndemic approach to address the needs of communities overburdened by concurrent or sequential epidemics of HIV, Behavioral Health, Substance Use Disorders, and/or Housing Instability; and

WHEREAS, the ecosystem, at the Macro level, is concerned with interaction and interdependence of individuals with their surrounding physical, social, and cultural systems to holistically assess how individuals affect and are affected by such systems; and makes accessible a network of services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life; and

WHEREAS, the Micro level aims to increase an individual's resilience and recovery capital through a network of "Recovery Hubs" and other support services providing non-clinical resources, including peer support, employment and job training linkages, and social and recreational activities intended for people in or seeking recovery; and

WHEREAS, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) indicates resilience is a key component to a system of care and that an extensive literature review found that resilience is unanimously negatively associated with depression, anxiety and trauma symptoms in youth, and is therefore, meaningful for screening purposes in at-risk populations/situations and further offers better mental health and health outcomes not only in

adolescents and children's populations, but in the adult population as well; and

WHEREAS, the COUNTY has utilized Recovery Capital Indexing (RCI) to measure and assess resilience and recovery capital since 2019 and is key to measuring the system of care's success, providing a comprehensive picture of a person's well-being that allows for a personalized approach to recovery and wellness; and

WHEREAS, critical to the BCC's goals of establishing a person-centered, recovery-oriented ecosystem is the emphasis placed on social determinants of health, setting a clear system of care path that is focused on improved long-term recovery outcomes and increased resiliency; and

WHEREAS, the AGENCY has agreed to ensure access to funded services for COUNTY departments, divisions and/or programs; and to ensure that individuals referred from COUNTY departments, divisions and/or programs will receive services on a timely basis.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

ARTICLE 1 INCORPORATION OF RECITALS

The foregoing recitals are true and correct and incorporated herein by reference.

ARTICLE 2 OPIOID SETTLEMENT FUND FUNDED SERVICES

The AGENCY agrees to provide Mobile Unit Purchase for Expanding Syringe Services Programs services to residents with substance use disorders of the COUNTY as set forth in **EXHIBIT A - SCOPE OF WORK** and **EXHIBIT B - UNIT OF SERVICE RATE AND DEFINITION**. The AGENCY also agrees to provide deliverables, including reports specified in **EXHIBIT G - AGENCY'S PROGRAMMATIC REQUIREMENTS**, and shall comply with the terms and reporting requirements in **EXHIBIT I - FLORIDA ALLOCATION AND STATEWIDE RESPONSE AGREEMENT BETWEEN STATE OF FLORIDA DEPARTMENT OF LEGAL AFFAIRS, OFFICE OF THE ATTORNEY GENERAL AND CERTAIN LOCAL**

GOVERNMENTS IN THE STATE OF FLORIDA. No changes in the scope of work or services are to be conducted without the written approval of Palm Beach County Community Services Department (the DEPARTMENT). The AGENCY receiving funds must be an agency within Palm Beach County and the AGENCY'S services, with these contracted funds, are limited to meeting the needs of Palm Beach County residents.

No part of the funding is intended to benefit any specific individual or recipient. All funding is intended for the overall benefit of all recipients of the services provided by the programs being funded herein.

ARTICLE 3 ORDER OF PRECEDENCE

Conflicting provisions hereof, if any, shall prevail in the following descending order of precedence: (1) Laws passed by Congress, which are codified in provisions of the United States Code (U.S.C.)

applicable to the funding source for this Agreement; (2) Rules or regulations adopted by a federal agency, which are codified in the Code of Federal Regulations (C.F.R.) and applicable to the funding source for this Agreement; (3) the federal award or funding document for this Agreement; (4) the provisions of the Agreement, including **EXHIBIT A, EXHIBIT B, and EXHIBIT G**; and (5) all other documents, if any, cited herein or incorporated herein by reference.

ARTICLE 4 SCHEDULE

The term of this Agreement shall be from the date of full execution by COUNTY and ending on June 30, 2026, with one (1) one (1) year option for renewal at the COUNTY'S sole discretion based on availability of OSF funding and AGENCY'S performance.

The parties shall amend this Agreement if there is a change to the scope of work, funding, and/or federal, state, and local laws or policies affecting this Agreement.

Invoicing, reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in **EXHIBIT A, EXHIBIT B, and EXHIBIT G**.

ARTICLE 5 PAYMENTS TO AGENCY

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of **TWO HUNDRED AND SEVENTY-FIVE THOUSAND DOLLARS AND ZERO CENTS (\$275,000.00)**.

The AGENCY will bill the COUNTY as provided, at the amounts set forth in **EXHIBIT B**. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

The program and unit cost definitions for this Agreement year are set forth in **EXHIBIT B**. All requests for payments of this Agreement shall include an original cover memo on AGENCY letterhead signed by the Chief Executive Officer, Chief Financial Officer or their designee.

The AGENCY is permitted to have an advance of not more than 50 percent of the funds allocated under this Agreement. The AGENCY shall provide documentation to request advance payment as set forth in EXHIBIT A to secure the vehicle needed to continue providing the syringe services program through its mobile unit.

The AGENCY is obligated to provide the COUNTY with the properly completed requests for all funds to be paid relative to this Agreement. Any amount not submitted by AGENCY shall remain the COUNTY'S and the COUNTY shall have no further obligation with respect to such amounts.

Payment of invoices shall be contingent on timely receipt of all required reports. Invoices received from the AGENCY pursuant to this Agreement will be submitted through the Services and Activities Management Information System (SAMIS) website, reviewed and approved by the COUNTY'S representative, to verify that services have been rendered in conformity with the Agreement. Approved invoices will then be sent to the Finance Department for payment. Invoices will normally

be paid within thirty (30) days following the COUNTY representative's approval. Any payment due by COUNTY under the terms of this Agreement shall be withheld until all reports due from the AGENCY and necessary adjustments have been approved by the COUNTY. In the event that the AGENCY has drawn down all possible funds prior to the end of the fiscal year and does not comply with all reporting requirements, the COUNTY will take this into consideration during the next funding year. COUNTY funding can be used to match grants from non-COUNTY sources; however, the grantee cannot submit reimbursement requests for the same expenses to more than one funding source or under more than one COUNTY funded program.

Final Invoice: In order for both parties herein to close their books and records, the AGENCY will clearly state "final invoice" on the AGENCY'S final/last billing to the COUNTY. This shall constitute AGENCY'S certification that all services have been properly performed and all charges and costs have been invoiced to the COUNTY. Any other charges not properly included on this final invoice are waived by the AGENCY.

In order to do business with the COUNTY, agencies are required to create a Vendor Registration Account OR activate an existing Vendor Registration Account through the Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at <https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>. If AGENCY intends to use subagencies, AGENCY must also ensure that all subagencies are registered as agencies in VSS. All subcontractor agreements must include a contractual provision requiring that the subagency register in VSS. COUNTY will not finalize a contract award until the COUNTY has verified that the AGENCY and all of its subagencies are registered in VSS.

ARTICLE 6 AVAILABILITY OF FUNDS

The obligations of the COUNTY under this Agreement for the current or any subsequent fiscal year are subject to the availability of funds lawfully appropriated for its purpose by the BCC, and received from the State of Florida pursuant to **EXHIBIT I**.

ARTICLE 7 TRUTH-IN-NEGOTIATION CERTIFICATE

Signature of this Agreement by the AGENCY shall also act as the execution of a truth-in-negotiation certificate certifying that the wage rates, over-head charges, and other costs used to determine the compensation provided for in this Agreement are accurate, complete and current as of the date of the Agreement and no higher than those charged to the AGENCY'S most favored customer for the same or substantially similar service.

The said rates and costs shall be adjusted to exclude any significant sums should the COUNTY determine that the rates and costs were increased due to inaccurate, incomplete or noncurrent wage rates or due to inaccurate representations of fees paid to outside consultants. The COUNTY shall exercise its rights under this Article within three (3) years following final payment.

ARTICLE 8 AMENDMENTS TO OPIOID SETTLEMENT FUNDING LEVELS

This Agreement may be amended to decrease and/or increase funds for the delivery of services depending upon the utilization and rate of expenditure of funds, or reallocations deemed necessary by the COUNTY.

At anytime during the term of this Agreement, if the AGENCY indicates in a written notice as set forth in Article 32 that it will not be able to spend a portion of the contracted amount in any or all of the service categories, or sweeps are needed due to underspending as determined by the COUNTY, the Department Director, or Assistant Director is authorized to decrease the funding amount without the need for an amendment to this Agreement. The Department Director or Assistant Director shall provide written notice to the AGENCY of the amount of the decrease in funding. Such notice shall not be deemed a cancellation of the Agreement. All remaining terms and conditions of this Agreement shall remain in full effect throughout the term of the Agreement.

AGENCY shall be subject to decrease of funds if funds are not utilized at the anticipated rate of expenditures. The anticipated rate of expenditures is determined by dividing the Agreement service amount by the months in the Agreement unless otherwise provided for in this Agreement. A ten percent (10%) increase over the monthly expenditure rate must be pre-approved by the COUNTY. The anticipated rate of expenditure will be determined on a per service basis. The formula for reduction of funds shall be as follows:

At one quarter of the service period the AGENCY shall have provided at a minimum twenty percent (20%) of their anticipated services. If the minimum has not been reached ten percent (10%) of the unspent funds allocated for that service period can be swept through a budget reduction at the discretion of the COUNTY.

At one half of the service period the AGENCY shall have provided at a minimum forty percent (40%) of their anticipated services. If the minimum has not been reached fifty percent (50%) of the unspent funds allocated for that service period can be swept through a budget reduction at the discretion of the COUNTY.

At three quarters of the service period the AGENCY shall have provided at a minimum seventy-five percent (75%) of their anticipated services. If the minimum has not been reached one hundred percent (100%) of the unspent funds allocated for that service period can be swept through a budget reduction at the discretion of the COUNTY.

In the event that funds become available due to other agencies budgets being decreased, a currently funded AGENCY may apply for those funds. AGENCY may become eligible for an increase in funding if they have spent their funds at the anticipated rate and can present a proposal for the utilization of additional funds by delivering additional units of service.

Any increase or decrease of funding for any of the AGENCY’S contracted programs of up to 10% may be approved by the Director of Community Services or Designee. Any increase or decrease of

funding over 10% must be approved by the BCC.

ARTICLE 9 INSURANCE

The AGENCY shall maintain at its sole expense, in force and effect at all times during the term of this Agreement, insurance coverage and limits (including endorsements) as described herein. Failure to maintain at least the required insurance shall be considered default of the Agreement. The requirements contained herein, as well as COUNTY’S review or acceptance of insurance maintained by AGENCY, are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by AGENCY under the Agreement. AGENCY agrees to notify the COUNTY at least ten (10) days prior to cancellation, non-renewal or material change to the required insurance coverage. Where the policy allows, coverage shall apply on a primary and non-contributory basis.

- A. **Commercial General Liability:** AGENCY shall maintain Commercial General Liability at a limit of liability not less than \$500,000 combined single limit for bodily injury and property damage each occurrence. Coverage shall not contain any endorsement(s) excluding Contractual Liability or Cross Liability.
- B. **Additional Insured Endorsement:** The Commercial General Liability policy shall be endorsed to include, “Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents” as an Additional Insured. A copy of the endorsement shall be provided to COUNTY upon request.
- C. **Workers’ Compensation Insurance & Employer’s Liability:** AGENCY shall maintain Workers’ Compensation & Employer’s Liability in accordance with Chapter 440 of the Florida Statutes.
- D. **Professional Liability:** AGENCY shall maintain Professional Liability, or equivalent Errors & Omissions Liability, at a limit of liability not less than \$1,000,000 each occurrence, and \$2,000,000 per aggregate. When a self-insured retention (SIR) or deductible exceeds \$10,000, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY’S most recent annual report or audited financial statement. For policies written on a “claims-made” basis, AGENCY warrants the Retroactive Date equals or precedes the effective date of this Agreement. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the term of this Agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years after the expiration of the Agreement term. The requirement to purchase a SERP shall not relieve the AGENCY of the obligation to provide replacement coverage. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an “occurrence” or “claims-made” form. If coverage is provided on a “claims-made” form the Certificate of Insurance must also clearly indicate the “retroactive date” of coverage.
- E. **Waiver of Subrogation:** Except where prohibited by law, AGENCY hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy except Professional Liability. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then AGENCY shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy that includes a condition to the policy

specifically prohibiting such an endorsement or voids coverage should AGENCY enter into such an agreement on a pre-loss basis.

F. **Certificates of Insurance:** On execution of this Agreement, renewal, within forty-eight (48) hours of a request by COUNTY, and upon expiration of any of the required coverage throughout the term of this Agreement, the AGENCY shall deliver to the COUNTY or COUNTY’S designated representative a signed Certificate(s) of Insurance evidencing that all types and minimum limits of insurance coverage required by this Agreement have been obtained and are in force and effect. Certificates shall be issued to:

Palm Beach County Board of County Commissioners

and may be addressed:

Palm Beach County Board of County Commissioners
c/o Community Services Department
810 Datura Street
West Palm Beach, FL 33401
ATTN: Contracts Manager

G. **Right to Revise or Reject:** COUNTY, by and through its Risk Management Department in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject, or accept any required policies of insurance, including limits, coverage, or endorsements.

ARTICLE 10 INDEMNIFICATION

AGENCY shall protect, defend, reimburse, indemnify, save and hold the COUNTY, its agents, employees, officers and elected officials harmless from and against any and all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney’s fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Agreement or due to the acts or omissions of AGENCY.

AGENCY will hold the COUNTY harmless and will indemnify the COUNTY for any funds that the COUNTY is obligated to refund the State of Florida based on the AGENCY’S provision of services, or failure to provide services, pursuant to this Agreement. The AGENCY also agrees that funds made available pursuant to this Agreement shall not be used by the AGENCY for the purpose of initiating or pursuing litigation against the COUNTY.

ARTICLE 11 SUCCESSORS AND ASSIGNS

The COUNTY and the AGENCY each binds itself and its partners, successors, executors, administrators and assigns to the other party and to the partners, successors, executors, administrators and assigns of such other party, in respect to all covenants of this Agreement. Except as above, neither the COUNTY nor the AGENCY shall assign, sublet, convey or transfer its interest in this Agreement without the prior written consent of the other.

ARTICLE 12 WARRANTIES AND LICENSING REQUIREMENTS

The AGENCY represents and warrants that it has and will continue to maintain all licenses and approvals required to conduct its business, and that it will at all times conduct its business activities in a reputable manner. Proof of such licenses and approvals shall be submitted to the COUNTY'S representative upon request.

The AGENCY shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, to include those applicable to conflict of interest and collusion. The AGENCY is presumed to be familiar with all federal, state, and local laws, ordinances, codes and regulations that may in any way affect the services offered.

The AGENCY represents and warrants that it is governed by a Board, or other appropriate body, whose members have no monetary conflict of interest. Further, the members must also serve the AGENCY without compensation, and the composition of the governing body must reasonably reflect Palm Beach County and/or client demographics.

The AGENCY shall comply with all legal criminal history record check regulations required for the population they serve. AGENCY will have and comply with a policy that requires them to conduct a Level 1 or Level 2 Criminal Background Check as appropriate on applicants and volunteers being considered for positions that will provide services or will be around children, the elderly and other vulnerable adult populations, prior to start date. AGENCY may hire employees prior to obtaining the Level 2 background check results; however, the employees are only permitted to attend training and orientation during this period while they are waiting for their background check results. They are not allowed to have any contact with the clients during this period. Live Scan Screening proof must be provided that shows the scan was completed prior to an employee's start date. All criminal background checks shall be done at the expense of the AGENCY.

ARTICLE 13 PERSONNEL

The AGENCY warrants that all services shall be performed by skilled and competent personnel to the highest professional standards in the field. Any changes or substitutions in the AGENCY'S key personnel, or any personnel turnover which could adversely impact the AGENCY'S ability to provide services as may be listed herein must be made known to the COUNTY'S representative within five (5) working days of the change. AGENCY shall establish and consistently utilize an allocation methodology for personnel costs for program activities supported by multiple sources.

All of the services required hereinunder shall be performed by the AGENCY or under its supervision. The AGENCY further represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Agreement, and that they shall be fully qualified and, if required, authorized, permitted, and/or licensed under State and local law to perform such services. Such personnel shall not be employees of or have any contractual relationship with the COUNTY.

All of the AGENCY'S personnel (and all subcontractors), while on COUNTY premises, will comply with all COUNTY requirements governing conduct, safety and security.

ARTICLE 14 SUBCONTRACTING

The COUNTY reserves the right to accept the use of a subcontractor, or to reject the selection of a particular subcontractor, and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Agreement. If a subcontractor fails to perform or make progress, as required by this Agreement, and it is necessary to replace the subcontractor to complete the work in a timely fashion, the AGENCY shall promptly do so, subject to acceptance of the new subcontractor by the COUNTY.

ARTICLE 15 NONDISCRIMINATION

The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2025-0748, as may be amended, the AGENCY warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, or genetic information. Failure to meet this requirement shall be considered default of the Agreement.

As a condition of entering into this Agreement, the AGENCY represents and warrants that it will comply with the COUNTY’S Commercial Nondiscrimination Policy as described in Resolution R2025-0748, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the COUNTY’S relevant marketplace in Palm Beach County.

The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Agreement and may result in termination of this Agreement, disqualification or debarment of the company from participating in COUNTY contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

ARTICLE 16 REMEDIES

This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Agreement will be held in a court of competent jurisdiction located in Palm Beach County, Florida. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No

single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the COUNTY and/or AGENCY.

ARTICLE 17 HIRING OF MECHANICS OR LABORERS

For those solicitations and contracts including the employment of mechanics or laborers, the Agreement must provide for compliance with 40 U.S.C § 3702, as supplemented by Department of Labor regulations (29 C.F.R. 5). Specifically, AGENCY shall be required to compute the wages of every mechanic and laborer based on a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and one half (1½) times the basic rate of pay for all hours worked in excess of 40 hours in the work week.

ARTICLE 18 OPIOID SETTLEMENT FUNDS FUNDED AGENCY'S PROGRAMMATIC REQUIREMENTS

AGENCY agrees to fully comply with all of the reporting requirements in **EXHIBIT E - COMMUNITY SERVICES DEPARTMENT INCIDENT REPORTING FORM** and the Agency's Programmatic Requirements contained in **EXHIBIT G**, attached hereto and incorporated herein by reference.

ARTICLE 19 ACCESS AND AUDITS

The AGENCY shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least seven (7) years after completion of this Agreement, or until resolution of any audit findings and/or recommendations. The COUNTY shall have access to such books, records, and documents at the AGENCY's place of business during normal business hours, as required in this Article for the purpose of inspection or audit.

The AGENCY will provide a final close-out report and Financial Reconciliation Statement as set forth in **EXHIBIT C - FINANCIAL RECONCILIATION STATEMENT**, accounting for all funds expended hereunder no later than 30 days from the Agreement end date.

The AGENCY shall provide the COUNTY with an annual financial audit report that meets the requirements of sections 11.45 and 216.349, Florida Statutes, and Chapter 10.550 and 10.650, Rules of the Auditor General, and, to the extent applicable, the Single Audit Act of 1984, 31 U.S.C. ss. 7501-7507, OMB Circular A-128 for the purposes of auditing and monitoring the funds awarded under this Agreement.

- a. The annual financial audit report shall include all management letters and the AGENCY'S response to all findings, including corrective actions to be taken.
- b. The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts and grant revenue by sponsoring agency and contract/grant number if required by the Single Audit Act.

- c. The complete financial audit report, including all items specified herein, shall be sent directly to:

Fiscal Manager

Palm Beach County Community Services Department
810 Datura Street
West Palm Beach, Florida 33401

Electronic submission via email is acceptable. Please submit audit reports to the Fiscal Manager and Financial Analyst at teaton@pbcgov.org.

The AGENCY shall have all audits completed by an independent certified public accountant (IPA) who shall either be a certified public accountant or a public accountant licensed under Chapter 473, Florida Statutes. The IPA shall state that the audit complied with the applicable provisions noted above.

- d. The audit is due within nine (9) months after the end of the AGENCY'S fiscal year.
- e. AGENCY is required to provide COUNTY with a copy of all grant audits and monitoring reports by other funding entities.
- f. AGENCY shall establish policies and procedures and provide a statement, noting that the accounting system or systems established by the AGENCY have appropriate internal controls verifying the accuracy and reliability of accounting data, and promoting operating efficiency.

ARTICLE 20 CONFLICT OF INTEREST

The AGENCY represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required hereunder, as provided for in Chapter 112, Part III, Florida Statutes and Palm Beach County Code of Ethics. The AGENCY further represents that no person having any such conflict of interest shall be employed for said performance of services.

The AGENCY shall promptly notify the COUNTY'S representative, in writing, by certified mail, of all potential conflicts of interest of any prospective business association, interest or other circumstance that may influence or appear to influence the AGENCY'S judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, and the nature of work that the AGENCY may undertake, and shall request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute a conflict of interest if entered into by the AGENCY. The COUNTY agrees to notify the AGENCY of its opinion by certified mail within thirty (30) days of receipt of notification by the AGENCY. If, in the opinion of the COUNTY, the prospective business association, interest or circumstance would not constitute a conflict of interest by the AGENCY, the COUNTY shall so state in the notification and the AGENCY shall, at its option, enter into said association, interest or

circumstance and it shall be deemed not in conflict of interest with respect to services provided to the COUNTY by the AGENCY under the terms of this Agreement.

ARTICLE 21 DRUG-FREE WORKPLACE

The AGENCY shall implement and maintain a drug-free workplace program of at least the following items:

- A. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- B. Inform employees about the dangers of drug abuse in the workplace, the AGENCY'S policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- C. Give each employee engaged in providing the services that are under Agreement a copy of the statement specified in Item Number 1 above.
- D. In the statement specified in Item Number 1 above, notify the employees that, as a condition of providing the services that are under Agreement, the employee will abide by the terms of the statement and will notify the AGENCY of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction or plea.
- E. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, for any employee who is so convicted or so pleads.
- F. Make a good faith effort to continue to maintain a drug-free workplace through implementation of section 287.087, Florida Statutes.

ARTICLE 22 AMERICANS WITH DISABILITIES ACT (ADA)

The AGENCY shall meet all the requirements of the Americans With Disabilities Act (ADA), which shall include, but not be limited to, posting a notice informing service recipients and employees that they can file any complaints of ADA violations directly with the Equal Employment Opportunity Commission (EEOC), One Northeast First Street, Sixth Floor, Miami, Florida 33132.

ARTICLE 23 INDEPENDENT CONTRACTOR RELATIONSHIP

The AGENCY is, and shall be, in the performance of all work services and activities, under this Agreement, an Independent Contractor, and not an employee, agent, or servant of the COUNTY. All persons engaged in any of the work or services performed pursuant to this Agreement shall at all times, and in all places, be subject to the AGENCY'S sole direction, supervision, and control. The AGENCY shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the AGENCY'S relationship and the relationship of its employees to the COUNTY shall be that of an Independent Contractor and not as employees or agents of the COUNTY.

The AGENCY does not have the power or authority to bind the COUNTY in any promise, contract or representation other than specifically provided for in this Agreement.

ARTICLE 24 CONTINGENT FEES

The AGENCY warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the AGENCY to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the AGENCY, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this Agreement.

ARTICLE 25 PUBLIC ENTITY CRIMES

As provided in sections 287.132-133, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, and subcontractors who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by sections 287.133(3)(a), Florida Statutes.

ARTICLE 26 EXCUSABLE DELAYS

The AGENCY shall not be considered in default by reason of any failure in performance if such failure arises out of causes reasonably beyond the control of the AGENCY or its subcontractors and without their fault or negligence. Such causes include, but are not limited to: acts of God; natural or public health emergencies; labor disputes; freight embargoes; and abnormally severe and unusual weather conditions.

Upon the AGENCY'S request, the COUNTY shall consider the facts and extent of any failure to perform the work and, if the AGENCY'S failure to perform was without it or its subcontractors fault or negligence, the Agreement Schedule and/or any other affected provision of this Agreement shall be revised accordingly; subject to the COUNTY'S rights to change, terminate, or stop any or all of the work at any time.

ARTICLE 27 ARREARS

The AGENCY shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The AGENCY further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Agreement.

ARTICLE 28 DISCLOSURE AND OWNERSHIP OF DOCUMENTS

The AGENCY shall deliver to the COUNTY'S representative for approval and acceptance, and before being eligible for final payment of any amounts due, all documents and materials prepared by and for the COUNTY under this Agreement.

The AGENCY agrees that copies of any and all property, work product, documentation, reports, computer systems and software, schedules, graphs, outlines, books, manuals, logs, files, deliverables, photographs, videos, tape recordings or data relating to the Agreement that have been created as a part of the AGENCY'S services or authorized by the COUNTY as a reimbursable expense, whether generated directly by the AGENCY, or by or in conjunction or consultation with any other party whether or not a party to the Agreement, whether or not in privity of Agreement with the COUNTY or the AGENCY, and wherever located shall be the property of the COUNTY.

To the extent allowed by Chapter 119, Florida Statutes, all written and oral information not in the public domain or not previously known, and all information and data obtained, developed, or supplied by the COUNTY or at its expense will be kept confidential by the AGENCY and will not be disclosed to any other party, directly or indirectly, without the COUNTY'S prior written consent unless required by a lawful court order. All drawings, maps, sketches, programs, data base, reports and other data developed, or purchased, under this Agreement for or at the COUNTY'S expense shall be and remain the COUNTY'S property and may be reproduced and reused at the discretion of the COUNTY.

All covenants, agreements, representations and warranties made herein, or otherwise made in writing by any party pursuant hereto, including but not limited to any representations made herein relating to disclosure or ownership of documents, shall survive the execution and delivery of this Agreement and the consummation of the transactions contemplated hereby.

Notwithstanding any other provision in this Agreement, all documents, records, reports and any other materials produced hereunder shall be subject to disclosure, inspection and audit, pursuant to the Palm Beach County Office of the Inspector General Palm Beach County Code 2-421 through 2-440, as may be amended.

ARTICLE 29 TERMINATION

This Agreement may be terminated by the AGENCY upon sixty (60) days' prior written notice to the COUNTY in the event of substantial failure by the COUNTY to perform in accordance with the terms of this Agreement through no fault of the AGENCY. It may also be terminated, in whole or in part, by the COUNTY, with cause upon five (5) business days' written notice to the AGENCY or without cause upon ten (10) business days' written notice to the AGENCY. Unless the AGENCY is in breach of this Agreement, the AGENCY shall be paid for services rendered to the COUNTY'S satisfaction through the date of termination. After receipt of a Termination Notice, except as otherwise directed by the COUNTY, in writing, the AGENCY shall:

- Stop work on the date and to the extent specified.
- Terminate and settle all orders and subcontracts relating to the performance of the terminated work.
- Transfer all work in process, completed work, and other materials related to the terminated work to the COUNTY.
- Continue and complete all parts of the work that have not been terminated.

In the event the COUNTY does not receive Opioid Settlement Funding from the State of Florida

pursuant to **EXHIBIT I**, this Agreement shall be immediately terminated effective on the date COUNTY is notified that such funding will not continue.

ARTICLE 30 SEVERABILITY

If any term or provision of this Agreement, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Agreement shall be deemed valid and enforceable to the extent permitted by law.

ARTICLE 31 MODIFICATION OF WORK

The COUNTY reserves the right to make changes in scope of work, including alterations, reductions therein or additions thereto. Upon receipt by the AGENCY of the COUNTY'S notification of a contemplated change, the AGENCY shall, in writing: (1) provide a detailed estimate for the increase or decrease in cost due to the contemplated change, (2) notify the COUNTY of any estimated change in the completion date, and (3) advise the COUNTY if the contemplated change shall affect the AGENCY'S ability to meet the completion dates or schedules of this Agreement.

If the COUNTY so instructs in writing, the AGENCY shall suspend work on that portion of the scope of work affected by a contemplated change, pending the COUNTY'S decision to proceed with the change.

If the COUNTY elects to make the change, the COUNTY shall initiate an Amendment to the Agreement and the AGENCY shall not commence work on any such change until such written Amendment is signed by the AGENCY and approved and executed on behalf of the COUNTY.

ARTICLE 32 NOTICES

All notices required in this Agreement shall be sent by certified mail - return receipt requested, hand delivery, or other delivery service requiring signed acceptance. If sent to the COUNTY, notices shall be addressed to:

Director,
Palm Beach County Community Services Department
810 Datura Street
West Palm Beach, FL 33401

and if sent to the AGENCY, shall be mailed to:

Nancy McConnell
Rebel Recovery Florida, Inc.
400 North Congress Ave. Suite 130
West Palm Beach, Florida 33401

ARTICLE 33 STANDARDS OF CONDUCT FOR EMPLOYEES

The AGENCY must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate the conditions under which outside activities, relationships, or financial interest are proper or improper, and provide for notification of these kinds of activities, relationships, or financial interests to a responsible and objective institution official. For the requirements of code of conduct applicable to procurement under grants, see the procurement standards prescribed by 2 C.F.R. 200.317-327 - Procurement Standards.

The rules of conduct must contain a provision for prompt notification of violations to a responsible and objective AGENCY official and must specify the type of administrative action that may be taken against an individual for violations. Administrative actions, which would be in addition to any legal penalty(ies), may include oral admonishment, written reprimand, reassignment, demotion, suspension, or separation. Suspension or separation of a key official must be reported promptly to the COUNTY.

The AGENCY shall provide a copy of the rules of conduct to each officer, employee, board member, and subagency that is working on the grant supported project or activity and the rules must be enforced to the extent permissible under State and local law or to the extent to which the COUNTY determines it has legal and practical enforcement capacity.

The rules need not be formally submitted to and approved by the COUNTY; however, they must be made available for review upon request, for example, during a site visit.

ARTICLE 34 SCRUTINIZED COMPANIES

A. As provided in sections 287.135, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies that boycott Israel List, or is engaged in a boycott of Israel, pursuant to sections 215.4725, Florida Statutes. Pursuant to sections 287.135(3)(b), Florida Statutes, if AGENCY is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel, this Agreement may be terminated at the option of the COUNTY.

B. When contract value is greater than \$1 million: As provided in sections 287.135, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, and subagencies who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Petroleum Energy Sector List created pursuant to sections 215.473, Florida Statutes or is

engaged in business operations in Cuba or Syria.

If the COUNTY determines, using credible information available to the public, that a false certification has been submitted by AGENCY, this Agreement may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Agreement shall be imposed, pursuant to sections 287.135, Florida Statutes. Said certification must also be submitted at the time of Agreement renewal, if applicable.

ARTICLE 35 PUBLIC RECORDS

Notwithstanding anything contained herein, as provided under section 119.0701, Florida Statutes, if the AGENCY: (i) provides a service; and (ii) acts on behalf of the COUNTY as provided under section 119.011(2) Florida Statutes, the AGENCY shall comply with the requirements of section 119.0701, Florida Statutes, as it may be amended from time to time. The AGENCY is specifically required to:

- A. Keep and maintain public records required by the COUNTY to perform services as provided under this Agreement.
- B. Upon request from the COUNTY'S Custodian of Public Records, provide the COUNTY with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119 or as otherwise provided by law. The AGENCY further agrees that all fees, charges and expenses shall be determined in accordance with Palm Beach County PPM CW-F-002, Fees Associated with Public Records Requests, as it may be amended or replaced from time to time.
- C. Ensure that records that are exempt, or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement, if the AGENCY does not transfer the records to the public agency.
- D. Upon completion of the Agreement, the AGENCY shall transfer, at no cost to the COUNTY, all public records in possession of the AGENCY unless notified by COUNTY'S representative/liaison, on behalf of the COUNTY'S Custodian of Public Records, to keep and maintain public records required by the COUNTY to perform the service. If the AGENCY transfers all public records to the COUNTY upon completion of the Agreement, the AGENCY shall destroy any duplicate public records that are exempt, or confidential and exempt from public records disclosure requirements. If the AGENCY keeps and maintains public records upon completion of the Agreement, the AGENCY shall meet all applicable requirements for retaining public records. All records stored electronically by the AGENCY must be provided to COUNTY, upon request of the COUNTY'S Custodian of Public Records, in a format that is compatible with the information technology systems of COUNTY, at no cost to COUNTY.

Failure of the AGENCY to comply with the requirements of this Article shall be a material breach of this Agreement. COUNTY shall have the right to exercise any and all remedies available to it, including but not limited to, the right to terminate for cause. AGENCY acknowledges that it has familiarized itself with the requirements of Chapter 119, Florida Statutes, and other requirements of state law applicable to public records not specifically set forth herein.

IF THE AGENCY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA

STATUTES, TO THE AGENCY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, PLEASE CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT RECORDS REQUEST, PALM BEACH COUNTY PUBLIC AFFAIRS DEPARTMENT, 301 N. OLIVE AVENUE, WEST PALM BEACH, FL 33401, BY E-MAIL AT RECORDSREQUEST@PBCGOV.ORG OR BY TELEPHONE AT 561-355-6680.

ARTICLE 36 CRIMINAL HISTORY RECORDS CHECK

The AGENCY, AGENCY'S employees, subcontractors of AGENCY and employees of subcontractors shall comply with Palm Beach County Code, Section 2-371 - 2-377, the Palm Beach County Criminal History Records Check Ordinance (Ordinance), for unescorted access to critical facilities (Critical Facilities) or criminal justice information facilities (CJI Facilities) as identified in Resolutions R2013-1470, R2015-0572, and R2024-0549 as may be amended. The AGENCY is solely responsible for the financial, schedule, and/or staffing implications of this Ordinance. Further, the AGENCY acknowledges that its Agreement price includes any and all direct or indirect costs associated with compliance with this Ordinance, except for the applicable FDLE/FBI fees that shall be paid by the COUNTY.

This Agreement may include sites and/or buildings that have been designated as either Critical Facilities or CJI Facilities pursuant to the Ordinance and above mentioned Resolutions, as amended. COUNTY staff representing the DEPARTMENT will contact the AGENCY and provide specific instructions for meeting the requirements of this Ordinance. Individuals passing the background check will be issued a badge. The AGENCY shall make every effort to collect the badges of its employees and its subcontractors' employees upon conclusion of the Agreement and return them to the COUNTY. If the AGENCY or its subcontractor(s) terminates an employee who has been issued a badge, the AGENCY must notify the COUNTY within two (2) hours. At the time of termination, the AGENCY shall retrieve the badge and shall return it to the COUNTY in a timely manner.

The COUNTY reserves the right to suspend the AGENCY if the AGENCY 1) does not comply with the requirements of COUNTY Code Section 2-371 - 2-377, as amended; 2) does not contact the COUNTY regarding a terminated AGENCY employee or subcontractor employee within the stated time; or 3) fails to make a good faith effort in attempting to comply with the badge retrieval policy.

ARTICLE 37 PALM BEACH COUNTY OFFICE OF INSPECTOR GENERAL

The COUNTY has established the Office of the Inspector General in Palm Beach County Code 2-421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed COUNTY contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the AGENCY, its officers, agents, employees, and lobbyists in order to ensure compliance with Agreement requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code Section 2-421 through 2-440, and punished pursuant to section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

ARTICLE 38 AUTHORITY TO PRACTICE

The AGENCY hereby represents and warrants that it has and will continue to maintain all licenses and approvals required to conduct its business, and that it will at all times conduct its business activities in a reputable manner. Proof of such licenses and approvals shall be submitted to the COUNTY'S representative upon request.

ARTICLE 39 DISCRIMINATORY VENDOR LIST

An entity or affiliate who has been placed on the Discriminatory Vendor List may not: contract to provide goods or services to a public entity; contract with a public entity for the construction or repair of a public building or public work; lease real property to a public entity; award or perform work as a vendor, supplier, subcontractor, or agency under contract with any public entity; nor transact business with any public entity. The Florida Department of Management Services is responsible for maintaining the Discriminatory Vendor List and intends to post the list on its website. Questions regarding the Discriminatory Vendor List may be directed to the Florida Department of Management Services, Office of Supplier Diversity at (850) 487-0915.

ARTICLE 40 FEDERAL AND STATE TAX

The COUNTY is exempt from payment of Florida State Sales and Use Taxes. The COUNTY will sign an exemption certificate submitted by the AGENCY. The AGENCY shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the COUNTY, nor is the AGENCY authorized to use the COUNTY'S Tax Exemption Number in securing such materials.

The AGENCY shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes and benefits with respect to this Agreement.

ARTICLE 41 FACILITIES / OFFICE SPACE

The COUNTY shall grant the AGENCY the right, revocable license and privilege of accessing and using room(s) (the Premises), contingent on availability, at the following COUNTY locations:

810 Datura Street
West Palm Beach, FL 33401

6415 Indiantown Road
Jupiter, FL 33450

1440 Martin Luther King Boulevard
Riviera Beach, FL 33404

1699 Wingfield Street
Lake Worth, FL 33460

38754 State Road #80, Room #216
Belle Glade, FL 33430

The room shall be used solely and exclusively for general office purposes and meeting AGENCY obligations under the terms of this Agreement. Additional provisions on the license, use and restrictions regarding the Premises are detailed in **EXHIBIT F - USE OF AND RESTRICTIONS REGARDING THE PREMISES**, which is attached hereto and incorporated herein.

ARTICLE 42 BYRD ANTI-LOBBYING AND DEBARMENT AND SUSPENSION

A completed "Certification Regarding Lobbying, Byrd Anti-Lobbying Amendment" (**EXHIBIT J**) is required at time of Agreement execution. Upon request, the AGENCY agrees to provide the COUNTY with subsequent certification(s) for it and/or its suppliers, subrecipients and subagencies after Agreement award.

A completed "Certification Regarding Debarment and Suspension" (**EXHIBIT K**) is required at time of Agreement execution. Upon request, the AGENCY agrees to provide the COUNTY with subsequent certification(s) for it and/or its suppliers, subrecipients and subagencies after Agreement award.

This Agreement is a covered transaction for purposes of 2 C.F.R. 180 and 2 C.F.R. 3000. As such the AGENCY is required to verify that none of the AGENCY, its principals (defined at 2 C.F.R. 180.995), or its affiliates (defined at 2 C.F.R. 180.905) are excluded (defined at 2 C.F.R. 180.935).

The AGENCY must comply with 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C while this Agreement is valid and throughout the period of any contract that may arise from this Agreement, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.

This certification is a material representation of fact relied upon by the COUNTY. If it is later determined that the AGENCY did not comply with 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C, in addition to remedies available to the Federal Government serving as Grantor and COUNTY as Recipient, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.

The AGENCY must comply with the requirements of 2 C.F.R. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The AGENCY further agrees to include a provision requiring such compliance in its lower tier covered transactions.

ARTICLE 43 FEDERAL SYSTEM FOR AWARD MANAGEMENT

A contract award shall not be made to parties listed on the government-wide exclusions set forth in the System for Award Management (SAM) found at www.sam.gov, which contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority.

ARTICLE 44 CLEAN AIR ACT AND THE FEDERAL WATER POLLUTION CONTROL ACT

AGENCY agrees to comply with all applicable standards, orders or regulations issued pursuant to 42 U.S.C. § 7401 et seq. - Clean Air Act, as amended, and 33 U.S.C. § 1251 et seq. - Federal Water Pollution Control Act, as amended.

The AGENCY agrees to report each violation to the COUNTY, and understands and agrees that the COUNTY will, in turn, report each violation, as required by the federal awarding agency and the appropriate Environmental Protection Agency Regional Office.

The AGENCY agrees to include these requirements in each subcontract exceeding \$100,000 financed in whole or in part with Federal assistance money.

ARTICLE 45 SCIENTIFIC RESEARCH AND DEVELOPMENT AND COPYRIGHT AND PATENT RIGHTS

Those solicitations or contracts providing federal funds in support of scientific research and development must comply with the requirements of 37 C.F.R. 401 - Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements, and any implementing regulations issued by the awarding agency.

COUNTY shall be the exclusive owner of any patent rights arising as a result of any discovery or invention that arises or is developed in the course of or under this Agreement. The COUNTY shall hold the copyright to works produced or purchased under this Agreement. FEMA and the Federal Government hold a royalty-free, non-exclusive and irrevocable license to produce, publish, or to otherwise authorize others to use, for Federal Government purposes, copyrighted material that was developed under a Federal award or purchased under a Federal award.

ARTICLE 46 MANDATORY STANDARDS AND POLICIES RELATING TO ENERGY EFFICIENCY

AGENCY is required to comply with mandatory standards and policies related to energy efficiency that are contained in the State energy conservation plan issued in accordance with the 42 U.S.C. 6201 - Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

ARTICLE 47 PROCUREMENT OF RECOVERED MATERIALS

AGENCY is to provide COUNTY with those goods designated by the Environmental Protection Agency (EPA), at 40 C.F.R. 247.1 et seq., that contain the highest percentage of recovered materials practicable while maintaining a satisfactory level of competition for goods valued above \$10,000 or where the value of the goods procured during the preceding fiscal year exceeded \$10,000. Categories of goods with the highest percentage of recovered materials include construction products; landscaping products; miscellaneous products; non-paper office products; paper and paper products; park and recreation products; transportation products; and vehicular products.

ARTICLE 48 PROGRAM FRAUD AND FALSE OR FRAUDULENT OR RELATED ACTS

AGENCY acknowledges that 31 U.S.C. Chapter 38 - Administrative Remedies for False Claims and Statements applies to the AGENCY'S actions pertaining to this Agreement.

ARTICLE 49 FEDERAL CRIMINAL LAW/FALSE STATEMENTS ACT

AGENCY acknowledges that it must comply with 31 U.S.C. § 3729 - The False Statement Act, which sets forth liability for, among other things, any person who knowingly submits a false claim to the Federal Government or causes another to submit a false claim to the government or knowingly makes a false record or statement to get a false claim paid by the government. For example, a false claim could include false billing documentation submitted by the COUNTY received from an agency or subcontractor under the Agreement.

ARTICLE 50 REGULATIONS

The AGENCY shall comply with all federal, state and local laws, ordinances and regulations applicable to the services contemplated herein, to include those applicable to conflict of interest and collusion. The AGENCY is presumed to be familiar with all federal, state and local laws, ordinances, codes and regulations that may in any way affect the services offered, and any other applicable federal requirements now in effect or imposed in the future.

ARTICLE 51 E-VERIFY - EMPLOYMENT ELIGIBILITY

AGENCY warrants and represents that it is in compliance with section 448.095, Florida Statutes, as may be amended, and that it: (1) is registered with the E-Verify System at E-Verify.gov, and uses the E-Verify System to electronically verify the employment eligibility of all newly hired workers; and (2) has verified that all of AGENCY’S subcontractors performing the duties and obligations of this Agreement are registered with the E-Verify System, and use the E-Verify System to electronically verify the employment eligibility of all newly hired workers.

AGENCY shall obtain from each of its subcontractors an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an Unauthorized Alien, as that term is defined in section 448.095(1)(k), Florida Statutes, as may be amended. AGENCY shall maintain a copy of any such affidavit from a subcontractor for, at a minimum, the duration of the subcontract and any extension thereof. This provision shall not supersede any provision of this Agreement that requires a longer retention period.

COUNTY shall terminate this Agreement if it has a good faith belief that AGENCY has knowingly violated section 448.09(1), Florida Statutes, as may be amended. If COUNTY has a good faith belief that AGENCY’S subcontractor has knowingly violated section 448.09(1), Florida Statutes, as may be amended, COUNTY shall notify AGENCY to terminate its contract with the subcontractor and AGENCY shall immediately terminate its Agreement with the subcontractor. If COUNTY terminates this Agreement pursuant to the above, AGENCY shall be barred from being awarded a future contract by COUNTY for a period of one (1) year from the date on which this Agreement was terminated. In the event of such contract termination, AGENCY shall also be liable for any additional costs incurred by COUNTY as a result of the termination.

ARTICLE 52 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN

Pursuant to F.S. 286.101, as may be amended, by entering into this Agreement or performing any work in furtherance thereof, the Agency certifies that it has disclosed any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern where such interest, contract, or grant or gift has a value of \$50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous five (5) years.

ARTICLE 53 HUMAN TRAFFICKING AFFIDAVIT

AGENCY warrants and represents that it does not use coercion for labor or services as defined in section 787.06, Florida Statutes. AGENCY has executed **EXHIBIT H**, Nongovernmental Entity Human Trafficking Affidavit, which is attached hereto and incorporated herein by reference.

ARTICLE 54 COUNTERPARTS

This Agreement, including the exhibits referenced herein, may be executed in one or more counterparts, all of which shall constitute collectively but one and the same Agreement. The COUNTY may execute the Agreement through electronic or manual means.

ARTICLE 55 ENTIRETY OF CONTRACTUAL AGREEMENT

The AGENCY agrees that the scope of work has been developed from the AGENCY'S funding application and that the COUNTY expects performance by the AGENCY in accordance with such application. In the event of a conflict between the application and this Agreement, this Agreement shall control.

The COUNTY and the AGENCY both further agree that this Agreement sets forth the entire Agreement between the parties, and that there are no promises or understandings other than those stated herein.

None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Agreement on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

MICHAEL A. CARUSO
CLERK of the CIRCUIT COURT & COMPTROLLER

PALM BEACH COUNTY, FLORIDA, a Political
Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____
Sara Baxter, Mayor

AGENCY:
Rebel Recovery Florida, Inc.

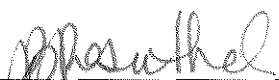
BY:

Signed by:
Nancy McConnell
0672C626405F4BD...

Authorized Signature

Nancy McConnell
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

BY: 

Initial
JBR

Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS
Community Services Department

BY:

DocuSigned by:
Tanuna Mallotra
1458E4101F1048G...

Department Director

EXHIBIT A

FY 2026 SUBRECIPIENT AGREEMENT
SCOPE OF WORK AND SERVICES

Agency Name: Rebel Recovery Florida, Inc.
Program Name: Mobile Unit Purchase for Expanding Syringe Services Programs
Location: Countywide
Funding Priority: Expanding Syringe Exchange Services Program

Overview

The Florida Legislature approved the Infectious Disease Elimination Act (IDEA), as codified in section 381.0038(4), Florida Statutes (2019), authorizing the Board of County Commissioners of Palm Beach County to establish a sterile needle and syringe exchange program. Palm Beach County subsequently adopted the Infectious Disease Elimination Ordinance (Ordinance No. 2019-026, "The Palm Beach County Infectious Disease Elimination Ordinance") with the primary goal of preventing the transmission of HIV, viral hepatitis, and/or other blood-borne diseases among intravenous drug users and their sexual partners and offspring, and with the secondary goal of providing a bridge to drug treatment, recovery support and other social services for intravenous drug users.

Palm Beach County has one approved Syringe Services Program Operator, which is Rebel Recovery Florida, Inc. (Rebel Recovery), an HIV Services and Recovery Community Organization located in West Palm Beach. Rebel Recovery has operated the Countywide Syringe Services Program (SSP), "Florida Access to Syringe and Health Services" (FLASH) Exchange Program since April 1, 2021, as the first and only community-based syringe services program in Florida providing services exclusively through a mobile unit with rotating service locations.

Rebel Recovery also expanded the FLASH Exchange Program's HIV and HCV testing capacity, as well as expanding access to other programs using the mobile unit to provide wound care, enroll new participants in HIV services and provide peer recovery support services.

A. Program Description:

The purchase of a mobile unit will expand the Syringe Services Program (SSP), improving access to services for people who inject drugs and/or have a Substance Use Disorder. The unit will provide onsite counseling, referrals to treatment and recovery support, and infectious disease screening and/or referrals.

Through the Expanding Syringe Services Program (ESSP), participants will also be connected to health care, mental health services, housing assistance, employment and education counseling, and opioid overdose prevention resources. A key goal is to meet residents where they are and provide resources for participants and ensure timely linkage to substance use treatment and recovery supports, ultimately improving health outcomes and reducing the spread of infectious diseases.

B. Priority Population: Palm Beach County Residents who inject drugs and/or have Substance Use Disorder (SUD) and are at risk of other infectious diseases.

C. Service Delivery

The AGENCY shall:

- i. Utilize the one-time funding allocation solely for the purchase of a Mobile Unit to be used in connection with the Syringe Services Program.
- ii. Conduct a cost comparison among multiple vendors prior to purchase, in order to ensure the most cost-effective acquisition and the best return on investment for public funds.
- iii. Provide a copy of the Mobile Unit Price Quote Proposal detailing the Mobile Unit's specifications, upgrades, purpose, timeline, and associated costs with its request for Advance Payment.
- iv. Solely operate the Mobile Unit in Palm Beach County.
- v. Solely be responsible for procuring, owning, operating and maintaining the Mobile Unit.
- vi. Have the title to the Mobile Unit vested with Rebel Recovery, with the County having a reversionary interest in the Mobile Unit, in the event that Rebel Recovery ceases to operate the unit.
- vii. Ensure that adequate insurance coverage for the Mobile Unit is at all times maintained.
- viii. Ensure that the Mobile Unit is used exclusively for the purpose outline in this contract during its standard useful life, which is five (5) years, and thereafter, shall be used to further benefit the prioritized population until final disposition of the Mobile Unit.
- ix. Comply with all applicable Federal, State, and Local laws, rules, and regulations, including but not limited to the Infectious Disease Elimination Act (IDEA), the Florida Statutes, and the Florida Administrative Code, whether now existing or hereafter promulgated. The AGENCY shall also comply with all local laws, ordinances, and regulations concerning zoning, licensing, fire safety, and any other applicable requirements.
- x. Ensure that any physical modifications to the Mobile Unit are made in a manner that allows for the facilitation of program services with adequate privacy for participants.
- xi. Ensure that the Mobile Unit is equipped with secure storage sufficient to safely contain both used syringes and unused syringes while in operation.
- xii. Return to the COUNTY any portion of the allocated funding that remains unused after the procurement of the Mobile Unit.
- xiii. At the end of the useful life of the Mobile Unit and when its fair market value is below \$5,000, it may be disposed or transferred with prior written approval of the COUNTY. Any funds realized from disposition of the Mobile Unit shall be treated as program income and reinvested to provide services to the prioritized population, or remitted to the COUNTY.

D. Deliverables

Rebel Recovery may have up to 50% of the contract amount as an Advance Payment to order the Mobile Unit. A written receipt shall be submitted within ten (10) days of providing the down payment for the Mobile Unit.

Upon delivery, AGENCY shall provide COUNTY with all supporting documents for the purchase of the Mobile Unit within 30 days of securing the vehicle.

EXHIBIT B

FY 2026 SUBRECIPIENT AGREEMENT
UNITS OF SERVICE RATE AND DEFINITION

Agency Name: Rebel Recovery Florida, Inc.
Program Name: Mobile Unit Purchase for Expanding Syringe Services Programs
Service/Subcategory: Expanding Syringe Services Programs/Prevent Overdose Deaths and Other Harms
Funding: Opioid Settlement Funds (Regional Funds)

Description	Units Costs	Total Year 1	Total Contract Amount
Service: Mobile Unit (Actual cost reimbursement)	Actual	\$275,000	\$275,000
Total Contract		\$275,000	\$275,000

The mobile unit expense will be reimbursed at the actual cost listed in the invoice submission. The backup documentation – copies of paid receipts, copies of check(s), invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be required for reimbursement.

FINANCIAL RECONCILIATION STATEMENT

As required by the provisions of the Agreement/Contract between Palm Beach County (“the County”) and Agency Name (“Agency”) **[Contract Number]** effective _____, 202_, for _____[describe subject of Agreement/Contract], attached is a final financial reconciliation of the funds provided by County.

As shown in the attached (mark applicable box):

☐ All funds provided by Palm Beach County were spent in accordance with the provisions of the Agreement/Contract; and total administrative expenses did not exceed five percent (5%)

OR

☐ There were under expenditures in the amount of \$ _____, which pursuant to the Contract/Agreement, will be returned to Palm Beach County by _____ **[date]**; all other funds were spent in accordance with the provisions of the Agreement/Contract.

The undersigned states that he/she is the CFO or other individual dually authorized as stipulated in the contract to sign this type of document. The information attached is a true and accurate representation of the expenditure of Palm Beach County funds under the Agreement/Contract.

Signature

Date

Print Name

CASH FLOW COMMITMENT STATEMENT

As the authorized representative of the applicant agency, I hereby certify that our agency has adequate cash available (or access to a credit line) to cover up to three (3) months cash expenses.

AGENCY NAME

Authorized Representative

Date

Attachments:

- a. Statement of Cash flows
- b. Statement of Activities
- c. Statement of Financial Position



COMMUNITY SERVICES DEPARTMENT
Incident - Notification Form



Agency / Program: _____ Date Incident Occurred: _____

Person Completing Form: _____ Date of Report: _____

Email address (Optional): _____ Phone #: _____

Method of Communication: (Please check the appropriate box)

- ☐ Drop Off
- ☐ Standard Mail
- ☐ Secured Line
- ☐ Certified Mail
- ☐ Encrypted Email

Incidents Reported: (Please check the appropriate box)

- Timeline to notify County – Incidents related to Children should be notified between 2-4 hours.
 - ☐ Client injury/accident requiring medical attention or hospitalization that could pose an Agency liability
 - ☐ Allegation of neglect, physical, mental and sexual abuse of a client by an Agency staff
 - ☐ Incidents that may portray the Agency in a negative manner (service delivery, safety and/or fiscal)
- Timeline to notify County – Incidents related to Adults should be notified between 4-8 hours.
 - ☐ Client injury/ accident requiring medical attention or hospitalization that could pose an Agency liability
 - ☐ Allegation of neglect, physical, mental and sexual abuse of a client by an Agency staff
 - ☐ Incidents that may portray the Agency in a negative manner (service delivery, safety and/or fiscal)
- Timeline to notify County – within 14 business days.
 - ☐ Resignation/Termination of CEO, President, or CFO
 - ☐ Resignation/Termination of key funded staff
 - ☐ Program funded staff vacancy over 90 days
 - ☐ Loss of funding from another Funder that could impact services
 - ☐ Temporary interruption of service delivery (i.e. natural and unnatural disasters)
 - ☐ Other (Issues that impact service delivery to Program clients) Specify (_____)

Summary of incident: (Do not include the name of the client or staff involved in incident)

Will there be an investigation?

- ☐ Yes
- ☐ No
- ☐ N/A

Individual Completing Report: Print Name	Position / Title
Individual Completing Report: Signature	Date

USE OF AND RESTRICTIONS REGARDING THE PREMISES

1. **License for Premises:** In addition to the availability of the room in the buildings mentioned in **Facilities/Office Space** article of this Contract/Agreement and once requested and approved by the DEPARTMENT, the AGENCY shall have the non-exclusive license over, upon and across the Premises, together with the common areas to allow AGENCY access and use of the Premises. The AGENCY shall be entitled to use the Premises without charge. The COUNTY will provide the AGENCY with office furniture and equipment, including a desk, chairs, a file cabinet and a telephone. The AGENCY accepts the Premises in "as is" condition. The AGENCY shall establish procedures with regard to space utilization and permitted uses. Said procedures shall include, but not be limited to, coordination between the COUNTY and the AGENCY of said use. The AGENCY shall, at AGENCY'S sole cost and expense, comply with all regulations of federal, state, county, municipal and other applicable governmental authorities, now in force or which may hereafter be in force, pertaining to the AGENCY or its use of the Premises, and shall faithfully observe in the use of the Premises all municipal and county ordinances and state and federal statutes now in force or which may hereafter be in force.
2. **Additional Uses:** The AGENCY shall not use, permit or suffer the use of the Premises or any other part of the premises for any other business or purpose whatsoever, except as specifically set forth in this Contract/Agreement and this exhibit without the prior written approval of the Director of the COUNTY'S Department of Facilities Development & Operations.
3. **Improvements, Maintenance, Repairs and Utilities:** The COUNTY shall maintain, repair and keep the Premises in good condition and repair at COUNTY'S sole cost and expense; provided however, in the event the AGENCY damages the Premises, COUNTY shall complete the necessary repairs and the AGENCY shall reimburse COUNTY for all expenses incurred by COUNTY in doing so. Furthermore, COUNTY shall provide utilities and janitorial services to the Premises that are necessary for the Premises to be used for general office purposes. In no event shall COUNTY be liable for an interruption or failure in the supply of any utilities to the Premises. No improvements, alterations or additions to the Premises shall be performed by the AGENCY.
4. **Waste and Nuisance:** The AGENCY shall not commit or suffer to be committed any waste or nuisance or other act or thing which may result in damage or depreciation of value of the Premises or which may affect COUNTY'S fee interest in the Premises. The AGENCY shall not store or dispose of any contaminants including, but not limited to, hazardous or toxic substances, chemicals or other agents on the Premises.
5. **COUNTY'S Right to Enter:** COUNTY shall have the right to enter the Premises at any time necessary, without notice, to implement its responsibilities pursuant to this Contract/Agreement and for purposes of inspection of the Premises generally.
6. **Revocation of License:** Notwithstanding anything to the contrary contained in this Contract/Agreement, the rights to use COUNTY property granted to the AGENCY in this Contract/Agreement and this exhibit amount only to a license to use the Premises, which license is expressly revocable by COUNTY for any reason whatsoever upon notice to the AGENCY. Upon AGENCY'S receipt of notice from COUNTY of the revocation of the license granted hereby, the AGENCY shall vacate the Premises within thirty (30) days, whereupon the AGENCY'S rights of use pursuant to this Contract/Agreement and this exhibit shall terminate and COUNTY shall be relieved of all further obligations hereunder accruing subsequent to the date of such termination.

EXHIBIT F

7. **Surrender of Premises:** Upon expiration or earlier termination of the AGENCY'S license to use the Premises, the AGENCY, at its sole cost and expense, shall remove all of its personal property from the Premises and shall surrender the Premises to the COUNTY in at least the same condition the Premises were in as of the date of this Contract/Agreement, reasonable wear and tear excepted.
8. **Indemnity:** To the extent permitted by law, AGENCY shall indemnify, defend and save COUNTY, its agents, officers, and employees harmless from and against any and all claims, actions, damages, liability and expense, whether at trial or appellate level or otherwise, in connection with loss of life, personal injury and/or damage to or destruction of property arising from or out of the occupancy or use by AGENCY of the Premises or any part thereof; or any act, error or omission of AGENCY, its agents, contractors, employees, volunteers or invitees. In case COUNTY shall be made a party to any litigation commenced against AGENCY or by AGENCY against any third party, then AGENCY shall protect and hold COUNTY, its agents, officers, and employees harmless and pay all costs and attorney's fees incurred by COUNTY in connection with such litigation, whether at trial or appellate level or otherwise. This Section shall survive termination or expiration of this Contract/Agreement. Nothing herein shall be construed as a waiver of sovereign immunity or the statutory limits of liability set forth in section 768.28, Florida Statutes.

EXHIBIT G

AGENCY'S PROGRAMMATIC REQUIREMENTS

OPIOID SETTLEMENT FUND (OSF)

Failure to provide the information required by this Article in a timely fashion and in the format required, and to comply with the requirements of this Article will constitute a material breach of this Contract and may result in termination of this Contract.

The AGENCY agrees to specific programmatic requirements, including but not limited to, the following.

1. AGENCY shall maintain separate financial records for Opioid Settlement Fund (OSF) Contracts and account for all receipts and expenditures, including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual service categories, and by administrative and program costs. OSF's cost allocations are to be completed and posted by service category, delineating program and administrative costs, to the general ledger on a monthly basis. The backup documentation, including copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the DEPARTMENT, will be requested as part of desk and/or on-site monitoring on a periodic basis. Allowable administrative expenses shall not exceed five percent (5%) of Opioid Settlement Contract funds and shall be included in the overall budget presented for approval. All administrative costs shall be maintained within individual service categories and shall be accounted for in the detailed general ledger. Monthly submissions are due by the twenty-fifth (25th) day of each month following the month in which services were delivered.
2. AGENCY will ensure that all expenditures shall be in accordance with all Federal, State, and local laws and **EXHIBIT I** (State of Florida Opioid Settlement Agreement).
3. The AGENCY shall submit quarterly **EXHIBIT D - CASH FLOW COMMITMENT STATEMENT**, along with the following financial statements:
 - a. Statement of Cash Flows
 - b. Statement of Activities
 - c. Statement of Financial Position
4. AGENCY shall be registered and have an Active Status with the Florida Department of State, have been incorporated for at least one AGENCY fiscal year, and have provided services for at least six months. If approved for funding, a formal contract shall be executed, and payment will be made by reimbursement of documented expenses and/or pursuant to **EXHIBIT B** or any amendments thereto.
5. AGENCY shall promptly reimburse the COUNTY for any funds that are misused, misspent, unspent, or are for any reason deemed to have been spent on ineligible expenses.
6. AGENCY shall maintain records in accordance with the Public Records Law, Chapter 119, Florida Statutes.
7. AGENCY shall promptly provide data for state and COUNTY mandatory OSF funding reporting requirements.

EXHIBIT G

8. AGENCY shall ensure that no private or confidential data collected, maintained or used during the course of the Contract period or thereafter shall be disseminated, except as authorized by statute.
9. AGENCY shall allow COUNTY, through the DEPARTMENT, to both fiscally and programmatically monitor the AGENCY to assure that its fiscal, programmatic, and conduct, as outlined in **EXHIBIT A**, **EXHIBIT B**, and in this Article are adhered to. All contracted programs/services will be monitored at least yearly and possibly twice-yearly or more as warranted. The DEPARTMENT staff will utilize and review other Funder's licensing or accreditation monitoring results. A copy of all grant audits and monitoring reports by other funding entities are required to be provided to the COUNTY. Services will be monitored against administrative, operational and programmatic standards designed to measure program efficiency and effectiveness. The AGENCY shall maintain business and accounting records detailing the performance of the Contract. Authorized representatives or agents of the COUNTY and/or the DEPARTMENT shall have access to records upon reasonable notice for purposes of review, analysis, inspection and audit.
10. AGENCY shall be monitored by the information within the Contract, **EXHIBIT A**, **EXHIBIT B**, and current monitoring tool.
11. AGENCIES with findings during the monitoring phase shall complete a Partnership Agreement within 30 days outlining who is responsible for ensuring that a finding will be corrected, as well as how and when findings will be resolved.
12. Data Entry:

AGENCY shall provide the DEPARTMENT with participant-level data as requested. AGENCY shall attend data collection and reporting trainings as required by the DEPARTMENT. Data shall be entered for each program into the designated reporting system or, if approved by COUNTY, a spreadsheet that shall be provided monthly to demonstrate that participants are served. Data submitted shall clearly document all participant admissions and discharges under this Contract, as well as all programs, program participants, services, and strategies employed under this Contract, as applicable. Data entered in the designated website reporting system or spreadsheet shall be consistent with the data maintained in the AGENCY'S files. Data entered incorrectly shall be corrected within the timeframe designated by the DEPARTMENT upon discovery of error or notification of error, whichever occurs first. Failure to provide this information in a timely fashion and in the format required is a material breach of this Contract and a basis for termination of this Contract. AGENCY shall enter participant data into the designated data reporting system or spreadsheet within one (1) business day of a participant's activity in the program. Required data for collection shall include gender, veteran status, race-census categories, ethnicity- census categories, date of birth and age, and living arrangement at program entry and exit. Final participant data entry shall be completed by October 15th of each year to ensure compliance with this Contract, as well as to determine AGENCY'S progress in attaining its outcomes as outlined in **EXHIBIT A**.
13. AGENCY agrees to not use or disclose protected health information, defined as individually identifiable health information (IIHI), other than permitted or required by this Contract or as required by law.

EXHIBIT G

14. AGENCY must enter all programmatic data into the DEPARTMENT designated data entry system.
15. Required Data Systems for AGENCIES receiving COUNTY funds in the Behavioral Health Substance Use Disorder Category:

AGENCY agrees to partner in the DEPARTMENT's designated data entry system, to execute the necessary Partner and User Contracts, and to fully comply with the terms and conditions as set forth in the Partner and User Contracts, unless otherwise directed by the DEPARTMENT.

AGENCY shall complete required system training prior to entering data in the identified DEPARTMENT- designated data entry system.

The DEPARTMENT's - designated data entry system and any other data reporting system(s) designated by the COUNTY shall be the source for data collection and for all data used to determine compliance with programmatic contractual requirements. AGENCY shall submit quarterly programmatic outcomes and fiscal utilization reports using the templates provided by the DEPARTMENT. The templates for these reports can be found on the FAA website, located at Community Services - Financially Assisted Agencies FAA Agreement Resources. Quarterly programmatic outcome and utilization reports shall be submitted to the Office of Behavioral Health Substance Use Disorder Grant Compliance Specialist staff directly by no later than 15 days following the end of each quarter (October 15, January 15, April 15, July 15).

16. If AGENCY provides care coordination services, AGENCY shall provide documentation of executed Memorandum of Understanding (MOU) with other behavioral health providers that are required to meet the needs of families within multiple regions across the COUNTY.
17. AGENCY shall comply with applicable county, state and federal certification and/or licensure requirements relevant to services delivered within the service categories.

AGENCY shall adhere to behavioral health and substance use disorders provider service requirements, and maintain good standing with the State of Florida, Department of Children and Families (DCF) licensing requirements for the appropriate level of substance use treatment services, as applicable, for services AGENCY is providing under this Contract.

18. AGENCY shall ensure that subrecipients, if any, adhere to the same licensure standards as if they were a recipient of funding directly.
19. OSF Service Category Requirements for AGENCIES receiving COUNTY-approved opioid settlement funds include but are not limited to:
20. AGENCY shall have clearly written eligibility criteria and processes that include the following:
 - a. Participants must be a resident of Palm Beach County.
 - b. Specific programmatic eligibility requirements as stated in **EXHIBIT A**.
 - c. AGENCY'S applicable policies and procedures and shall be in alignment with

EXHIBIT G

Participant eligibility as described in **EXHIBIT A**.

- d. AGENCY shall access federal, state and entitlement funding when available to ensure the most efficient use of COUNTY funds.
 - e. Services shall take place in Palm Beach County.
21. AGENCY shall adhere to the following guiding principles for all substance use and/or co-occurring disorder services:
- a. AGENCY utilize the designated Resiliency/Recovery Capital Indexing tool (RCI), which shall be administered to young adult and adult populations experiencing substance use and/or co-occurring disorders. In addition, the RCI shall be used once a Participant is stable enough to obtain a valid and reliable baseline score and re-administered every thirty (30) days thereafter.
 - b. AGENCY is required to administer Satisfaction Surveys during program engagement and at program end date. Survey results shall be reported on a rolling quarterly basis concurrent with required quarterly reporting due dates, based on the State fiscal year (October 15, January 15, April 15, July 15).
 - c. AGENCY shall:
 - Employ a person-centered, recovery-oriented delivery of services.
 - Incorporate strength-based individualized planning and use of data to determine effectiveness of services and participant perception of services.
 - Ensure individualized services are based on Participant's needs and expressed priorities and goals.
 - Ensure Participant voice and choice are considered and that services are provided in partnership with participants.
 - Incorporate a holistic approach, inclusive of assessments of individualized needs.
 - Ensure services are provided in a trauma-informed manner and that Participants are provided a "no wrong-door" approach and appropriate warm hand-offs.
 - Ensure consistent implementation and integration into care planning and services utilizing the RCI for young adults and adults with substance use disorder and/or co- occurring disorders.
 - Employ flexibility and data if services are not producing expected outcomes.
 - Use evidence-based, evidence informed and/or promising practices when delivering services.
 - Utilize data to ensure decisions are data-driven and that data are shared across common providers for Participants with appropriate consents and inter-agency data agreements.
 - Ensure "warm hand-offs" are made to transition each individual from a provider or through a referral to an organization that will continue care or facilitate ongoing

care.

22. Disclosure of Incidents:

AGENCY shall inform COUNTY, by telephone and email to the Office of Behavioral Health Substance Use Disorder Grant Compliance Specialist staff designee, of all unusual incidents that involve any Participants within four to eight (4 – 8) hours of the occurrence of the incidents, and follow up with **EXHIBIT E – COMMUNITY SERVICES DEPARTMENT INCIDENT NOTIFICATION FORM** within twenty-four (24) hours of the occurrence of said incident. This includes incidents occurring in or out of the facilities or on approved trips away from the facility. An unusual incident is defined as any alleged, suspected, or actual occurrence of an incident that adversely affects the health and safety of any participant served through the program funded in whole or part through County funds, including OSF funds. All of the incidents require that immediate action is taken to protect Participants from further harm, that an investigation is conducted to determine the cause of the incident and contributing factors, and that a prevention plan is developed to reduce the likelihood of further occurrences. Examples include but are not limited to physical, verbal or sexual abuse.

23. AGENCIES that provide services to, or will be in the vicinity of children, the elderly and other vulnerable adult populations, will have and comply with a policy that requires them to conduct a Level 2 Criminal Background Check prior to employment or volunteering and a rescreen every five (5) years for all volunteers and employees to maintain Level 2 standards. Contact with children, the elderly and other vulnerable adult populations, or confidential records is not permitted until screening is complete and the individual is deemed "Eligible"

24. AGENCY shall have an approved Succession Plan indicating how the AGENCY will communicate to the DEPARTMENT if Key Personnel, staff who are directly linked to the funded program, or Senior Management plans to leave the AGENCY. AGENCY shall provide an action plan and timeline for replacement to the COUNTY to the Office of Behavioral Health Substance Use Disorder Grant Compliance Specialist staff designee for approval annually.

25. AGENCY shall notify COUNTY Office of Behavioral Health Substance Use Disorder Grant Compliance Specialist staff designee through the DEPARTMENT'S Incident Notification Process and follow up with **EXHIBIT E** within five (5) business days of the following:

- a. Resignation/Termination of CEO, President and/or CFO.
- b. Resignation/Termination of Key OSF funded staff.
- c. OSF Funded Staff vacancy position for 90 days or more.
- d. Resignation/Termination of Key program staff, OSF Funded or not, who are providing services directly or indirectly.
- e. Loss of funding from another Funder that could impact service delivery.
- f. New credit lines established with creditors, or any other new debt incurred (including loans taken out on mortgages).
- g. Inability to have three (3) month's cash flow on hand.
- h. Temporary interruption of the delivery of services due to closure, emergency,

EXHIBIT G

natural or unnatural disaster.

- i. Other incidents that may occur unexpectedly and are not covered above.
- 26. AGENCY may provide Key Personnel appropriate training according to their staff qualifications and role, including but not limited to:
 - a. Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs) and Motivational Interviewing (MI) training;
 - b. AGENCY shall ensure staff and Key Leadership Members participate in and understand the reasoning behind incorporating the Resiliency/Recovery Capital Index into the program and that AGENCY engages in training for administering and interpreting data in collaboration with COUNTY’s designated vendor.

AGENCY can obtain a list of training resources on the FAA webpage.

- 27. AGENCY shall provide its By-Laws, as well as a roster of Board of Directors with titles, addresses, and phone numbers, inclusive of non-conflict signed statements.
- 28. AGENCY shall provide its revised budget, as applicable, if there are programmatic changes. This revised budget shall be reviewed, discussed and approved by the DEPARTMENT, Program and Fiscal Staff.
- 29. AGENCY shall submit information regarding available services and related information about Impact Partner and the funded program(s), as requested by 211 Palm Beach/Treasure Coast, Inc. Updated information shall be provided at least annually to 211 Palm Beach/Treasure Coast, Inc.
- 30. AGENCY Engagement

The DEPARTMENT and COUNTY rely on all agencies to help ensure that our community recognizes the importance of the work we do together. Palm Beach County residents should know about the specific work covered in this Contract, and also know about the DEPARTMENT: who it is, its role in funding, how it works, and what they – the taxpayers – are funding.

The names and logos of the AGENCY or program funded under this Contract and the DEPARTMENT and COUNTY are to be displayed in all communications, education and outreach materials. The DEPARTMENT is to be identified as the funder, or one of the funders if there are more than one. The two (2) approved logos are below:



Specific Activities – Mandatory:

To promote independence and enhance the quality of life in Palm Beach County by providing effective and essential services to residents in need.

Specific Activities – Recommended:

EXHIBIT G

- When AGENCY describes the DEPARTMENT in written material (including news releases), use the language provided below and available on the DEPARTMENT'S website <http://discover.pbcgov.org/communityservices/Pages/default.aspx>.
 - Display the DEPARTMENT and COUNTY logo according to the guidelines at <https://discover.pbc.gov/communityservices/PDF/publications/CSD%20LOGO%20Guideline.pdf> on any printed promotional material paid for using the DEPARTMENT and COUNTY funds including stationery, brochures, flyers, posters, etc., describing or referring to a program or service funded by the DEPARTMENT and COUNTY.
 - Identify the DEPARTMENT and COUNTY as a funder in media interviews when possible, and
 - Notify the DEPARTMENT staff of any news release or media interview relating to this Contract or the program funded under this Contract sufficiently in advance (e.g., a minimum of two (2) weeks prior) so the coverage can be promoted using appropriate media channels, and
 - Place signage/LOGO in AGENCY'S main office/lobby and all additional work/service sites visible to the public, identifying the DEPARTMENT and COUNTY as a funder, and
 - Display the DEPARTMENT and COUNTY logo according to this posted guideline <https://discover.pbc.gov/communityservices/PDF/publications/CSD%20LOGO%20Guideline.pdf> on the AGENCY'S website with a hyperlink to the DEPARTMENT and COUNTY website <http://discover.pbcgov.org/communityservices/Pages/default.aspx>, and
 - Display the DEPARTMENT logo on signs and banners at events open to the public (excluding fund-raising events) promoting funded programs that AGENCY sponsors or participates in.
31. In accordance with section 119.0721(2), Florida Statutes, Social Security Numbers (SSN) may be disclosed to another governmental entity or its agents, employees, or contractors, **if disclosure is necessary** for the receiving entity to perform its duties and responsibilities. The receiving governmental entity, and its agents, employees, and contractors shall maintain the confidential and exempt status of such numbers.
32. AGENCY shall be responsible for establishing and maintaining a policy concerning formal cyber security training for all employees that serve Palm Beach County to ensure that the security and confidentiality of data and information systems are protected. The policy and training must be in place within ninety (90) days of the execution of this Contract, and will include, at a minimum:
- A testing component that will test at intervals throughout the year for all employees that serve Palm Beach County, regardless of funding source for their position; and
 - A tracking component so that AGENCY or the County can verify employee compliance. AGENCY shall furnish an Attestation Statement, within ninety (90) days of execution of this Contract, verifying that a cyber security training is in place for all employees that serve Palm Beach County.
33. AGENCY serving eligible participants/households must:
- Check Online System for Community Access to Resources and Social Services

EXHIBIT G

(OSCARSS) when determining eligibility for individuals/households;

- Enroll participant(s)/household(s) into the DEPARTMENT-designated data system, and document all service(s) provided;
- Utilize the Resource and Referral Portal (RRP) in OSCARSS to provide referrals to community-based services such as self-sufficiency services/employment services, etc. as appropriate;
- Accept RRP referrals from Palm Beach County Community Services Department (CSD); and
- Participate in CSD events that will increase collaboration and enhance agency skills to achieve outcomes.

34. STATE AND COUNTY OSF REPORTING REQUIREMENTS

- State and local governments shall follow their existing reporting and records retention requirements along with considering any additional recommendations/requirements from the Opioid Abatement Taskforce or Council.
- State and Local Governments shall ensure that any provider or sub-recipient of Opioid Funds at a minimum does the following:
 - Any provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of Opioid Funds.
 - Any provider shall retain and maintain all participant/client records, financial records, supporting documents, statistical records, and any other document (including electronic storage media) pertinent to the use of the Opioid Funds during the term of its receipt of Opioid Funds and retained for a period of six (6) years after it ceases to receive Opioid Funds or longer when required by law. In the event an audit is required by the State or Local Government, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of any award or contract.
 - At all reasonable times for as long as records are maintained, persons duly authorized by State or Local Government auditors shall be allowed full access to and the right to examine any of the contracts and related records and documents, regardless of the form in which kept.
 - A financial and compliance audit shall be performed annually and provided to the State.
 - All providers shall comply and cooperate immediately with any inspection reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.) or the State.
 - No record may be withheld nor may any provider attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

35. ADDITIONAL OPIOID SETTLEMENT-SPECIFIC REPORTING AND ACCOUNTABILITY.

EXHIBIT G

Agency shall request access from the Florida Department of Children and Families (DCF) to the Opioid Data Management System: DCF-SAMH Office of Opioid Recovery User Access Request Form [app.smartsheet.com]. DCF-SAMH Office of Opioid Recovery User Access Request Form [app.smartsheet.com]

Each Agency staff person needing access should complete the Smartsheet form.

An AGENCY receiving Opioid Settlement funds is required to submit data to the Opioid Data Management System web portal no later than 18th day of each month following service delivery.

This reporting will include the following information:

- Data on demographics
- Number of individuals served
- Services provided
- Diagnoses
- The cost associated with services.

AGENCY shall upload 837 forms into the Opioid Data Management System for client-specific services paid for with Opioid Settlement funds. This form is an electronic file with client specific data used for healthcare claims. AGENCYs who have an electronic health (or medical) record (EHR) system can produce these files and will be able to complete the required fields. AGENCYs without access to 837 file formats will use the CSV file format provided by the Department.

- Report expenditures for the previous fiscal year to the Department of Children and Families (DCF) by no later than August 31st.
- Report to DCF is due by July 1st of each year on how Opioid Funds will be expended in the upcoming fiscal year.
- The State Taskforce or Council will set other data sets that need to be reported to DCF to demonstrate effectiveness of expenditures on Approved Purposes.
- DCF has established a statewide Opioid Implementation and Financial Reporting System ("Florida Opioid Implementation and Financial Reporting System" (FOIFRS) to which providers may request access for the purpose of submitting implementation plans and financial reports.

CONTRACT EXHIBIT

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT
Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Rebel Recovery F1
(CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as
defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true
and correct.

Nancy McConnell
(Signature of Officer or Representative)

Nancy McConnell, CEO
(Printed Name of Officer or Representative)

State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization
this, 10th day of JUNE, 2025, by NANCY DOUTHIT MCCONNELL.

Personally known ☐ OR produced identification ☒.

Type of identification produced FLDL.

Conniesha L. Jones
NOTARY PUBLIC (Signature)
My Commission Expires: JANUARY 23, 2028
State of Florida at large



CONNIESHA L. JONES
Commission # HH 484333
Expires January 23, 2028

(Notary Seal)

EXHIBIT I

**FLORIDA OPIOID ALLOCATION AND
STATEWIDE RESPONSE
AGREEMENT**

BETWEEN

STATE OF FLORIDA DEPARTMENT OF LEGAL AFFAIRS,
OFFICE OF THE ATTORNEY GENERAL

And

CERTAIN LOCAL GOVERNMENTS IN THE STATE OF FLORIDA

This Florida Opioid Allocation and Statewide Response Agreement (the "Agreement") is entered into between the State of Florida ("State") and certain Local Governments ("Local Governments" and the State and Local Governments are jointly referred to as the "Parties" or individually as a "Party"). The Parties agree as follows:

Whereas, the people of the State and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and

Whereas, the State, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, are separately engaged in litigation seeking to hold many of the same Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance as the State; and

Whereas, certain of the Parties have separately sued Pharmaceutical Supply Chain participants for the harm caused to the citizens of both Parties and have collectively negotiated settlements with several Pharmaceutical Supply Chain Participants; and

Whereas, the Parties share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State; and

Whereas, it is the intent of the State and its Local Governments to use the proceeds from any Settlements with Pharmaceutical Supply Chain Participants to increase the amount of funding presently spent on opioid and substance abuse education, treatment, prevention and other related programs and services, such as those identified in Exhibits "A" and "B," and to ensure that the funds are expended in compliance with evolving evidence-based "best practices;" and

Whereas, the State and its Local Governments enter into this Agreement and agree to the allocation and use of the proceeds of any settlement described herein

Wherefore, the Parties each agree to as follows:

EXHIBIT I

A. Definitions

As used in this Agreement:

1. "Approved Purpose(s)" shall mean forward-looking strategies, programming and services used to expand the availability of treatment for individuals impacted by substance use disorders, to: (a) develop, promote, and provide evidence-based substance use prevention strategies; (b) provide substance use avoidance and awareness education; (c) decrease the oversupply of licit and illicit opioids; and (d) support recovery from addiction. Approved Purposes shall include, but are not limited to, the opioid abatement strategies listed in Exhibits "A" and "B" which are incorporated herein by reference.
2. "Local Governments" shall mean all counties, cities, towns and villages located within the geographic boundaries of the State.
3. "Managing Entities" shall mean the corporations selected by and under contract with the Florida Department of Children and Families or its successor ("DCF") to manage the daily operational delivery of behavioral health services through a coordinated system of care. The singular "Managing Entity" shall refer to a singular of the Managing Entities.
4. "County" shall mean a political subdivision of the state established pursuant to s. 1, Art. VIII of the State Constitution.
5. "Dependent Special District" shall mean a Special District meeting the requirements of Florida Statutes § 189.012(2).
6. "Municipalities" shall mean cities, towns, or villages located in a County within the State that either have: (a) a Population greater than 10,000 individuals; or (b) a Population equal to or less than 10,000 individuals and that has either (i) filed a lawsuit against one or more Pharmaceutical Supply Chain Participants; or (ii) executes a release in connection with a settlement with a Pharmaceutical Supply Chain participant. The singular "Municipality" shall refer to a singular city, town, or village within the definition of Municipalities.
7. "Negotiating Committee" shall mean a three-member group comprised by representatives of the following: (1) the State; and (2) two representatives of Local Governments of which one representative will be from a Municipality and one shall be from a County (collectively, "Members") within the State. The State shall be represented by the Attorney General or her designee.
8. "Negotiation Class Metrics" shall mean those county and city settlement allocations which come from the official website of the Negotiation Class of counties and cities certified on September 11, 2019 by the U.S. District for the Northern District of Ohio in *In re National Prescription Opiate Litigation*, MDL No. 2804 (N.D. Ohio). The website is located at <https://allocationmap.iclaimsonline.com>.
9. "Opioid Funds" shall mean monetary amounts obtained through a Settlement.

EXHIBIT I

10. “Opioid Related” shall have the same meaning and breadth as in the agreed Opioid Abatement Strategies attached hereto as Exhibits “A” or “B.”

11. “Parties” shall mean the State and Local Governments that execute this Agreement. The singular word “Party” shall mean either the State or Local Governments that executed this Agreement.

12. “PEC” shall mean the Plaintiffs’ Executive Committee of the National Prescription Opiate Multidistrict Litigation pending in the United States District Court for the Northern District of Ohio.

13. “Pharmaceutical Supply Chain” shall mean the entities, processes, and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.

14. “Pharmaceutical Supply Chain Participant” shall mean any entity that engages in, or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic.

15. “Population” shall refer to published U.S. Census Bureau population estimates as of July 1, 2019, released March 2020, and shall remain unchanged during the term of this Agreement. These estimates can currently be found at <https://www.census.gov>. *For purposes of Population under the definition of Qualified County, a County’s population shall be the greater of its population as of the July 1, 2019, estimates or its actual population, according to the official U.S. Census Bureau count, which was released by the U.S. Census Bureau in August 2021.*

16. “Qualified County” shall mean a charter or non-chartered County that has a Population of at least 300,000 individuals and: (a) has an opioid taskforce or other similar board, commission, council, or entity (including some existing sub-unit of a County’s government responsible for substance abuse prevention, treatment, and/or recovery) of which it is a member or it operates in connection with its municipalities or others on a local or regional basis; (b) has an abatement plan that has been either adopted or is being utilized to respond to the opioid epidemic; (c) is, as of December 31, 2021, either providing or is contracting with others to provide substance abuse prevention, recovery, and/or treatment services to its citizens; and (d) has or enters into an interlocal agreement with a majority of Municipalities (Majority is more than 50% of the Municipalities’ total Population) related to the expenditure of Opioid Funds. The Opioid Funds to be paid to a Qualified County will only include Opioid Funds for Municipalities whose claims are released by the Municipality or Opioid Funds for Municipalities whose claims are otherwise barred. For avoidance of doubt, the word “operate” in connection with opioid task force means to do at least one of the following activities: (1) gathers data about the nature, extent, and problems being faced in communities within that County; (2) receives and reports recommendations from other government and private entities about activities that should be undertaken to abate the opioid epidemic to a County; and/or (3) makes recommendations to a County and other public and private leaders about steps, actions, or plans that should be undertaken to abate the opioid epidemic. For avoidance of doubt, the Population calculation required by subsection (d) does not include Population in unincorporated areas.

EXHIBIT I

17. "SAMHSA" shall mean the U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration.

18. "Settlement" shall mean the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and Local Governments or a settlement class as described in (B)(1) below.

19. "State" shall mean the State of Florida.

B. Terms

1. **Only Abatement** - Other than funds used for the Administrative Costs and Expense Fund as hereinafter described or to pay obligations to the United States arising out of Medicaid or other federal programs, all Opioid Funds shall be utilized for Approved Purposes. In order to accomplish this purpose, the State will either: (a) file a new action with Local Governments as Parties; or (b) add Local Governments to its existing action, sever any settling defendants. In either type of action, the State will seek entry of a consent judgment, consent order or other order binding judgment binding both the State and Local Governments to utilize Opioid Funds for Approved Purposes ("Order") from the Circuit Court of the Sixth Judicial Circuit in and for Pasco County, West Pasco Division New Port Richey, Florida (the "Court"), except as herein provided. The Order may be part of a class action settlement or similar device. The Order shall provide for continuing jurisdiction by the Court to address non-performance by any party under the Order.

2. **Avoid Claw Back and Recoupment** - Both the State and Local Governments wish to maximize any Settlement and Opioid Funds. In addition to committing to only using funds for the Expense Funds, Administrative Costs and Approved Purposes, both Parties will agree to utilize a percentage of funds for the Core Strategies highlighted in Exhibit A. Exhibit A contains the programs and strategies prioritized by the U.S. Department of Justice and/or the U.S. Department of Health & Human Services ("Core Strategies"). The State is trying to obtain the United States' agreement to limit or reduce the United States' ability to recover or recoup monies from the State and Local Government in exchange for prioritization of funds to certain projects. If no agreement is reached with the United States, then there will be no requirement that a percentage be utilized for Core Strategies.

3. **No Benefit Unless Fully Participating** - Any Local Government that objects to or refuses to be included under the Order or refuses or fails to execute any of documents necessary to effectuate a Settlement shall not receive, directly or indirectly, any Opioid Funds and its portion of Opioid Funds shall be distributed to, and for the benefit of, the Local Governments. Funds that were a for a Municipality that does not join a Settlement will be distributed to the County where that Municipality is located. Funds that were for a County that does not join a Settlement will be distributed pro rata to Counties that join a Settlement. For avoidance of doubt, if a Local Government initially refuses to be included in or execute the documents necessary to effectuate a Settlement and subsequently effectuates such documents necessary to join a Settlement, then that Local Government will only lose those payments made under a Settlement while that Local Government was not a part of the Settlement. If a Local Government participates in a Settlement, that Local Government is thereby releasing the claims of its Dependent Special District claims, if any.

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4. **Distribution Scheme** – If a Settlement has a National Settlement Administrator or similar entity, all Opioids Funds will initially go to the Administrator to be distributed. If a Settlement does not have a National Settlement Administrator or similar entity, all Opioid Funds will initially go to the State, and then be distributed by the State as they are received from the Defendants according to the following distribution scheme. The Opioid Funds will be divided into three funds after deducting any costs of the Expense Fund detailed below. Funds due the federal government, if any, pursuant to Section B-2, will be subtracted from only the State and Regional Funds below:

(a) **City/County Fund**- The city/county fund will receive 15% of all Opioid Funds to directly benefit all Counties and Municipalities. The amounts to be distributed to each County and Municipality shall be determined by the Negotiation Class Metrics or other metrics agreed upon, in writing, by a County and a Municipality, which are attached to this Agreement as Exhibit "C." In the event that a Municipality has a Population less than 10,000 people and it does not execute a release or otherwise join a Settlement that Municipalities share under the Negotiation Class Metrics shall be reallocated to the County where that Municipality is located.

(b) **Regional Fund**- The regional fund will be subdivided into two parts.

(i) The State will annually calculate the share of each County within the State of the regional fund utilizing the sliding scale in paragraph 5 of the Agreement, and according to the Negotiation Class Metrics.

(ii) For Qualified Counties, the Qualified County's share will be paid to the Qualified County and expended on Approved Purposes, including the Core Strategies identified in Exhibit A, if applicable.

(iii) For all other Counties, the State will appropriate the regional share for each County and pay that share through DCF to the Managing Entities providing service for that County. The Managing Entities will be required to expend the monies on Approved Purposes, including the Core Strategies as directed by the Opioid Abatement Task Force or Council. The Managing Entities shall expend monies from this Regional Fund on services for the Counties within the State that are non-Qualified Counties and to ensure that there are services in every County. To the greatest extent practicable, the Managing Entities shall endeavor to expend monies in each County or for citizens of a County in the amount of the share that a County would have received if it were a Qualified County.

(c) **State Fund** - The remainder of Opioid Funds will be expended by the State on Approved Purposes, including the provisions related to Core Strategies, if applicable.

(d) To the extent that Opioid Funds are not appropriated and expended in a year by the State, the State shall identify the investments where settlement funds will be deposited. Any gains, profits, or interest accrued from the deposit of the Opioid Funds to the extent that any funds are not appropriated and expended within a calendar year, shall be the sole property of the Party that was entitled to the initial amount.

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(e) To the extent a County or Municipality wishes to pool, comingle, or otherwise transfer its share, in whole or part, of Opioid Funds to another County or Municipality, the comingling Municipalities may do so by written agreement. The comingling Municipalities shall provide a copy of that agreement to the State and any settlement administrator to ensure that monies are directed consistent with such agreement. The County or Municipality receiving any such Opioid Funds shall assume the responsibility for reporting how such Opioid Funds were utilized under this Agreement.

5. **Regional Fund Sliding Scale-** The Regional Fund shall be calculated by utilizing the following sliding scale of the Opioid Funds available in any year after deduction of Expenses and any funds due the federal government:

- A. Years 1-6: 40%
- B. Years 7-9: 35%
- C. Years 10-12: 34%
- D. Years 13-15: 33%
- E. Years 16-18: 30%

6. **Opioid Abatement Taskforce or Council -** The State will create an Opioid Abatement Taskforce or Council (sometimes hereinafter "Taskforce" or "Council") to advise the Governor, the Legislature, DCF, and Local Governments on the priorities that should be addressed by expenditure of Opioid Funds and to review how monies have been spent and the results that have been achieved with Opioid Funds.

(a) Size - The Taskforce or Council shall have ten Members equally balanced between the State and the Local Government representatives.

(b) Appointments Local Governments - Two Municipality representatives will be appointed by or through Florida League of Cities. Two county representatives, one from a Qualified County and one from a county within the State that is not a Qualified County, will be appointed by or through the Florida Association of Counties. The final representative will alternate every two years between being a county representative (appointed by or through Florida Association of Counties) or a Municipality representative (appointed by or through the Florida League of Cities). One Municipality representative must be from a city of less than 50,000 people. One county representative must be from a county of less than 200,000 people and the other county representative must be from a county whose population exceeds 200,000 people.

(c) Appointments State-

- (i) The Governor shall appoint two Members.
- (ii) The Speaker of the House shall appoint one Member.

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(iii) The Senate President shall appoint one Member.

(iv) The Attorney General or her designee shall be a Member.

(d) Chair - The Attorney General or designee shall be the chair of the Taskforce or Council.

(e) Term - Members will be appointed to serve a four-year term and shall be staggered to comply with Florida Statutes § 20.052(4)(c).

(f) Support - DCF shall support the Taskforce or Council and the Taskforce or Council shall be administratively housed in DCF.

(g) Meetings - The Taskforce or Council shall meet quarterly in person or virtually using communications media technology as defined in section 120.54(5)(b)(2), Florida Statutes.

(h) Reporting - The Taskforce or Council shall provide and publish a report annually no later than November 30th or the first business day after November 30th, if November 30th falls on a weekend or is otherwise not a business day. The report shall contain information on how monies were spent the previous fiscal year by the State, each of the Qualified Counties, each of the Managing Entities, and each of the Local Governments. It shall also contain recommendations to the Governor, the Legislature, and Local Governments for priorities among the Approved Purposes or similar such uses for how monies should be spent the coming fiscal year to respond to the opioid epidemic. Prior to July 1st of each year, the State and each of the Local Governments shall provide information to DCF about how they intend to expend Opioid Funds in the upcoming fiscal year.

(i) Accountability - The State and each of the Local Governments shall report its expenditures to DCF no later than August 31st for the previous fiscal year. The Taskforce or Council will set other data sets that need to be reported to DCF to demonstrate the effectiveness of expenditures on Approved Purposes. In setting those requirements, the Taskforce or Council shall consider the Reporting Templates, Deliverables, Performance Measures, and other already utilized and existing templates and forms required by DCF from Managing Entities and suggest that similar requirements be utilized by all Parties to this Agreement.

(j) Conflict of Interest - All Members shall adhere to the rules, regulations and laws of Florida including, but not limited to, Florida Statute §112.311, concerning the disclosure of conflicts of interest and recusal from discussions or votes on conflicted matters.

7. **Administrative Costs**- The State may take no more than a 5% administrative fee from the State Fund and any Regional Fund that it administers for counties that are not Qualified Counties. Each Qualified County may take no more than a 5% administrative fee from its share of the Regional Funds. Municipalities and Counties may take no more than a 5% administrative fee from any funds that they receive or control from the City/County Fund.

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8. **Negotiation of Non-Multistate Settlements** - If the State begins negotiations with a Pharmaceutical Supply Chain Participant that is separate and apart from a multi-state negotiation, the State shall include Local Governments that are a part of the Negotiating Committee in such negotiations. No Settlement shall be recommended or accepted without the affirmative votes of both the State and Local Government representatives of the Negotiating Committee.

9. **Negotiation of Multistate or Local Government Settlements** - To the extent practicable and allowed by other parties to a negotiation, both Parties agree to communicate with members of the Negotiation Committee regarding the terms of any other Pharmaceutical Supply Chain Participant Settlement.

10. **Program Requirements**- DCF and Local Governments desire to make the most efficient and effective use of the Opioid Funds. DCF and Local Governments will work to achieve that goal by ensuring the following requirements will be minimally met by any governmental entity or provider providing services pursuant to a contract or grant of Opioid Funds:

a. In either performing services under this Agreement or contracting with a provider to provide services with the Opioid Funds under this Agreement, the State and Local Governments shall be aware of and comply with all State and Federal laws, rules, Children and Families Operating Procedures (CFOPs), and similar regulations relating to the substance abuse and treatment services.

b. The State and Local Governments shall have and follow their existing policies and practices for accounting and auditing, including policies relating to whistleblowers and avoiding fraud, waste, and abuse. The State and Local Governments shall consider additional policies and practices recommended by the Opioid Abatement Taskforce or Council. c. In any award or grant to any provider, State and Local Governments shall ensure that each provider acknowledges its awareness of its obligations under law and shall audit, supervise, or review each provider's performance routinely, at least once every year.

d. In contracting with a provider, the State and Local Governments shall set performance measures in writing for a provider.

e. The State and Local Governments shall receive and report expenditures, service utilization data, demographic information, and national outcome measures in a similar fashion as required by the 42.U.S.C. s. 300x and 42 U.S.C. s. 300x-21.

f. The State and Local Governments, that implement evidenced based practice models will participate in fidelity monitoring as prescribed and completed by the originator of the model chosen..

g. The State and Local Governments shall ensure that each year, an evaluation of the procedures and activities undertaken to comply with the requirements of this Agreement are completed.

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h. The State and Local Governments shall implement a monitoring process that will demonstrate oversight and corrective action in the case of non-compliance, for all providers that receive Opioid Funds. Monitoring shall include:

- (i) Oversight of the any contractual or grant requirements;**
- (ii) Develop and utilize standardized monitoring tools;**
- (iii) Provide DCF and the Opioid Abatement Taskforce or Council with access to the monitoring reports; and**
- (iv) Develop and utilize the monitoring reports to create corrective action plans for providers, where necessary.**

11. Reporting and Records Requirements- The State and Local Governments shall follow their existing reporting and records retention requirements along with considering any additional recommendations from the Opioid Abatement Taskforce or Council. Local Governments shall respond and provide documents to any reasonable requests from the State or Opioid Abatement Taskforce or Council for data or information about programs receiving Opioid Funds. The State and Local Governments shall ensure that any provider or sub-recipient of Opioid Funds at a minimum does the following:

(a) Any provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of Opioid Funds. Upon demand, at no additional cost to the State or Local Government, any provider will facilitate the duplication and transfer of any records or documents during the term that it receives any Opioid Funds and the required retention period for the State or Local Government. These records shall be made available at all reasonable times for inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by the State or Local Government.

(b) Any provider shall retain and maintain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the use of the Opioid Funds during the term of its receipt of Opioid Funds and retained for a period of six (6) years after its ceases to receives Opioid Funds or longer when required by law. In the event an audit is required by the State of Local Governments, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of any award or contract.

(c) At all reasonable times for as long as records are maintained, persons duly authorized by State or Local Government auditors shall be allowed full access to and the right to examine any of the contracts and related records and documents, regardless of the form in which kept.

(d) A financial and compliance audit shall be performed annually and provided to the State.

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(e) All providers shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.) or the State.

(f) No record may be withheld nor may any provider attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

12. **Expense Fund** - The Parties agree that in any negotiation every effort shall be made to cause Pharmaceutical Supply Chain Participants to pay costs of litigation, including attorneys' fees, in addition to any agreed to Opioid Funds in the Settlement. To the extent that a fund sufficient to pay the full contingent fees of Local Governments is not created as part of a Settlement by a Pharmaceutical Supply Chain Participant, the Parties agree that an additional expense fund for attorneys who represent Local Governments (herein "Expense Fund") shall be created out of the City/County fund for the purpose of paying the hard costs of a litigating Local Government and then paying attorneys' fees.

(a) The Source of Funds for the Expense Fund- Money for the Expense Fund shall be sourced exclusively from the City/County Fund.

(b) The Amount of the Expense Fund- The State recognizes the value litigating Local Governments bring to the State in connection with the Settlement because their participation increases the amount of Incentive Payments due from each Pharmaceutical Supply Chain Participant. In recognition of that value, the amount of funds that shall be deposited into the Expense Fund shall be contingent upon on the percentage of litigating Local Government participation in the Settlement, according to the following table:

Litigating Local Government Participation in the Settlement (by percentage of the population)	Amount that shall be paid into the Expense Fund from (and as a percentage of) the City/County fund
96 to 100%	10%
91 to 95%	7.5%
86 to 90%	5%
85%	2.5%
Less than 85%	0%

If fewer than 85% percent of the litigating Local Governments (by population) participate, then the Expense Fund shall not be funded, and this Section of the Agreement shall be null and void.

(c) The Timing of Payments into the Expense Fund- Although the amount of the Expense Fund shall be calculated based on the entirety of payments due to the City/County fund over a ten-to-eighteen-year period, the Expense Fund shall be funded entirely from payments made by Pharmaceutical Supply Chain Participants during the first two payments of the Settlement. Accordingly, to offset the amounts being paid from the

EXHIBIT I

City/County Fund to the Expense Fund in the first two years, Counties or Municipalities may borrow from the Regional Fund during the first two years and pay the borrowed amounts back to the Regional Fund during years three, four, and five.

For the avoidance of doubt, the following provides an illustrative example regarding the calculation of payments and amounts that may be borrowed under the terms of this MOU, consistent with the provisions of this Section:

Opioid Funds due to State of Florida and Local Governments (over 10 to 18 years):	\$1,000
Litigating Local Government Participation:	100%
City/County Fund (over 10 to 18 years):	\$150
Expense Fund (paid over 2 years):	\$15
Amount Paid to Expense Fund in 1st year:	\$7.5
Amount Paid to Expense Fund in 2nd year:	\$7.5
Amount that may be borrowed from Regional Fund in 1st year:	\$7.5
Amount that may be borrowed from Regional Fund in 2nd year:	\$7.5
Amount that must be paid back to Regional Fund in 3rd year:	\$5
Amount that must be paid back to Regional Fund in 4th year:	\$5
Amount that must be paid back to Regional Fund in 5th year:	\$5

(d) Creation of and Jurisdiction over the Expense Fund- The Expense Fund shall be established, consistent with the provisions of this Section of the Agreement, by order of the Court. The Court shall have jurisdiction over the Expense Fund, including authority to allocate and disburse amounts from the Expense Fund and to resolve any disputes concerning the Expense Fund.

(e) Allocation of Payments to Counsel from the Expense Fund- As part of the order establishing the Expense Fund, counsel for the litigating Local Governments shall seek to have the Court appoint a third-neutral to serve as a special master for purposes of allocating the Expense Fund. Within 30 days of entry of the order appointing a special master for the Expense Fund, any counsel who intend to seek an award from the Expense Fund shall provide the copies of their contingency fee contracts to the special master. The special master shall then build a mathematical model, which shall be based on each litigating Local Government's share under the Negotiation Class Metrics and the rate set forth in their contingency contracts, to calculate a proposed award for each litigating Local Government who timely provided a copy of its contingency contract.

13. **Dispute resolution-** Any one or more of the Local Governments or the State may object to an allocation or expenditure of Opioid Funds solely on the basis that the allocation or expenditure at issue (a) is inconsistent with the Approved Purposes; (b) is inconsistent with the distribution scheme as provided in paragraph.; (c) violates the limitations set forth herein with respect to administrative costs or the Expense Fund; or (d) to recover amounts advanced from the Regional Fund for the Expense Fund. There shall be no other basis for bringing an objection to the approval of an allocation or expenditure of Opioid Funds. In the event that there is a National Settlement Administrator or similar entity, the Local Governments sole action for non-payment of

EXHIBIT I

amounts due from the City/County Fund shall be against the particular settling defendant and/or the National Settlement Administrator or similar entity.

C. Other Terms and Conditions

1. **Governing Law and Venue:** This Agreement will be governed by the laws of the State of Florida. Any and all litigation arising under the Agreement, unless otherwise specified in this Agreement, will be instituted in either: (a) the Court that enters the Order if the matter deals with a matter covered by the Order and the Court retains jurisdiction; or (b) the appropriate State court in Leon County, Florida.

2. **Agreement Management and Notification:** The Parties have identified the following individuals as Agreement Managers and Administrators:

a. State of Florida Agreement Manager:

Greg Slempe

PL-01, The Capitol, Tallahassee, FL 32399

850-414-3300

Greg.slempe@myfloridalegal.com

b. State of Florida Agreement Administrator

Janna Barineau

PL-01, The Capitol, Tallahassee, FL 32399

850-414-3300

Janna.barineau@myfloridalegal.com

c. Local Governments Agreement Managers and Administrators are listed on Exhibit C to this Agreement.

Changes to either the Managers or Administrators may be made by notifying the other Party in writing, without formal amendment to this Agreement.

3. **Notices.** All notices required under the Agreement will be delivered by certified mail, return receipt requested, by reputable air courier, or by personal delivery to the designee identified in paragraphs C.2., above. Either designated recipient may notify the other, in writing, if someone else is designated to receive notice.

4. **Cooperation with Inspector General:** Pursuant to section 20.055, Florida Statutes, the Parties, understand and will comply with their duty to cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing.

EXHIBIT I

5. **Public Records:** The Parties will keep and maintain public records pursuant to Chapter 119, Florida Statutes and will comply with all applicable provisions of that Chapter.

6. **Modification:** This Agreement may only be modified by a written amendment between the appropriate parties. No promises or agreements made subsequent to the execution of this Agreement shall be binding unless express, reduced to writing, and signed by the Parties.

7. **Execution in Counterparts:** This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

8. **Assignment:** The rights granted in this Agreement may not be assigned or transferred by any party without the prior written approval of the other party. No party shall be permitted to delegate its responsibilities or obligations under this Agreement without the prior written approval of the other parties.

9. **Additional Documents:** The Parties agree to cooperate fully and execute any and all supplementary documents and to take all additional actions which may be reasonably necessary or appropriate to give full force and effect to the basic terms and intent of this Agreement.

10. **Captions:** The captions contained in this Agreement are for convenience only and shall in no way define, limit, extend or describe the scope of this Agreement or any part of it.

11. **Entire Agreement:** This Agreement, including any attachments, embodies the entire agreement of the parties. There are no other provisions, terms, conditions, or obligations. This Agreement supersedes all previous oral or written communications, representations or agreements on this subject.

12. **Construction:** The parties hereto hereby mutually acknowledge and represent that they have been fully advised by their respective legal counsel of their rights and responsibilities under this Agreement, that they have read, know, and understand completely the contents hereof, and that they have voluntarily executed the same. The parties hereto further hereby mutually acknowledge that they have had input into the drafting of this Agreement and that, accordingly, in any construction to be made of this Agreement, it shall not be construed for or against any party, but rather shall be given a fair and reasonable interpretation, based on the plain language of the Agreement and the expressed intent of the parties.

13. **Capacity to Execute Agreement:** The parties hereto hereby represent and warrant that the individuals signing this Agreement on their behalf are duly authorized and fully competent to do so.

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14. **Effectiveness:** This Agreement shall become effective on the date on which the last required signature is affixed to this Agreement.

IN WITNESS THEREOF, the parties hereto have caused the Agreement to be executed by their undersigned officials as duly authorized.

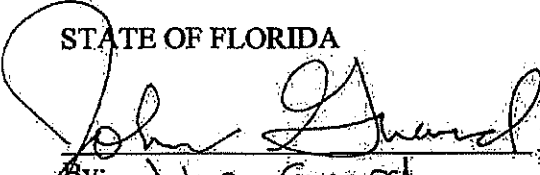
STATE OF FLORIDA

By: John Gward DATED 11/15/2021
Its: Chief Deputy Attorney General

EXHIBIT A

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Schedule A

Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“Core Strategies”)[, such that a minimum of __% of the [aggregate] state-level abatement distributions shall be spent on [one or more of] them annually].¹

A. Naloxone or other FDA-approved drug to reverse opioid overdoses

- 1. Expand training for first responders, schools, community support groups and families; and
- 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. Medication-Assisted Treatment (“MAT”) Distribution and other opioid-related treatment

- 1. Increase distribution of MAT to non-Medicaid eligible or uninsured individuals;
- 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
- 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
- 4. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.

C. Pregnant & Postpartum Women

- 1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
- 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
- 3. Provide comprehensive wrap-around services to individuals with Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare.

D. Expanding Treatment for Neonatal Abstinence Syndrome

- 1. Expand comprehensive evidence-based and recovery support for NAS babies;
- 2. Expand services for better continuum of care with infant-need dyad; and
- 3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

¹ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

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E. Expansion of Warm Hand-off Programs and Recovery Services

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions. ;
4. Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. Treatment for Incarcerated Population

1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. Prevention Programs

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools.;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. Expanding Syringe Service Programs

1. Provide comprehensive syringe services programs with more wrap-around services including linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.
- I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the State.

EXHIBIT B

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Schedule B
Approved Uses

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:²

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training,

² As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Term Sheet.

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scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. [Intentionally Blank – to be cleaned up later for numbering]

13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for or recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services

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for persons with OUD and any co-occurring SUD/MH conditions.

- 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
- 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- 11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
- 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
- 13. Create or support culturally appropriate services and programs for persons with OUD and any co- occurring SUD/MH conditions, including new Americans.
- 14. Create and/or support recovery high schools.
- 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have – or at risk of developing – OUD and any co- occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

- 1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
- 2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
- 3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
- 4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
- 5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

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- 6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
- 7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically-appropriate follow-up care through a bridge clinic or similar approach.
- 8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
- 9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid- related adverse event.
- 10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
- 11. Expand warm hand-off services to transition to recovery services.
- 12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
- 13. Develop and support best practices on addressing OUD in the workplace.
- 14. Support assistance programs for health care providers with OUD.
- 15. Engage non-profits and the faith community as a system to support outreach for treatment.
- 16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

- 1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

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- b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or

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strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
10. Support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

EXHIBIT I

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence- informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Fund community anti-drug coalitions that engage in drug prevention efforts.

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- 6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
- 7. Engage non-profits and faith-based communities as systems to support prevention.
- 8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- 9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
- 10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
- 11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
- 12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence- based or evidence-informed programs or strategies that may include, but are not limited to, the following:

- 1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
- 2. Public health entities provide free naloxone to anyone in the community
- 3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
- 4. Enable school nurses and other school staff to respond to opioid overdoses, and

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provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in sections C, D, and H relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local, or community regional planning to identify root causes

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of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

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5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

EXHIBIT C

County	Allocated Subdivisions	Regional % by County for Abatement Fund	City/County Fund %
Alachua		1.241060164449%	
	Alachua County		0.821689546303%
	Alachua		0.013113332457%
	Archer		0.000219705515%
	Gainesville		0.381597611347%
	Hawthorne		0.000270546460%
	High Springs		0.011987568663%
	La Crosse		0.000975056706%
	Micanopy		0.002113530737%
	Newberry		0.006102729215%
	Waldo		0.002988721299%
Baker		0.193173804130%	
	Baker County		0.169449240037%
	Glen St. Mary		0.000096234647%
	Macclenny		0.023628329446%
Bay		0.839656373312%	
	Bay County		0.508772605155%
	Callaway		0.024953825527%
	Lynn Haven		0.039205632015%
	Mexico Beach		0.005614292988%
	Panama City		0.155153855596%
	Panama City Beach		0.080897023117%
	Parker		0.008704696178%
	Springfield		0.016354442736%
Bradford		0.189484204081%	
	Bradford County		0.151424309090%
	Brooker		0.000424885045%
	Hampton		0.002839829959%
	Lawtey		0.003400896108%
	Starke		0.031392468132%
Brevard		3.878799180444%	
	Brevard County		2.323022668525%
	Cape Canaveral		0.045560750209%

	Cocoa		0.149245411423%
	Cocoa Beach		0.084363286155%
	Grant-Valkaria		0.000321387406%
	Indialantic		0.024136738902%
	Indian Harbour Beach		0.021089913665%
	Malabar		0.002505732317%
	Melbourne		0.383104682233%
	Melbourne Beach		0.012091066302%
	Melbourne Village		0.003782203200%
	Palm Bay		0.404817397481%
	Palm Shores		0.000127102364%
	Rockledge		0.096603243798%
	Satellite Beach		0.035975416224%
	Titusville		0.240056418924%
	West Melbourne		0.051997577066%
Broward		9.057962672578%	
	Broward County		3.966403576878%
	Coconut Creek		0.101131719448%
	Cooper City		0.073935445073%
	Coral Springs		0.323406517664%
	Dania Beach		0.017807041180%
	Davie		0.26692227153%
	Deerfield Beach		0.202423224725%
	Fort Lauderdale		0.830581264531%
	Hallandale Beach		0.154950491814%
	Hillsboro Beach		0.012407006463%
	Hollywood		0.520164608456%
	Lauderdale-By-The-Sea		0.022807611325%
	Lauderdale Lakes		0.062625150435%
	Lauderhill		0.144382838130%
	Lazy Lake		0.000021788977%
	Lighthouse Point		0.029131861803%
	Margate		0.143683775129%
	Miramar		0.279280208419%
	North Lauderdale		0.066069624496%

	Oakland Park		0.100430840699%
	Ocean Breeze		0.005381877237%
	Parkland		0.045804060448%
	Pembroke Park		0.024597938908%
	Pembroke Pines		0.462832363603%
	Plantation		0.213918725664%
	Pompano Beach		0.335472163493%
	Sea Ranch Lakes		0.005024174870%
	Southwest Ranches		0.025979723178%
	Sunrise		0.286071106146%
	Tamarac		0.134492458472%
	Weston		0.138637811283%
	West Park		0.029553115352%
	Wilton Manors		0.031630331127%
Calhoun		0.047127740781%	
	Calhoun County		0.038866087128%
	Altha		0.000366781107%
	Blountstown		0.007896688293%
Charlotte		0.737346233376%	
	Charlotte County		0.690225755587%
	Punta Gorda		0.047120477789%
Citrus		0.969645776606%	
	Citrus County		0.929715661117%
	Crystal River		0.021928789266%
	Inverness		0.018001326222%
Clay		1.193429461456%	
	Clay County		1.055764891131%
	Green Cove Springs		0.057762577142%
	Keystone Heights		0.000753535443%
	Orange Park		0.078589207339%
	Penney Farms		0.000561066149%
Collier		1.551333376427%	
	Collier County		1.354673336030%
	Everglades		0.000148891341%
	Marco Island		0.062094952003%

	Naples		0.134416197054%
Columbia		0.446781150792%	
	Columbia County		0.341887201373%
	Fort White		0.000236047247%
	Lake City		0.104659717920%
DeSoto		0.113640407802%	
	DeSoto County		0.096884684746%
	Arcadia		0.016755723056%
Dixie		0.103744580900%	
	Dixie County		0.098822087921%
	Cross City		0.004639236282%
	Horseshoe Beach		0.000281440949%
Duval		5.434975156935%	
	Jacksonville		5.270570064997%
	Atlantic Beach		0.038891507601%
	Baldwin		0.002251527589%
	Jacksonville Beach		0.100447182431%
	Neptune Beach		0.022814874318%
Escambia		1.341634449244%	
	Escambia County		1.005860871574%
	Century		0.005136751249%
	Pensacola		0.330636826421%
Flagler		0.389864712244%	
	Flagler Counry		0.279755934409%
	Beverly Beach		0.000154338585%
	Bunnell		0.009501809575%
	Flagler Beach		0.015482883669%
	Marineland		0.000114392127%
	Palm Coast		0.084857169626%
Franklin		0.049911282550%	
	Franklin County		0.046254365966%
	Apalachicola		0.001768538606%
	Carabelle		0.001888377978%
Gadsden		0.123656074077%	
	Gadsden County		0.090211810642%

	Chattahoochee		0.004181667772%
	Greensboro		0.000492067723%
	Gretna		0.002240633101%
	Havana		0.005459954403%
	Midway		0.001202025213%
	Quincy		0.019867915223%
Gilchrist		0.064333769355%	
	Gilchrist County		0.061274233881%
	Bell		0.000099866143%
	Fanning Springs		0.000388570084%
	Trenton		0.002571099247%
Glades		0.040612836758%	
	Glades County		0.040420367464%
	Moore Haven		0.000192469294%
Gulf		0.059914238588%	
	Gulf County		0.054715751905%
	Port St. Joe		0.004817179591%
	Wewahitchka		0.000381307092%
Hamilton		0.047941195910%	
	Hamilton County		0.038817061931%
	Jasper		0.004869836285%
	Jennings		0.002623755940%
	White Springs		0.001630541754%
Hardee		0.067110048132%	
	Hardee County		0.058100306280%
	Bowling Green		0.001797590575%
	Wauchula		0.006667426860%
	Zolfo Springs		0.000544724417%
Hendry		0.144460915297%	
	Hendry County		0.122147187443%
	Clewiston		0.017589151414%
	LaBelle		0.004724576440%
Hernando		1.510075949110%	
	Hernando County		1.447521612849%
	Brooksville		0.061319627583%

	Weeki Wachee		0.001234708678%
Highlands		0.357188510237%	
	Highlands County		0.287621754986%
	Avon Park		0.025829016090%
	Lake Placid		0.005565267790%
	Sebring		0.038172471371%
Hillsborough		8.710984113657%	
	Hillsborough County		6.523111204400%
	Plant City		0.104218491142%
	Tampa		1.975671881253%
	Temple Terrace		0.107980721113%
Holmes		0.081612427851%	
	Holmes County		0.066805002459%
	Bonifay		0.006898026863%
	Esto		0.006269778036%
	Noma		0.001278286631%
	Ponce de Leon		0.000179759057%
	Westville		0.000179759057%
Indian River		0.753076058781%	
	Indian River County		0.623571460217%
	Fellsmere		0.004917045734%
	Indian River shores		0.025322422382%
	Orchid		0.000306861421%
	Sebastian		0.038315915467%
	Vero Beach		0.060642353558%
Jackson		0.158936058795%	
	Jackson County		0.075213731704%
	Alford		0.000303229925%
	Bascom		0.000061735434%
	Campbellton		0.001648699234%
	Cottondale		0.001093080329%
	Graceville		0.002794436257%
	Grandridge		0.000030867717%
	Greenwood		0.001292812616%
	Jacob City		0.000481173235%

	Malone		0.000092603151%
	Marianna		0.073519638768%
	Sneads		0.002404050426%
Jefferson		0.040821647784%	
	Jefferson County		0.037584169001%
	Monticello		0.003237478783%
Lafayette		0.031911772076%	
	Lafayette County		0.031555885457%
	Mayo		0.000355886619%
Lake		1.139211224519%	
	Lake County		0.757453827343%
	Astatula		0.002727253579%
	Clermont		0.075909163209%
	Eustis		0.041929254098%
	Fruitland Park		0.008381493024%
	Groveland		0.026154034992%
	Howey-In-The-Hills		0.002981458307%
	Lady Lake		0.025048244426%
	Leesburg		0.091339390185%
	Mascotte		0.011415608025%
	Minneola		0.016058475803%
	Montverde		0.001347285057%
	Mount Dora		0.041021380070%
	Tavares		0.031820984673%
	Umatilla		0.005623371728%
Lee		3.325371883359%	
	Lee County		2.115268407509%
	Bonita Springs		0.017374893143%
	Cape Coral		0.714429677167%
	Estero		0.012080171813%
	Fort Myers		0.431100350585%
	Fort Myers Beach		0.000522935440%
	Sanibel		0.034595447702%
Leon		0.897199244939%	
	Leon County		0.471201146391%

	Tallahassee		0.425998098549%
Levy		0.251192401748%	
	Levy County		0.200131750679%
	Bronson		0.005701448894%
	Cedar Key		0.005180329202%
	Chiefland		0.015326729337%
	Fanning Springs		0.000808007885%
	Inglis		0.004976965420%
	Otter Creek		0.000408543312%
	Williston		0.017774357715%
	Yankeetown		0.000884269303%
Liberty		0.019399452225%	
	Liberty County		0.019303217578%
	Bristol		0.000096234647%
Madison		0.063540287455%	
	Madison County		0.053145129837%
	Greenville		0.000110760631%
	Lee		0.000019973229%
	Madison		0.010264423758%
Manatee		2.721323346235%	
	Manatee County		2.201647174006%
	Anna Maria		0.009930326116%
	Bradenton		0.379930754632%
	Bradenton Beach		0.014012127744%
	Holmes Beach		0.028038781473%
	Longboat Key		0.034895046131%
	Palmetto		0.052869136132%
Marion		1.701176168960%	
	Marion County		1.303728892837%
	Belleview		0.009799592256%
	Dunnellon		0.018400790795%
	McIntosh		0.000145259844%
	Ocala		0.368994504094%
	Reddick		0.000107129135%
Martin		0.869487298116%	

	Martin County		0.750762795758%
	Jupiter Island		0.020873839646%
	Ocean Breeze Park		0.008270732393%
	Sewall's Point		0.008356072551%
	Stuart		0.081223857767%
Miami-Dade		5.232119784173%	
	Miami-Dade County		4.282797675552%
	Aventura		0.024619727885%
	Bal Harbour		0.010041086747%
	Bay Harbor Islands		0.004272455175%
	Biscayne Park		0.001134842535%
	Coral Gables		0.071780152131%
	Cutler Bay		0.009414653668%
	Doral		0.013977628531%
	El Portal		0.000924215760%
	Florida City		0.003929278792%
	Golden Beach		0.002847092951%
	Hialeah		0.098015895785%
	Hialeah Gardens		0.005452691411%
	Homestead		0.024935668046%
	Indian Creek		0.002543863026%
	Key Biscayne		0.013683477346%
	Medley		0.008748274131%
	Miami		0.292793005448%
	Miami Beach		0.181409572478%
	Miami Gardens		0.040683650932%
	Miami Lakes		0.007836768608%
	Miami Shores		0.006287935516%
	Miami Springs		0.006169911893%
	North Bay Village		0.005160355974%
	North Miami		0.030379280717%
	North Miami Beach		0.030391990953%
	Opa-locka		0.007847663096%
	Palmetto Bay		0.007404620570%
	Pinecrest		0.008296152866%

	South Miami		0.007833137111%
	Sunny Isles Beach		0.007693324511%
	Surfside		0.004869836285%
	Sweetwater		0.004116300842%
	Virginia Gardens		0.001172973244%
	West Miami		0.002654623657%
Monroe		0.476388738585%	
	Monroe County		0.330124785469%
	Islamorada		0.022357305808%
	Key Colony Beach		0.004751812661%
	Key West		0.088087385417%
	Layton		0.000150707089%
	Marathon		0.030916742141%
Nassau		0.476933463002%	
	Nassau County		0.392706357951%
	Callahan		0.000225152759%
	Fernandina Beach		0.083159445195%
	Hillard		0.000842507098%
Okaloosa		0.819212865955%	
	Okaloosa County		0.612059617545%
	Cinco Bayou		0.000733562214%
	Crestview		0.070440130066%
	Destin		0.014678507281%
	Fort Walton Beach		0.077837487644%
	Laurel Hill		0.000079892914%
	Mary Esther		0.009356549730%
	Niceville		0.021745398713%
	Shalimar		0.001824826796%
	Valparaiso		0.010456893052%
Okeechobee		0.353495278692%	
	Okeechobee County		0.314543851405%
	Okeechobee		0.038951427287%
Orange		4.671028214546%	
	Orange County		3.063330386979%
	Apopka		0.097215150892%

	Bay Lake		0.023566594013%
	Belle Isle		0.010798253686%
	Eatonville		0.008325204835%
	Edgewood		0.009716067845%
	Lake Buena Vista		0.010355211161%
	Maitland		0.046728276209%
	Oakland		0.005429086686%
	Ocoee		0.066599822928%
	Orlando		1.160248481490%
	Windemere		0.007548064667%
	Winter Garden		0.056264584996%
	Winter Park		0.104903028159%
Osceola		1.073452092940%	
	Osceola County		0.837248691390%
	Kissimmee		0.162366006872%
	St. Cloud		0.073837394678%
Palm Beach		8.601594372053%	
	Palm Beach County		5.552548475026%
	Atlantis		0.018751230169%
	Belle Glade		0.020828445945%
	Boca Raton		0.472069073961%
	Boynton Beach		0.306498271771%
	Briny Breezes		0.003257452012%
	Cloud Lake		0.000188837798%
	Delray Beach		0.351846579457%
	Glen Ridge		0.000052656694%
	Golf		0.004283349663%
	Greenacres		0.076424835657%
	Gulf Stream		0.010671151322%
	Haverhill		0.001084001589%
	Highland Beach		0.032510968934%
	Hypoluxo		0.005153092982%
	Juno Beach		0.016757538804%
	Jupiter Island		0.125466374888%
	Jupiter Inlet Colony		0.005276563849%

	Lake Clarke Shores		0.007560774903%
	Lake Park		0.029433275980%
	Lake Worth		0.117146617298%
	Lantana		0.024507151505%
	Loxahatchee Groves		0.002531152789%
	Manalapan		0.021632822333%
	Mangonia Park		0.010696571795%
	North Palm Beach		0.044349646256%
	Ocean Ridge		0.012786497807%
	Pahokee		0.004018250447%
	Palm Beach		0.185476848123%
	Palm Beach Gardens		0.233675880257%
	Palm Beach Shores		0.014135598612%
	Palm Springs		0.038021764282%
	Riviera Beach		0.163617057282%
	Royal Palm Beach		0.049295743959%
	South Bay		0.001830274040%
	South Palm Beach		0.005866681967%
	Tequesta		0.031893614595%
	Wellington		0.050183644758%
	West Palm Beach		0.549265602541%
Pasco		4.692087260494%	
	Pasco County		4.319205239813%
	Dade City		0.055819726723%
	New Port Richey		0.149879107494%
	Port Richey		0.049529975458%
	San Antonio		0.002189792155%
	St. Leo		0.002790804761%
	Zephyrhills		0.112672614089%
Pinellas		7.934889816777%	
	Pinellas County		4.546593184553%
	Belleair		0.018095745121%
	Belleair Beach		0.004261560686%
	Belleair Bluffs		0.007502670965%
	Belleair Shore		0.000439411029%

	Clearwater		0.633863120196%
	Dunedin		0.102440873796%
	Gulfport		0.047893986460%
	Indian Rocks Beach		0.008953453662%
	Indian Shores		0.011323004874%
	Kenneth City		0.017454786058%
	Largo		0.374192990777%
	Madeira Beach		0.022616957779%
	North Reddington Beach		0.003820333909%
	Oldsmar		0.039421706033%
	Pinellas Park		0.251666311991%
	Redington Beach		0.003611522882%
	Redington Shores		0.006451352841%
	Safety Harbor		0.038061710740%
	Seminole		0.095248695748%
	South Pasadena		0.029968921656%
	St. Pete Beach		0.071791046619%
	St. Petersburg		1.456593090134%
	Tarpon Springs		0.101970595050%
	Treasure Island		0.040652783215%
Polk		2.150483025298%	
	Polk County		1.558049828484%
	Auburndale		0.028636162584%
	Bartow		0.043971970660%
	Davenport		0.005305615818%
	Dundee		0.005597951255%
	Eagle Lake		0.002580177987%
	Fort Meade		0.007702403251%
	Frostproof		0.005857603227%
	Haines City		0.047984773863%
	Highland Park		0.000063551182%
	Hillcrest Heights		0.000005447244%
	Lake Alfred		0.007489960729%
	Lake Hamilton		0.002540231530%
	Lakeland		0.294875668468%

	Lake Wales		0.036293172134%
	Mulberry		0.005414560702%
	Polk City		0.001080370093%
	Winter Haven		0.097033576087%
Putnam		0.384893194068%	
	Putnam County		0.329225990182%
	Crescent City		0.005561636294%
	Interlachen		0.001877483489%
	Palatka		0.046955244716%
	Pomona Park		0.000379491344%
	Welaka		0.000893348043%
Santa Rosa		0.701267319513%	
	Santa Rosa County		0.592523984216%
	Gulf Breeze		0.061951507906%
	Jay		0.000159785829%
	Milton		0.046632041562%
Sarasota		2.805043857579%	
	Sarasota County		1.924315263251%
	Longboat Key		0.044489458856%
	North Port		0.209611771277%
	Sarasota		0.484279979635%
	Venice		0.142347384560%
Seminole		2.141148264544%	
	Seminole County		1.508694164839%
	Altamonte Springs		0.081305566430%
	Casselberry		0.080034542791%
	Lake Mary		0.079767627827%
	Longwood		0.061710013415%
	Oviedo		0.103130858057%
	Sanford		0.164243490362%
	Winter Springs		0.062262000824%
St. Johns		0.710333349554%	
	St. Johns County		0.656334818131%
	Hastings		0.000010894488%
	Marineland		0.000000000000%

	St. Augustine		0.046510386442%
	St. Augustine Beach		0.007477250493%
St. Lucie		1.506627843552%	
	St. Lucie County		0.956156584302%
	Fort Pierce		0.159535255654%
	Port St. Lucie		0.390803453989%
	St. Lucie Village		0.000132549608%
Sumter		0.326398870459%	
	Sumter County		0.302273026046%
	Bushnell		0.006607507174%
	Center Hill		0.001312785844%
	Coleman		0.000748088199%
	Webster		0.001423546476%
	Wildwood		0.014033916721%
Suwannee		0.191014879692%	
	Suwannee County		0.161027800555%
	Branford		0.000929663004%
	Live Oak		0.029057416132%
Taylor		0.092181897282%	
	Taylor County		0.069969851319%
	Perry		0.022212045963%
Union		0.065156303224%	
	Union County		0.063629259109%
	Lake Butler		0.001398126003%
	Raiford		0.000012710236%
	Worthington Springs		0.000116207876%
Volusia		3.130329674480%	
	Volusia County		1.708575342287%
	Daytona Beach		0.447556475212%
	Daytona Beach Shores		0.039743093439%
	DeBary		0.035283616215%
	DeLand		0.098983689498%
	Deltona		0.199329190038%
	Edgewater		0.058042202343%
	Flagler Beach		0.000223337011%

	Holly Hill		0.031615805143%
	Lake Helen		0.004918861482%
	New Smyrna Beach		0.104065968306%
	Oak Hill		0.004820811087%
	Orange City		0.033562287058%
	Ormond Beach		0.114644516477%
	Pierson		0.002333236251%
	Ponce Inlet		0.023813535748%
	Port Orange		0.177596501562%
	South Daytona		0.045221205323%
Wakulla		0.115129321208%	
	Wakulla County		0.114953193647%
	Sopchoppy		0.000107129135%
	St. Marks		0.000068998426%
Walton		0.268558216151%	
	Walton County		0.224268489581%
	DeFuniak Springs		0.017057137234%
	Freeport		0.003290135477%
	Paxton		0.023942453860%
Washington		0.120124444109%	
	Washington County		0.104908475404%
	Caryville		0.001401757499%
	Chipley		0.012550450560%
	Ebro		0.000221521263%
	Vernon		0.000361333863%
	Wausau		0.000680905521%
		100.00%	100.00%

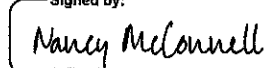
CERTIFICATION REGARDING LOBBYING
BYRD ANTI-LOBBYING AMENDMENT
This Required Certification MUST be Submitted

The undersigned Vendor certifies, to the best of his or her knowledge, that:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Vendor, Rebel Recovery Florida, Inc., certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Signed by:

0672CS26495F4BD...

Signature of Vendor’s Authorized Official

Nancy McConnell, CEO
Name and Title of Vendor’s Authorized Official

10/30/2025
Date

CERTIFICATION
DEBARMENT AND SUSPENSION

The Vendor certifies that:

- a. This contract is a covered transaction for purposes of 2 C.F.R. 180 and 2 C.F.R. 3000. As such the contractor is required to verify that none of the contractor, its principals (defined at 2 C.F.R. 80.995), or its affiliates (defined at 2 C.F.R. 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. 180.935).
- b. The contractor must comply with 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- c. This certification is a material representation of fact relied upon by County (subgrantee). If it is later determined that the contractor did not comply with 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C, in addition to remedies available to County, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- d. The Vendor agrees to comply with the requirements of 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The vendor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

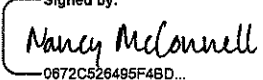
COMPANY NAME: Rebel Recovery Florida, Inc.

ADDRESS: 400 N. Congress Ave Suite 130 West Palm Beach, FL 33401

COMPANY'S AUTHORIZED OFFICIAL:

Nancy McConnell, CEO

Name and Title

Signed by:

0672C526495F48D...
Signature

10/30/2025
Date

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001000

Entity Name: REBEL RECOVERY FLORIDA INC

Current Principal Place of Business:

400 N CONGRESS AVE
SUITE 130
WEST PALM BEACH, FL 33401

Current Mailing Address:

400 N CONGRESS AVE
STE 130
WEST PALM BEACH, FL 33401 US

FEI Number: 81-5190566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REBEL RECOVERY FLORIDA INC
400 N CONGRESS AVE
SUITE 130
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGEANNE DORNEY02/10/2025

Electronic Signature of Registered AgentDate

Officer/Director Detail :

Title CEO
Name MCCONNELL, NANCY
Address 212 CHARTER WAY
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name PROTESTO, CHRISTIN
Address 3931 SHERWOOD BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title CFO
Name DORNEY, GEORGEANNE
Address 1616 13TH AVE N
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name FREEMAN, WILLIAM
Address 1501 CALUSA DR APT3-204
City-State-Zip: BELLE GLADE FL 33430

Title PRESIDENT
Name SCHILLINGER, BRENT M DR.
Address 1320 NW 13TH ST
City-State-Zip: DELRAY BEACH FL 33444

Title VP
Name MARTINEZ, EMY
Address 11073 CHANDLER DR
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR
Name HEATHER, HOWARD
Address 902 S FEDERAL HWY
UNIT 9
City-State-Zip: LAKE WORTH BEACH FL 33460

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGEANNE DORNEYCFO02/10/2025

Electronic Signature of Signing Officer/Director DetailDate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lamb Insurance Services
360 Lexington Avenue
17th Floor
New York NY 10170

License#: PC-1013055
REBEREC-01

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL:
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Alliance of Nonprofits for Ins	10023
INSURER B : Great American Insurance Compa	16691
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Rebel Recovery Florida, Inc.
400 N Congress Ave #130
West Palm Beach FL 33401

COVERAGES		CERTIFICATE NUMBER: 1324478139			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒	COMMERCIAL GENERAL LIABILITY			02-CP-0065453-01-05	10/20/2025	10/20/2026	EACH OCCURRENCE \$ 1,000,000
	☐	CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☐							MED EXP (Any one person) \$ 20,000
	☐							PERSONAL & ADV INJURY \$ 1,000,000
	☐							GENERAL AGGREGATE \$ 3,000,000
	☒	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	☐	OTHER:						\$
A	☐	AUTOMOBILE LIABILITY			02-CP-0065453-01-05	10/20/2025	10/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐	ANY AUTO						BODILY INJURY (Per person) \$
	☒	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☒	HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	☐							\$
	☐	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	☐	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	☐	DED ☐ RETENTION \$						\$
	☐	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	☐	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N ☐	N / A				E.L. EACH ACCIDENT \$
	☐	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
	☐							E.L. DISEASE - POLICY LIMIT \$
B	☐	Directors & Officers			EPPF262334	8/4/2025	8/4/2026	\$1M Occurrence
A	☐	Professional Liability			02-CP-0065453-01-05	10/20/2025	10/20/2026	\$1M Occurrence
A	☐	Sexual Abuse/Molestation			02-CP-0065453-01-05	10/20/2025	10/20/2026	\$1M Occurrence
								\$1M Aggregate
								\$3M Aggregate
								\$3M Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are included as additional insured on the commercial general liability policy for work performed by the named insured where required by written contract executed prior to loss.

CERTIFICATE HOLDER

Palm Beach County Board of County Commissioners
c/o Community Services Department
Attn. Contracts Manager
810 Datura Street
West Palm Beach FL 33401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
PRODUCER		CONTACT NAME: Beth Shapiro	
JDA Insurance Group		PHONE (A/C, No, Ext): (561) 296-0373	
120 N. Federal Hwy., #301		FAX (A/C, No): (561) 828-0997	
Lake Worth		E-MAIL ADDRESS: beth@thejdagroup.com	
FL 33460		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ascendant Commercial Insurance Inc.	
		NAIC # 13683	
INSURED		INSURER B:	
Rebel Recovery Florida, Inc.		INSURER C:	
400 N Congress Ave.		INSURER D:	
Ste 130		INSURER E:	
West Palm Beach		INSURER F:	
FL 33401			

COVERAGES		CERTIFICATE NUMBER: CL256906111		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS						\$
	☐ NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	☐ CLAIMS-MADE						
	DED						
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		WC-80341-1	06/15/2025	06/15/2026	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Attn. Contracts Manager

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of County Commissioners c/o Community Services Department 810 Datura Street West Palm Beach FL 33401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

MM/MS 6-0
rs DK abs

AGENDA ITEM SUMMARY

R-2022-1340

[illegible]

Department

Submitted By: County Administration

Submitted For: Community Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to adopt: 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.

Summary: In response to Palm Beach County's opioid epidemic, the Board of County Commissioners (BCC) approved an Opioid Response Plan (ORP) on April 4, 2017 entitled *Opioid Crisis: Palm Beach County's Response*. The ORP recommended that a coordinated response be created through the designation of a primary entity responsible for the integration of all efforts relative to the epidemic; the need for leadership and guidance from an experienced veteran accustomed to working on solving substance use disorders and the establishment of an opioid response steering committee to guide the County's work. In 2018, the County created a position within the Community Services Department (CSD) to implement the goals and strategies outlined in the ORP. In 2019, CSD filled the position and the newly hired individual worked with key community members to develop an Opioid Response Steering Committee comprised of key stakeholders who work within the behavioral health and substance use disorder system of care. In 2019, the BCC identified the opioid epidemic, behavioral health, and substance use disorder as a high strategic priority with a strategic goal to establish a system that was person-centered and recovery-oriented in order to improve long-term recovery outcomes and quality of care. To align with the BCC's high strategic priority, the Opioid Response Steering Committee was renamed the Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee (Committee). The Committee is responsible for working with the position within the Community Services Department to evaluate, update and monitor the progress of the ORP. The Committee is also responsible for coordinating with key organizations and stakeholders involved with enhancing the overall system of care. The Committee has a strategic focus on six (6) strategic areas which include, but are not limited to: Prevention and Education, Treatment and Recovery, Public Policy, Justice and Public Safety, Evaluation and Monitoring and Essential Services. The Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee members will be transitioned into the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder and will be administered by the Community Services Department. **Countywide (HH)**

Background and Justification: Behavioral health and substance use disorders are a major concern for residents in Palm Beach County. The Medical Examiner's Office reported in 2021 there were 527 opioid-related deaths. This was a 13 percent decrease from the 605 opioid-related deaths in 2021 which represented a 35 percent increase in the 447 deaths experienced in 2019. The Office reports 151 opioid-related deaths with 70 cases pending final determination in the first six months of 2022 compared to 244 opioid-related deaths in the first two quarters of 2021. The Board of County Commissioners adopted an Opioid Epidemic Response Plan in April 2017 which 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 lead and guide the County's opioid response efforts. In addition, pursuant to section 17.42 (4)(b), Florida Statutes (2022) the State of Florida's Opioid Settlement Clearing Trust Fund requires that recipients develop a Task Force to facilitate a coordinated response and abatement plan that addresses the opioid epidemic.

Attachment:

1. Resolution establishing the Palm Beach County Advisory Committee on Behavioral Health, Behavioral Health, Substance Use and Co-Occurring Disorder.
2. April 4, 2017 agenda item 5A3, approved
3. Section 17.42, Florida Statutes (2021)

Recommended By: N/A
Assistant County Administrator Date

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 ☐

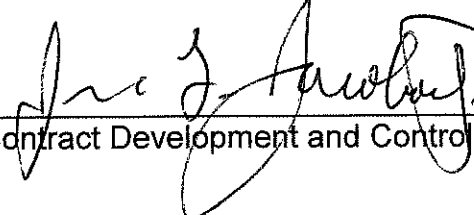
Budget Account No.:
 Fund _____ Dept _____ Unit _____ Object _____ Program Code _____ Program Period _____

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

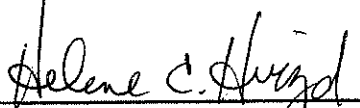
C. Departmental Fiscal Review: _____
 Julie Dowe, Director of Finance and Support Services

III. REVIEW COMMENTS

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

 10/31/22
 OFMB  10/31/22
 Contract Development and Control

B. Legal Sufficiency:

 10-31-22
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

Agenda Item # **5A-3**
Time Certain
2:30 PM

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: April 4, 2017 ☐ Consent ☒ Regular
 ☐ Ordinance ☐ Public Hearing

Department: COUNTY ADMINISTRATION
Submitted For: COUNTY ADMINISTRATION

MMIMB 7-0

APPROVED

I. EXECUTIVE BRIEF BY BOARD OF COUNTY COMMISSIONERS
AT MEETING OF **APR 04 2017**
2:30 PM D.C.

Motion and Title: Staff recommends motion to:

- 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: [Signature] 3-30-17
Deputy County Administrator 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	<u>\$1,000,000</u>	<u>\$2,000,000</u>			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>\$1,000,000</u>	<u>\$2,000,000</u>			

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)

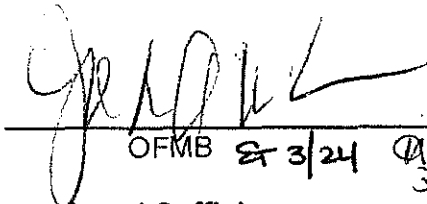
Unit:

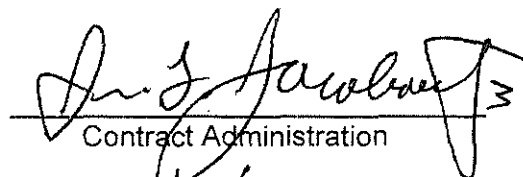
Grant:

Departmental Fiscal Review: _____

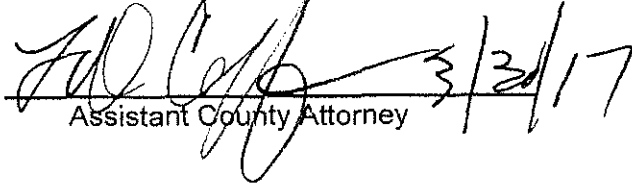
III. REVIEW COMMENTS

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


OFMB 3/24 3/27 3/28


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

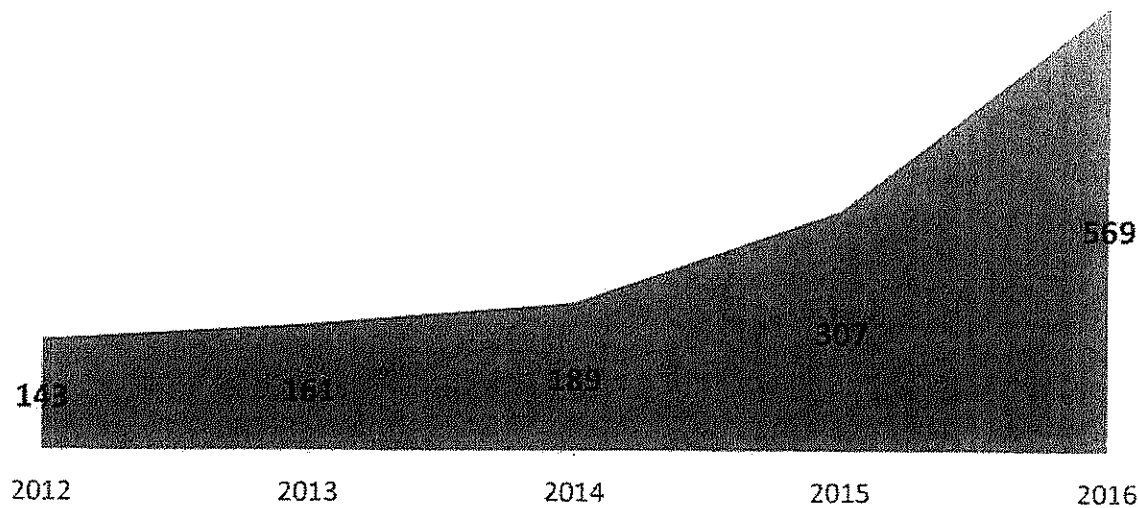
2017

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.

Opioid-Caused Deaths

Palm Beach County Medical Examiner Data

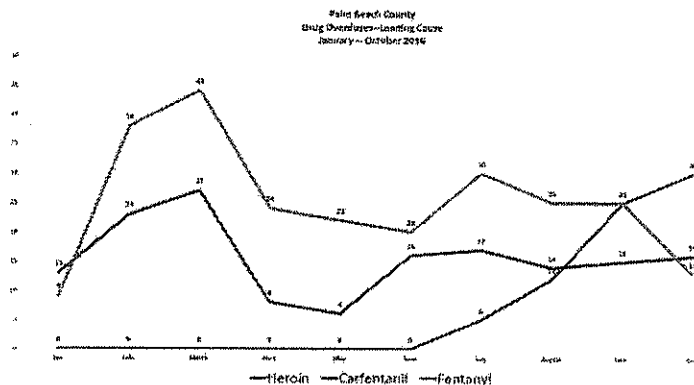


Alarming is the sharp increase in deaths due to the Fentanyl analogue, Carfentanil, which is 10,000 times more potent than morphine and is used as an elephant tranquilizer. Prior to 2016, Fentanyl analogues were not identified nor tracked by Medical Examiners. In 2016, there were 147 instances of these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

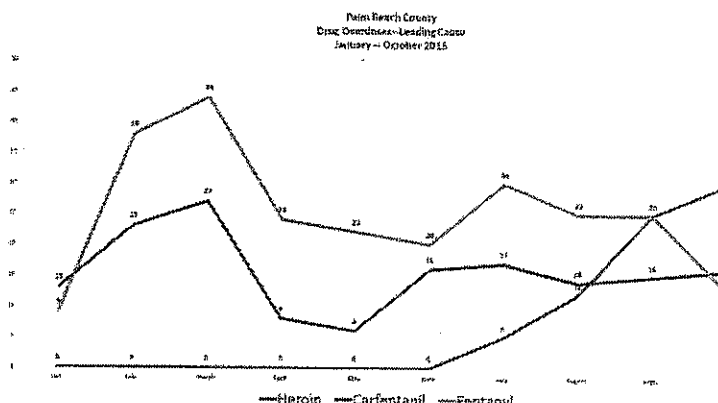
The analysis of data related to the opioid epidemic in Palm Beach County included a review of information from a variety of sources. These sources include, but are not limited to:

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



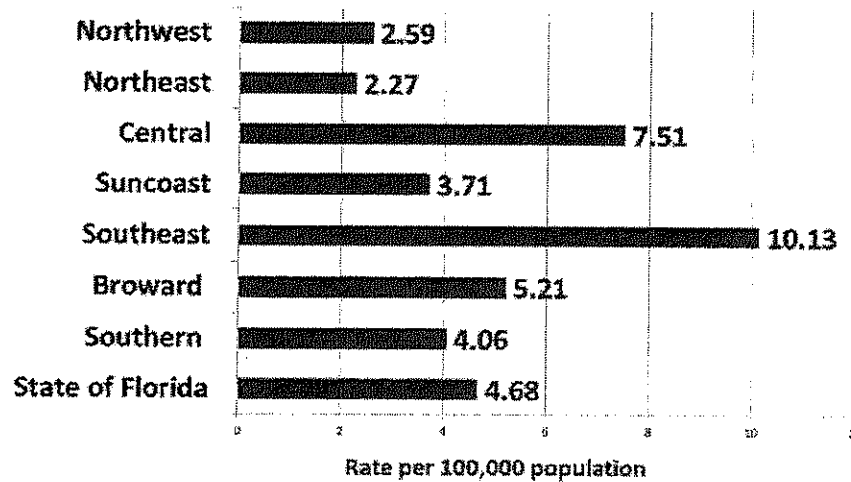
Overview of the extent of the epidemic

- 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.

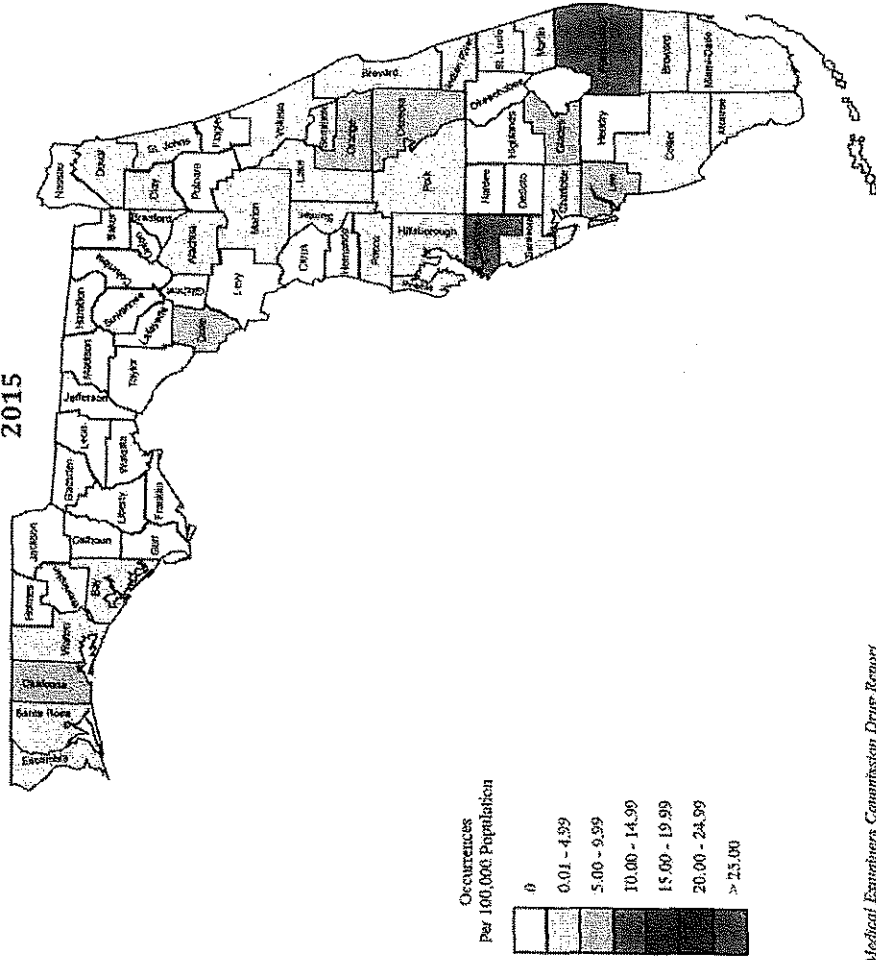
According to the Florida Medical Examiner's Office, in 2015, Palm Beach County had:

- 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.



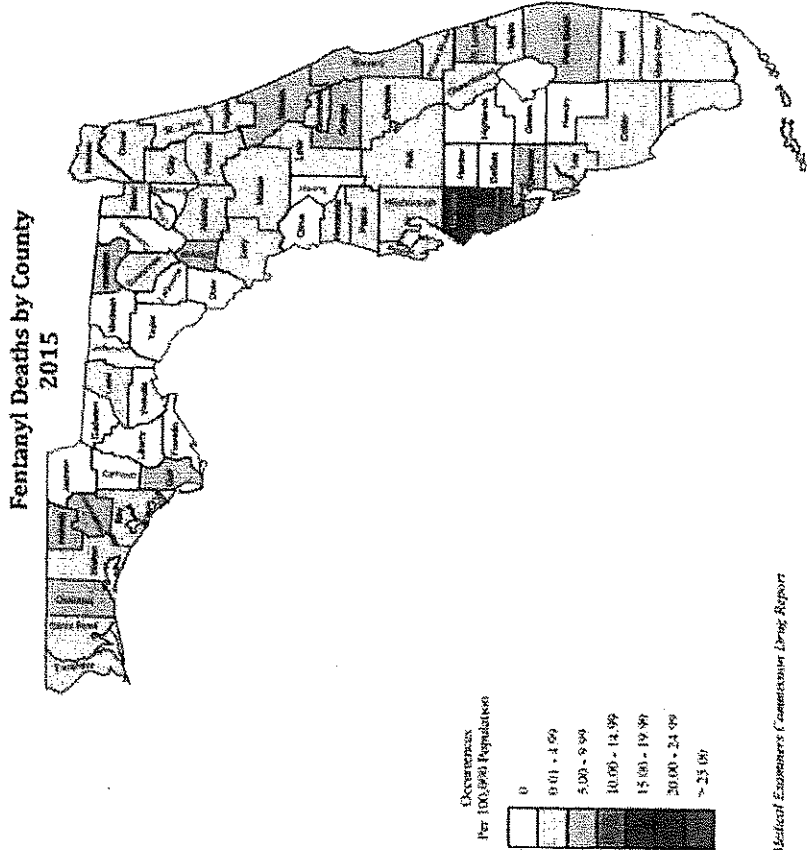


Heroin Deaths by County 2015



2015 Medical Examiner's Commission Drug Report



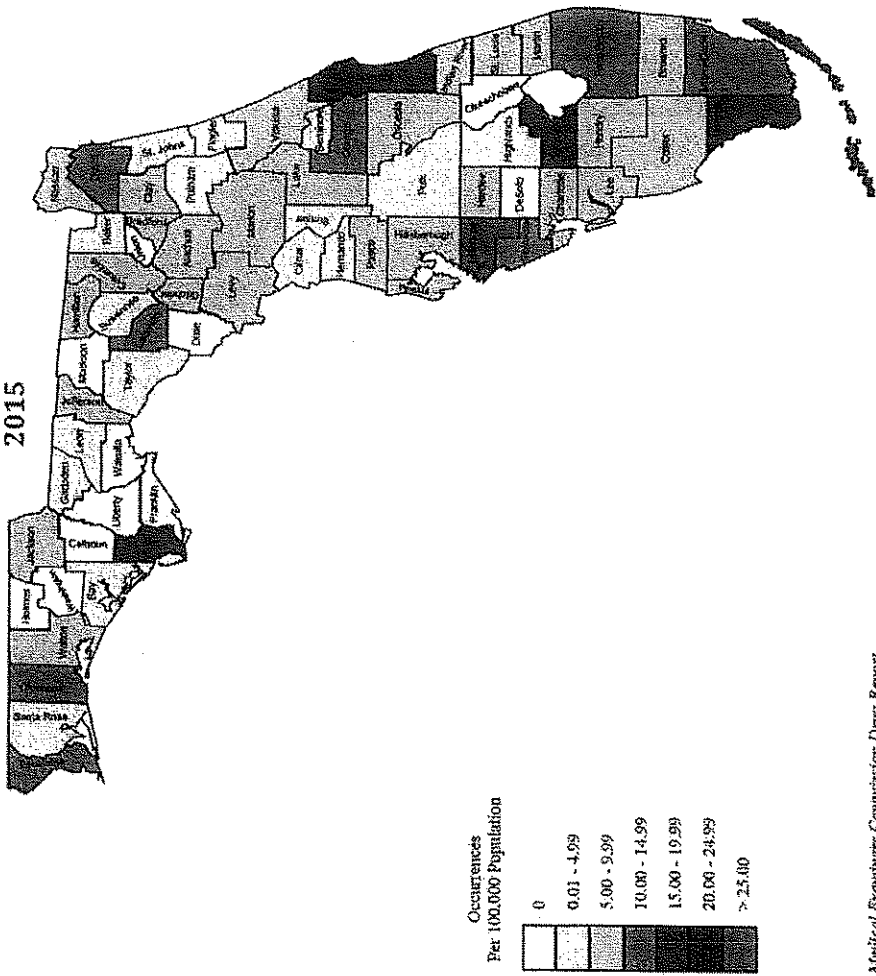


2015 Medical Examiner's Commission Drug Report

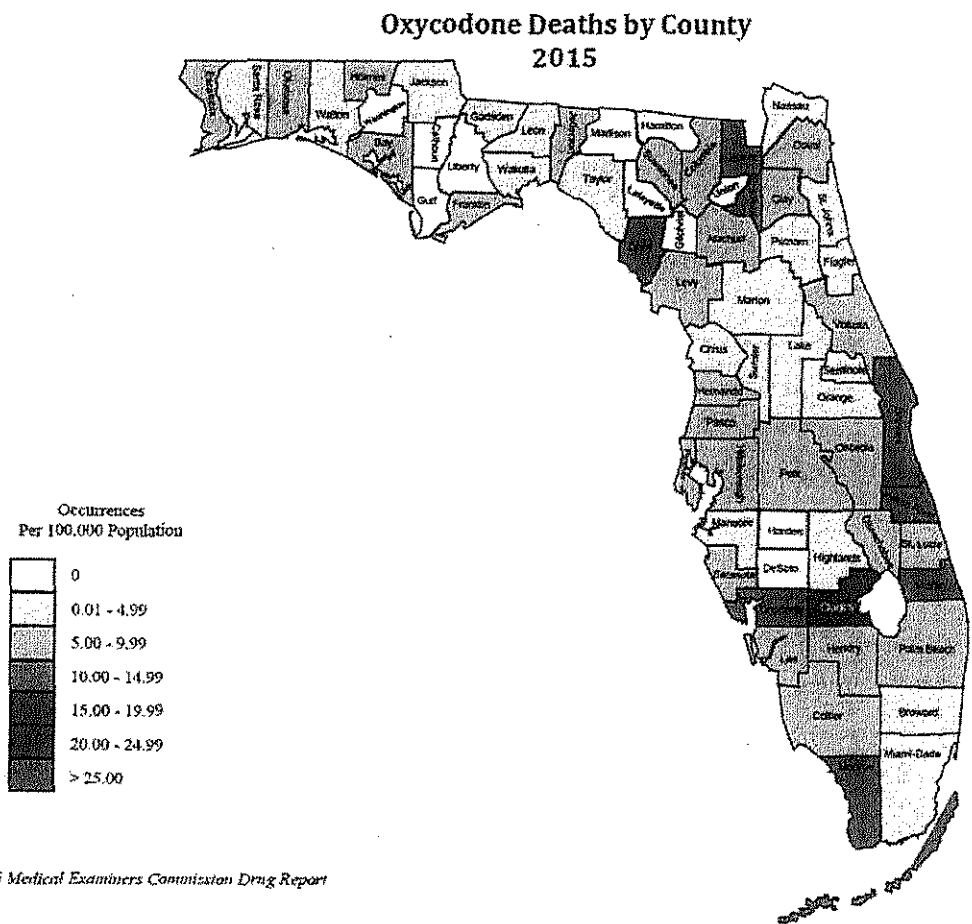




Cocaine Deaths by County 2015



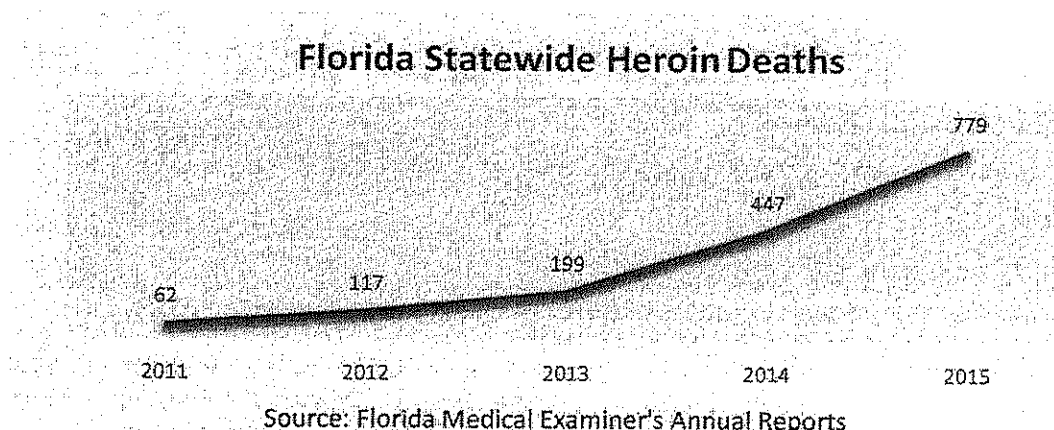
2015 Medical Examiners Commission Drug Report





Palm Beach County's Approach to the Opioid Crisis
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.



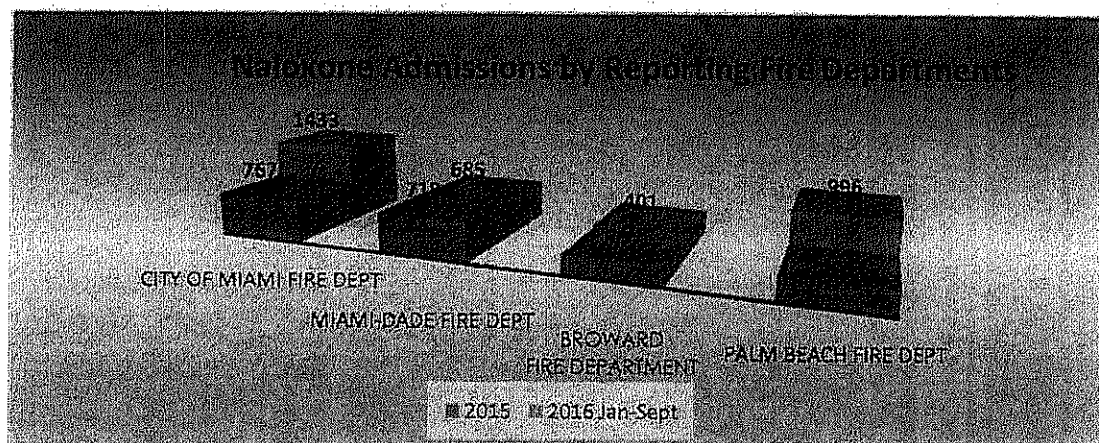
In Florida, fentanyl-related deaths rose 286% from 2011 to 2015. The opioid epidemic is a national threat, however, states east of the Mississippi River are seeing the greatest impact. **In 2015, Palm Beach** and Miami-Dade counties were **third** and fourth in the State of Florida, among the 24 Medical 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

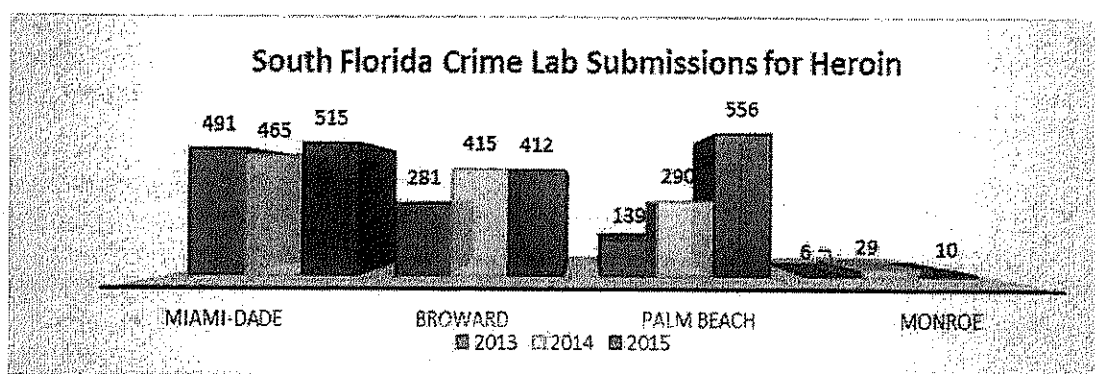


advised that naloxone was used in incidents other than overdoses where breathing rates were below four breaths per minute e.g. heart attack or unconscious victims.



*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.



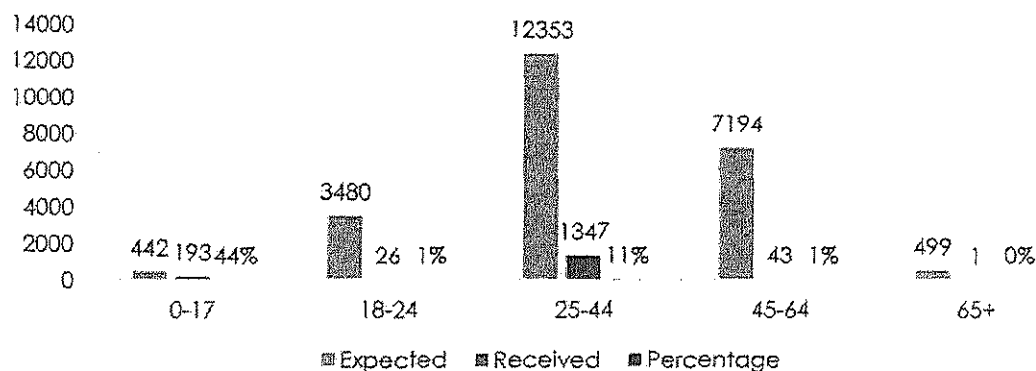
Publicly Funded Treatment Capacity

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.

Over all age groups, only 7% of uninsured Palm Beach County residents who needed deep-end substance use treatment services received such services



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

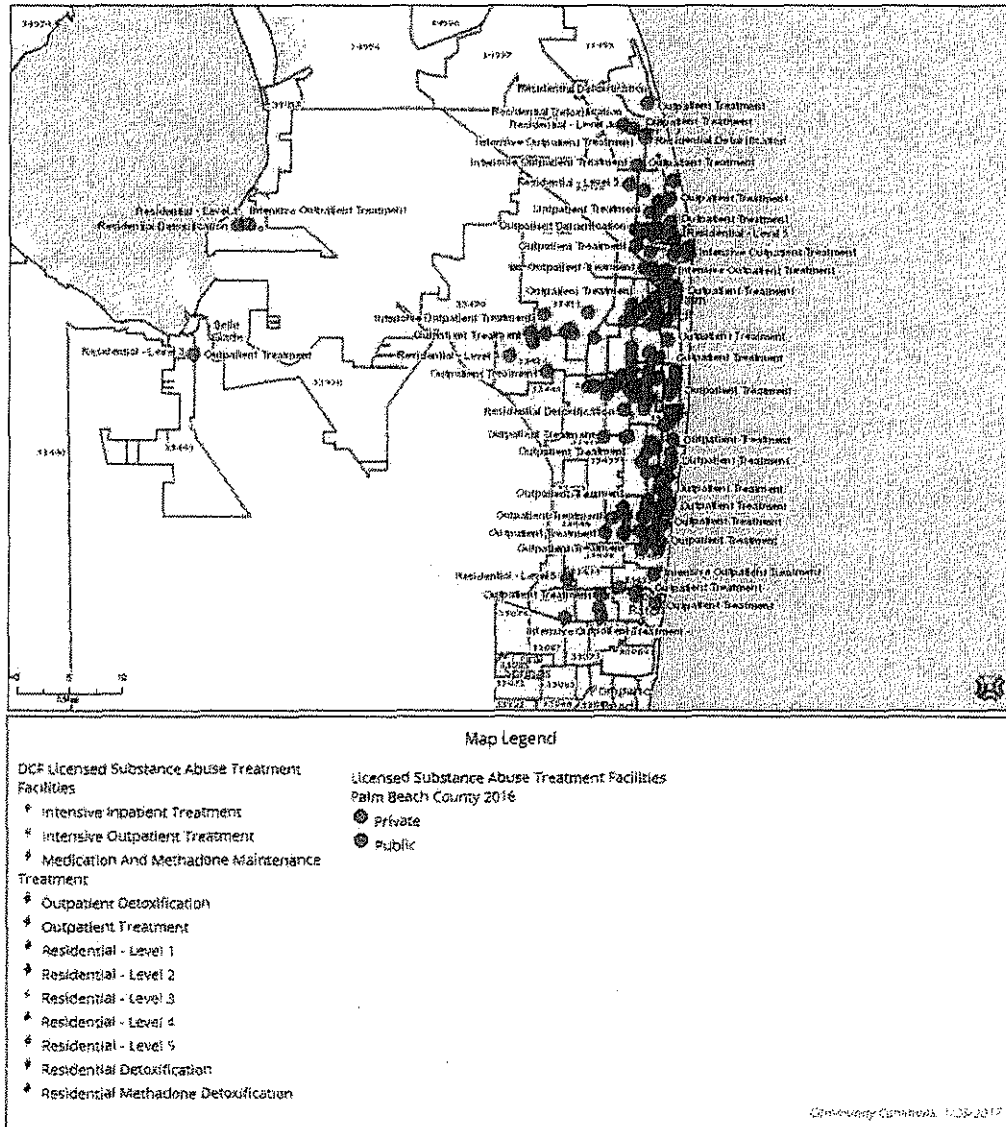
Organization	# Served in FY15-16	Detoxification Beds (Capacity)	Residential Beds (Capacity)	Outpatient and Crisis Support Slots (Capacity)	Waiting list-cumulative
Drug Abuse Foundation of Palm Beach County (DAF) 400 South Swinton Avenue Delray Beach, Florida 33444	4,836	22	130	Outpatient: 250 Crisis Support: Almost 5,000 visits for Crisis Support. 5 beds available for evaluation, triage, and referral	186 (Residential Level 2)
Wayside House 378 NE 6th Avenue Delray Beach, FL 33483	324	N/A	28	11	16 (Residential Level 2)
Jerome Golden Center for Behavioral Health 1041 45th 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

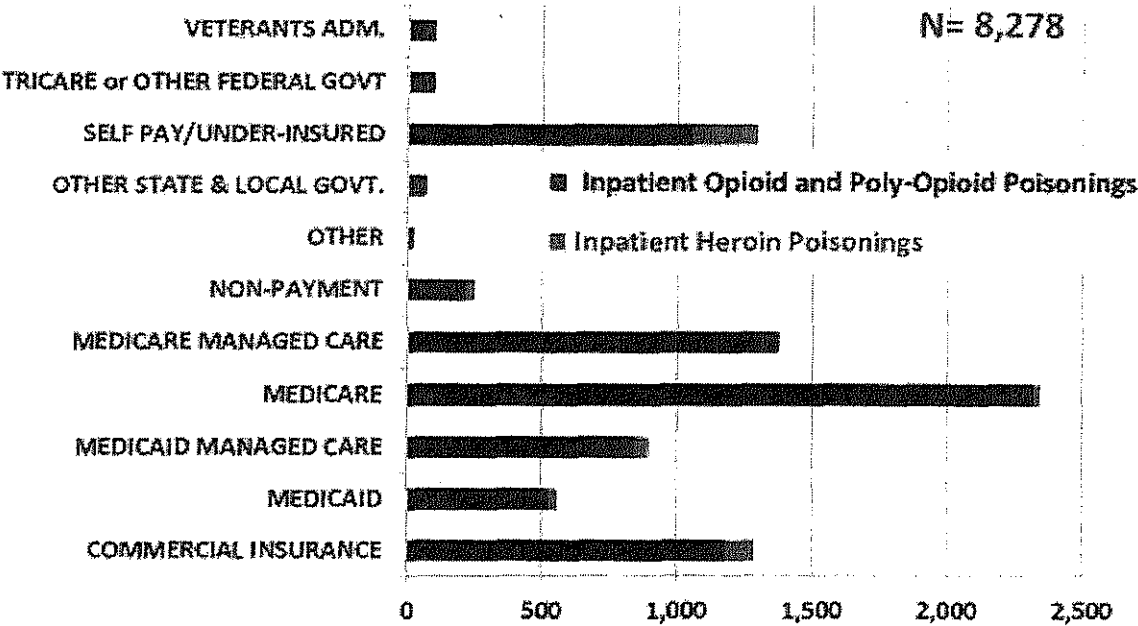




Insurance

- 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



The Risk Management Group, Inc.



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



The Palm Beach County Seal



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





Palm Beach County's Approach to the Opioid Crisis

- 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.



Palm Beach County's Approach to the Opioid Crisis

- 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



Palm Beach County's Approach to the Opioid Crisis

- 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



Palm Beach County's Approach to the Opioid Crisis

- 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
The opioid epidemic is complex and requires a coordinated community response	*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.	*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
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.	*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	*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
Individuals addicted and in recovery are in need of access to prevention, early intervention, and evidence-based treatment and services	*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.	*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	*First Responders are trained in health related trauma but do not have knowledge of behavioral health conditions including mental health and substance use *First Responders are being exposed to repeated trauma of seeing overdose and death which takes a toll on their stress level	*Develop plan to provide training in substance use, mental illness and trauma to emergency room staff, healthcare professionals, and pharmacists *Develop plan to provide training in substance use, mental illness and trauma to first responders *Develop a plan to support First Responders as the frontline response to the opioid epidemic





Causal Factor	Root Cause Challenges	Recommendations
The Medical Examiner's Office is overwhelmed with the increase in number of cases	*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	*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	*There are many issues that need to be addressed through policy and advocacy including: • Sober homes • Patient brokering • Marketing and healthcare fraud • Regulating the treatment industry *The State Attorney's office has identified multiple initiatives to be addressed through various task force committees	*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 * Work with existing Heroin Task Force, Sober Homes Task Force, Recovery Action Partnership and other community-based groups to integrate efforts *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



Causal Factor	Root Cause Challenges	Recommendations
Sober Homes are unregulated and may be involved in unscrupulous business practices	* 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	* 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
Law Enforcement and the Criminal Justice system have been challenged to respond to the epidemic	*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	*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
There is an increased likelihood for co-morbid physical challenges such as HIV and HepC as well as psychiatric illnesses and trauma-related issues	*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	*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 Prescription Drug Monitoring Program is not being implemented completely	*While prescription Opioid use has decreased from previous years it is still a lead contributor to overdose deaths	*Develop plan to increase use of Prescription Drug Monitoring Program *Establish plan to ensure adherence to prescribing guidelines *Develop plan to proactively use PDMP data for law enforcement and education purposes *Provide training and education to the community on safe storage and safe disposal of prescription drugs as well as take back programs. *Develop plan to work with State licensing boards for health professions and law enforcement to investigate high-risk prescribers and dispensers



Causal Factor	Root Cause Challenges	Recommendations
The insurance industry may be a contributing factor to the opioid epidemic	*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	*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		
	▪ Identify and engage key decision makers to familiarize them with the problem and understand their high-level priorities	All Stakeholders		
	▪ Identify health care and public safety priorities	All Stakeholders		
	▪ Through the use and understanding of data and evidence base identify major county-specific challenges and opportunities	All Stakeholders		
	▪ Develop a vision statement to guide priority setting within time frames	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		



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Palm Beach County's Approach to the Opioid Crisis

	Department of Health-Palm Beach County as well as legislators to elevate the opioid epidemic to a public health crisis. 7. Identify and coordinate funding opportunities as well as public/private partnerships to support the strategies and activities of the strategic plan.	Palm Beach County Government		
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.	Activity/Intervention 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.)	Palm Beach County Government Opioid Steering Committee		
Strategy 3 Foster regional cooperation to address the epidemic	1. Convene a regional coordinating coalition of stakeholders in counties to the north and south to integrate efforts.	Palm Beach County Government		





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	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.	Sober Homes Task Force Southeast Florida Behavioral Health Network		
Strategy 2 Develop and expand opportunities for school-based prevention and education efforts	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.	Southeast Florida Behavioral Health Network Southeast Florida Behavioral Health Network Florida Atlantic University Health Care District School Board of Palm Beach County Southeast Florida Behavioral Health Network		
Strategy 3 Develop opportunities to educate emergency personnel, healthcare professionals, and pharmacists.	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.	Southeast Florida Behavioral Health Network Palm Beach County Fire Rescue		





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		



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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	- Support the implementation of the Suboxone Pilot Project. - 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 - Scale and replicate Suboxone Pilot Project throughout County based on outcomes. - Increase access to naloxone through pharmacies and law enforcement.	Palm Beach County Fire Rescue Health Care District Southeast Florida Behavioral Health Network Heroin Task Force Heroin Task Force Pilot Project Partners Heroin Task Force		
Strategy 2	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Increase capacity of substance abuse treatment services	- Increase access to publicly funded Medication Assisted Treatment (inpatient and outpatient). - 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). - Expand the use of Vivitrol as a medication for Medication Assisted Treatment. - Increase funding to create a publicly funded secure Detox or Addictions Receiving Facility for youth and adults.	Palm Beach County Government Southeast Florida Behavioral Health Network (SEFBBHN) Palm Beach County Government SEFBHN 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	Activity/Intervention 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	Activity/Intervention 1. 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. 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	Activity/Intervention 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

	4. Enhance in-custody treatment provision and evaluate effectiveness of programs. 5. Identify needs specific to communities of color and develop plan to address those needs. 6. Identify needs specific to linguistically and geographically isolated populations and develop plan to address those needs, including telemedicine solutions. 7. Increase funding to support specialized urinalysis for Drug Court participants.	Palm Health Care Palm Beach County Government		
Strategy 6 Develop mechanisms to engage insurance industry	Activity/Intervention 1. Develop plan to establish communication with insurance providers through the Florida Insurance Commission. 2. Mandate prescriber Prescription Drug Monitoring Program (PDMP) and proactively use data for law enforcement and insurance education purposes. 3. Authorize third party payers to access PDMP data with proper precautions.	SEFBHN TBD, Work with State officials TBD, Work with State officials		



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	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	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	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 Reconation 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	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 Prescription Drug Monitoring Program	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 Licensing and Certification of Facilities and Services	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	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.	State Attorney's Office State Attorney's Office		
Strategy 5 Create mechanisms to prohibit deceptive advertising and punish with criminal sanctions	Activity/Intervention 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.	State Attorney's Office Sober Homes Task Force		
Strategy 6 Create opportunities for funding advocacy	Activity/Intervention 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.	Sober Homes Task Force		





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	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.	SEFBHN SEFBHN CQI Committee Palm Beach County Government Sober Homes Task Force		
Strategy 2	Activity/Intervention	Person/Entity(s) Responsible	Timeframe	Resources Needed
Create opportunities to expand oversight of licensing of treatment providers and certification of sober homes	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.	Sober Homes Task Force Steering Committee RAP RAP		



Palm Beach County's Approach to the Opioid Crisis

Strategy 3 Expand opportunities to strengthen and support the workforce	Activity/Intervention			
	1. Develop a plan to expand and strengthen the workforce and infrastructure for providing evidence-based Medication Assisted Treatment and recovery services	SEFBHN		
	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.	SEFBHN		
	3. Develop a plan to support First Responders as the frontline response to the opioid epidemic.	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			
	1. Develop an evaluation plan to include agreed upon metrics for assessing the implementation of strategies identified in the Strategic Plan.	Palm Beach County Government		
	2. Include and implement rapid cycle performance monitoring, reporting, and quality improvement strategies and track on a regular basis.	Palm Beach County Government		
	3. Ensure that outcome data is integrated into evaluation plan and is aligned with federal indicators.	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

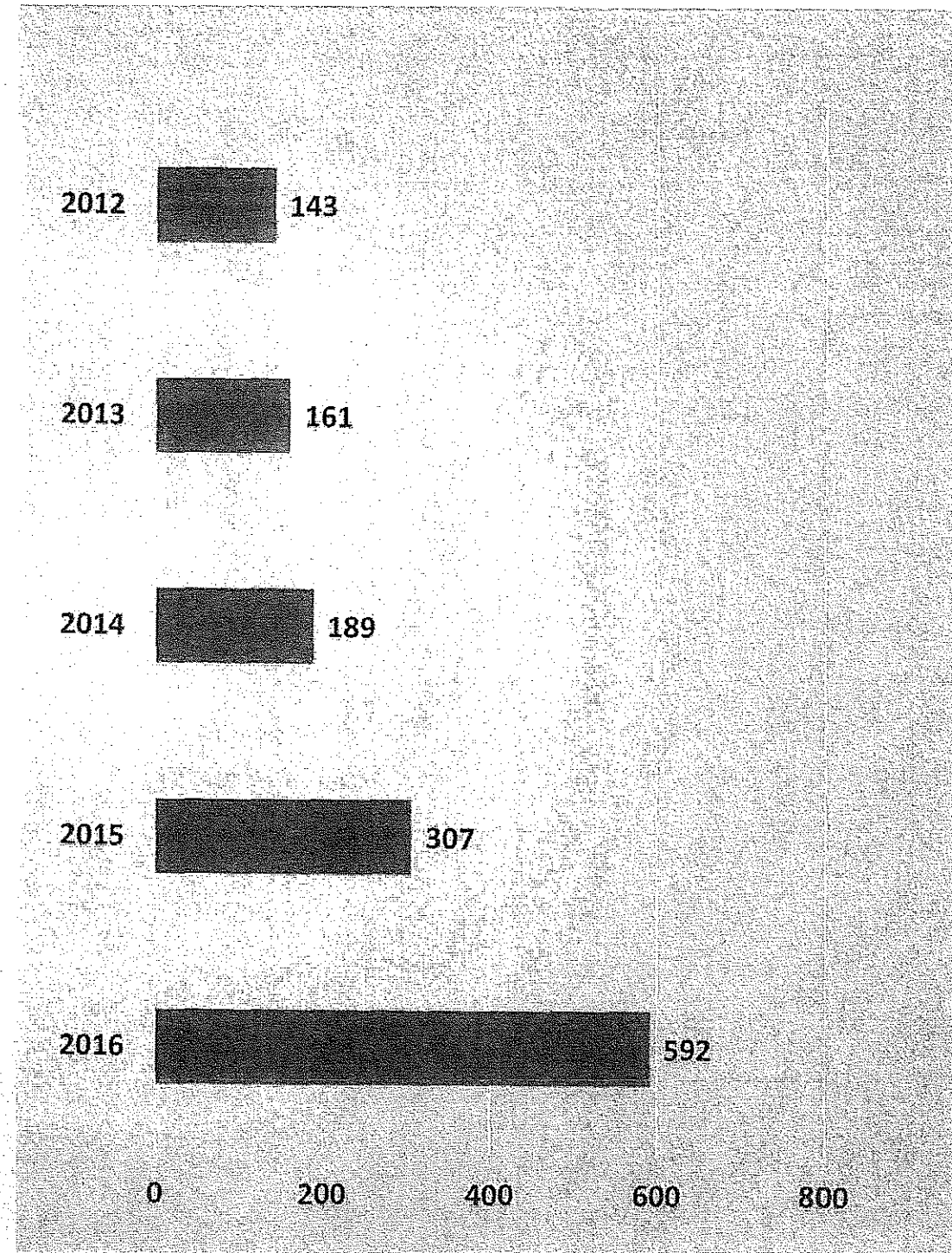
- Immediate short-term
- Long-term

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

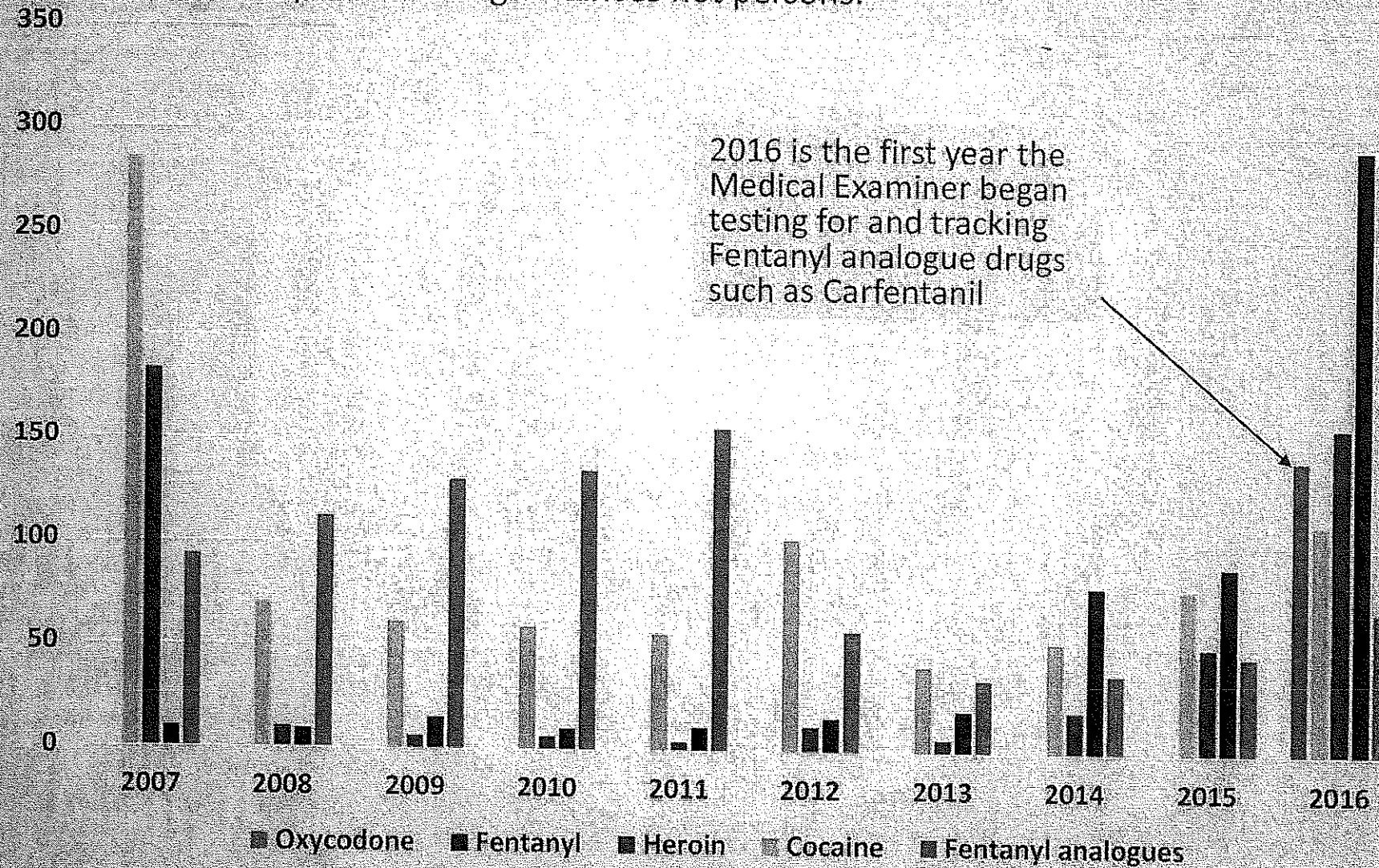
Lofentanil

CARFENTANIL

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

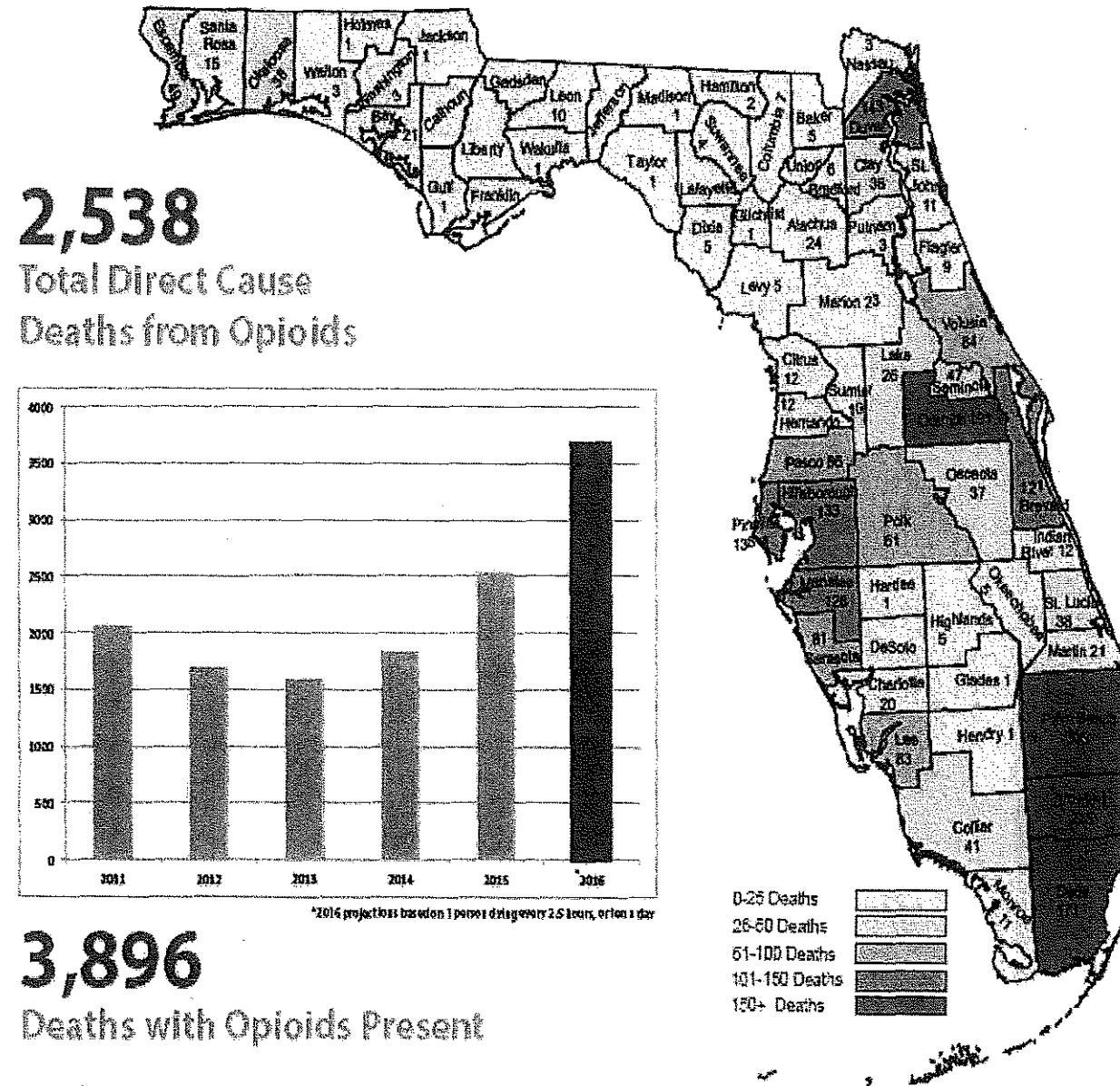
DRUGS CAUSING DEATHS IN PALM BEACH COUNTY

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

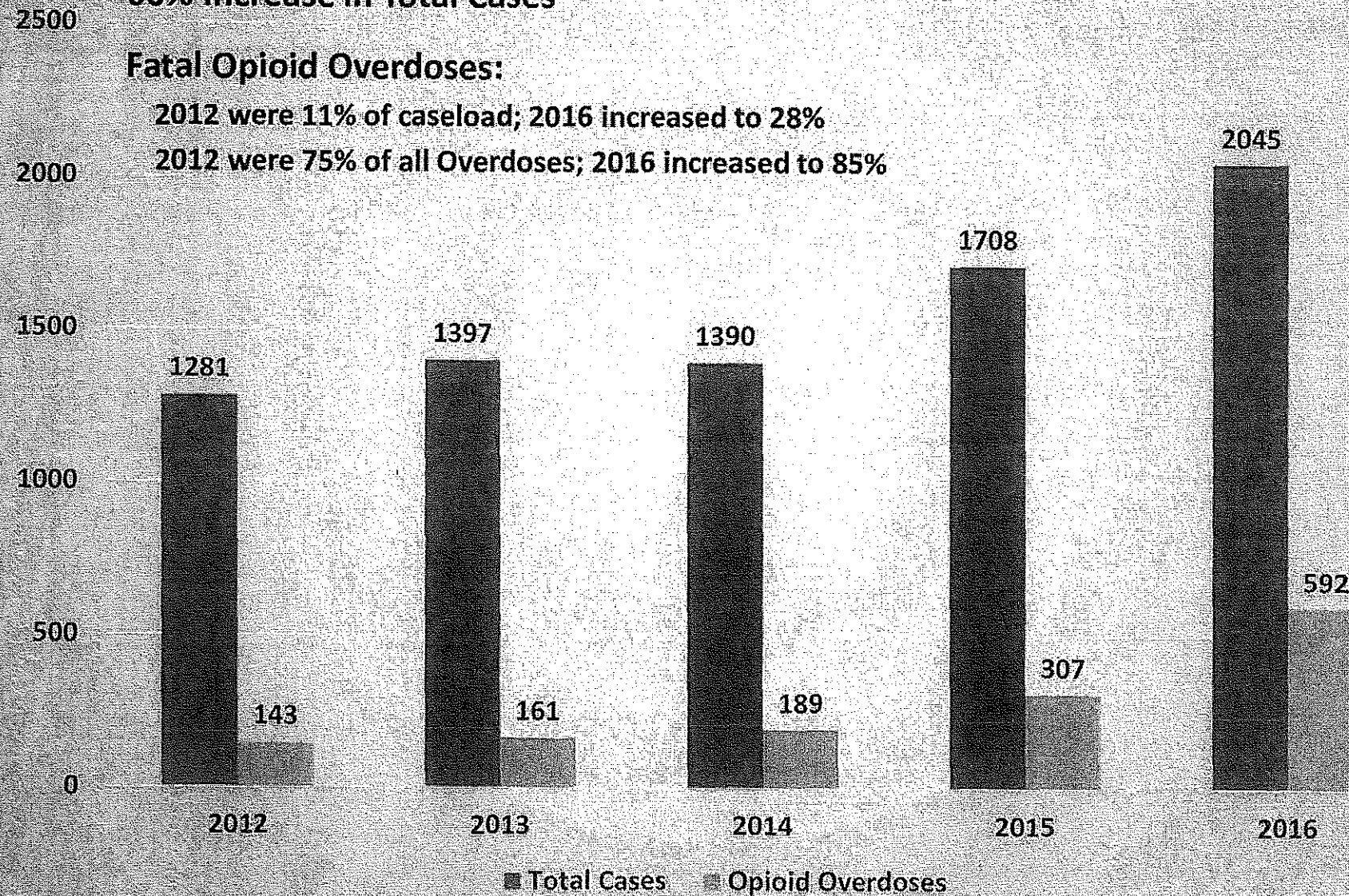
PALM BEACH COUNTY MEDICAL EXAMINER

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

2015 – 420

2016 – 2,598

NARCAN EXPENDITURES

2012 – \$18,003

2016 – \$205,346

OVERDOSE CALLS

2016 – 3,530

2017 THRU MARCH 15 – 401

IMPACT - CRIMINAL JUSTICE SYSTEM

January 2015 – February 2017

Total criminal court cases – all crimes = 78,997

Cases where opioid was primary charge = 2,425

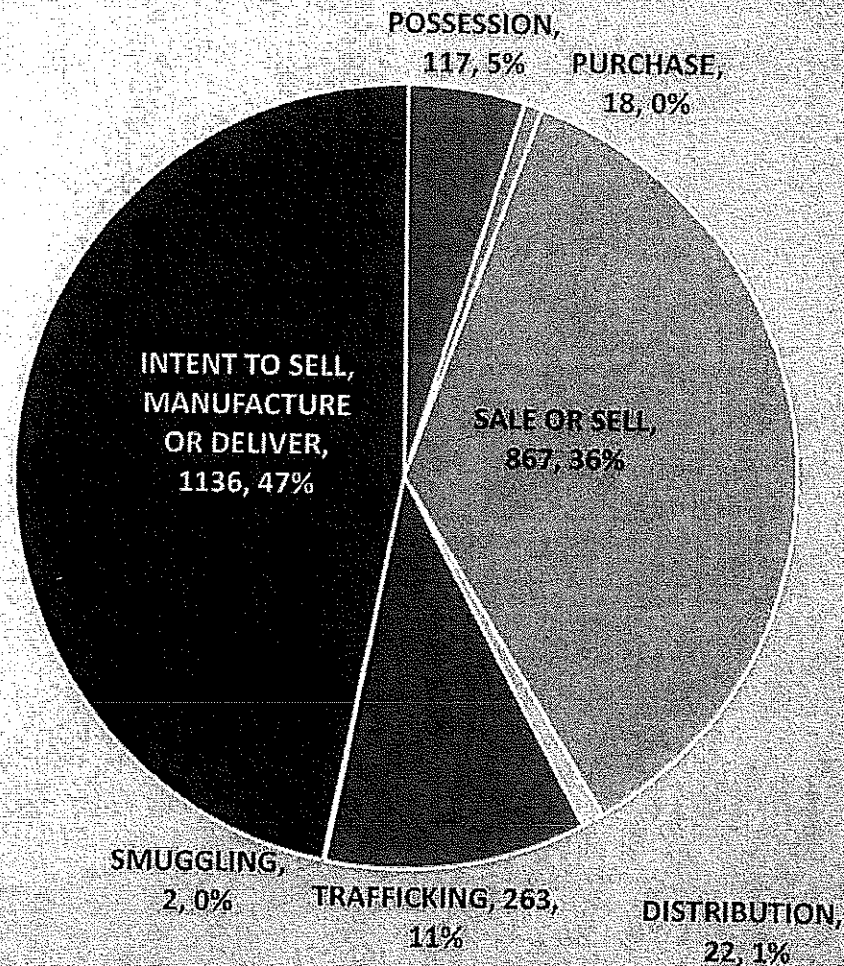
- 3% of all court cases
- 0.2% are possession of opioids

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



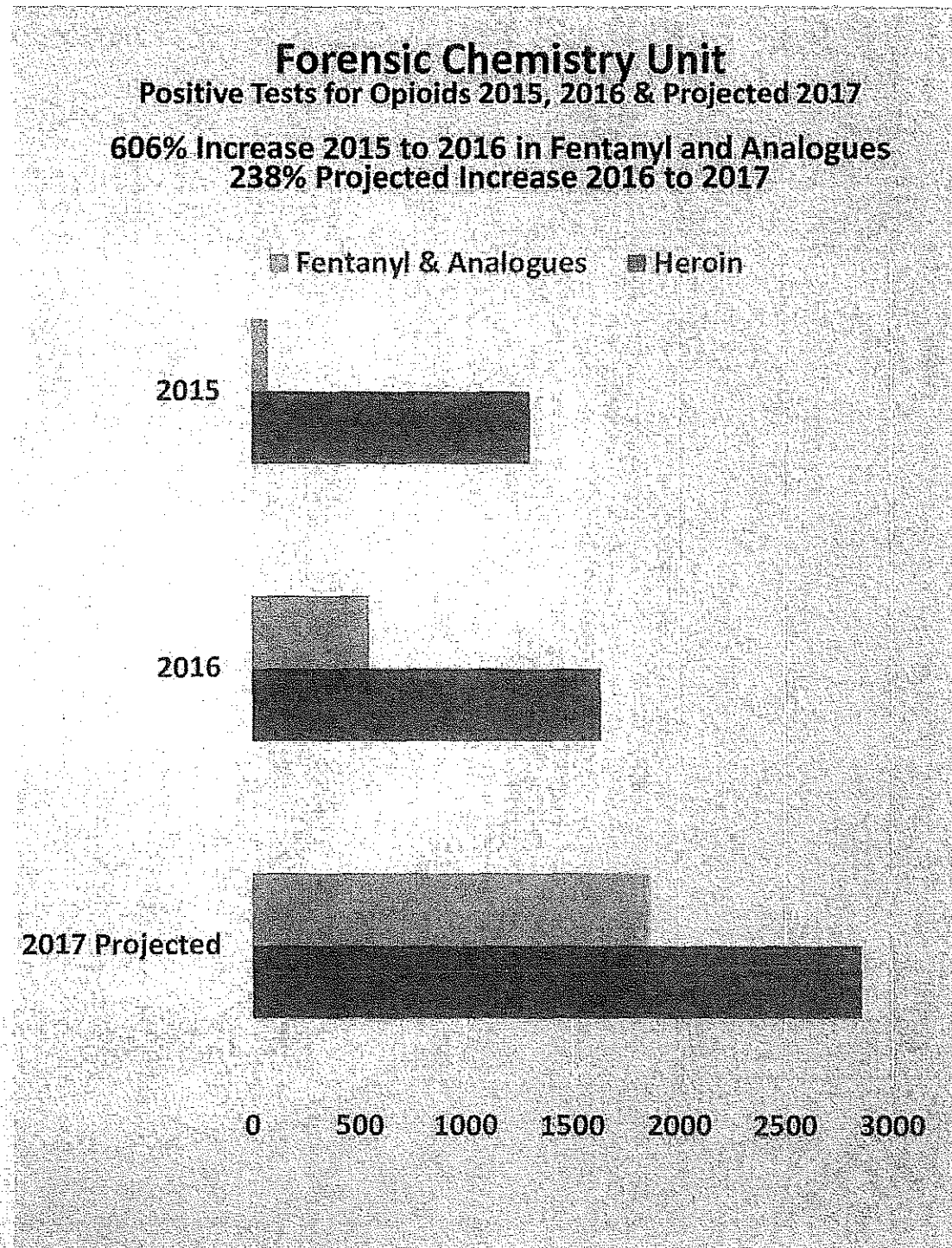
IMPACT

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



IMPACT, CONTINUED

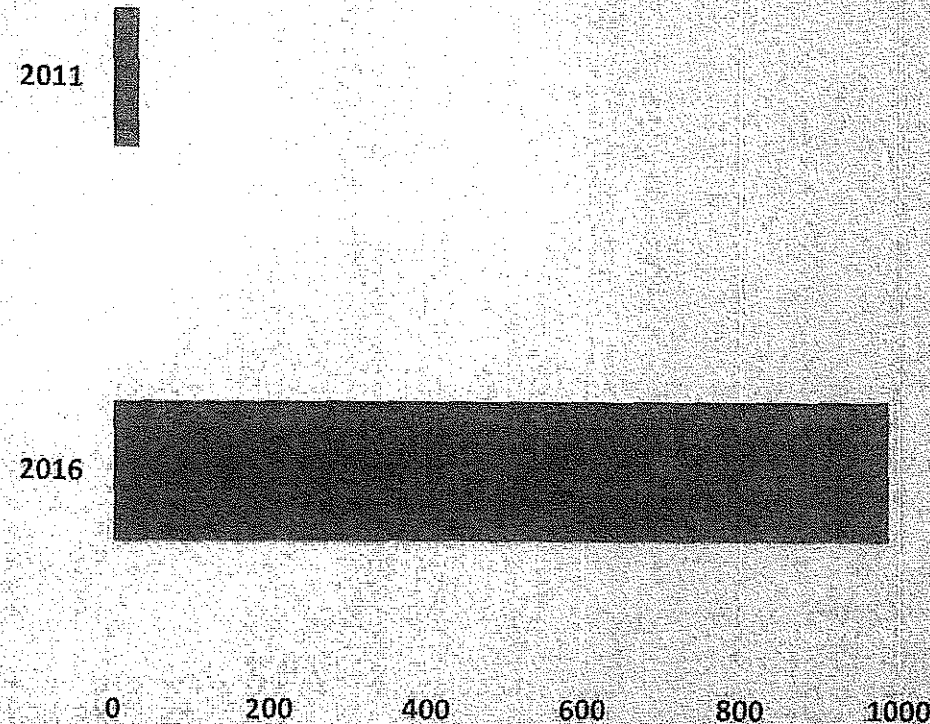
PALM BEACH COUNTY SHERIFF'S OFFICE



HEROIN JAIL BOOKINGS 2,803% Increase 2011 to 2016

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



RESOURCES AND EXISTING INITIATIVES

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

**Sober Homes
Task Force**
State Attorney's Office
15th Circuit

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



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.

RESOLUTION NO. R-2022-1340

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.

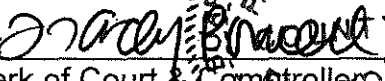
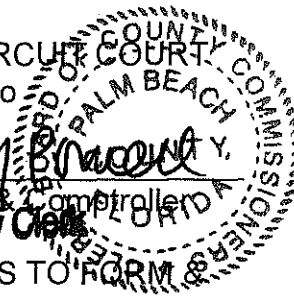
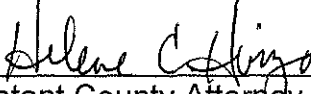
SECTION 9: Effective Date, Sunset Provision

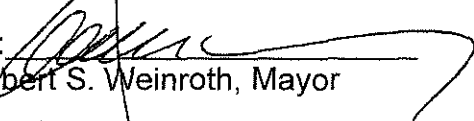
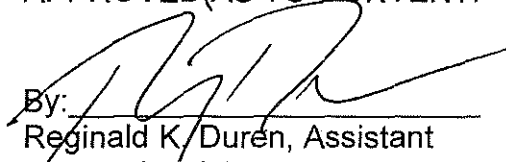
This Resolution shall become effective upon approval by a majority vote of the Board of County Commissioners, Palm Beach County, Florida. The BHSUCOD will sunset five years from the effective date unless the Board extends its service through official action.

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

Robert S. Weinroth, Mayor	-	<u>Aye</u>
Gregg K. Weiss, Vice Mayor	-	<u>Aye</u>
Commissioner Maria G. Marino	-	<u>Absent</u>
Commissioner David Kerner	-	<u>Absent</u>
Commissioner Maria Sachs	-	<u>Aye</u>
Commissioner Melissa McKinlay	-	<u>Aye</u>
Commissioner Mack Bernard	-	<u>Aye</u>

The Mayor thereupon declared the Resolution duly passed and adopted this 1st day of November, 2022.

ATTEST:
CLERK OF CIRCUIT COURT
Joseph Abruzzo
By: 
Clerk of Court & Comptroller

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:
By: 
Assistant County Attorney

PALM BEACH COUNTY, Florida
By its Board of County Commissioners
By: 
Robert S. Weinroth, Mayor
APPROVED AS TO CONTENT:
By: 
Reginald K. Duren, Assistant
County Administrator

Behavioral Health
and Substance Use
Disorder Plan
2024

Palm Beach County
Advisory Committee on
Behavioral Health, Substance Use
and Co-Occurring Disorders

It is time we ... stopped focusing on
brief episodes of biopsychosocial
stabilization. It is time for national,
state, and local initiatives to create
recovery-oriented systems of care
that can promote this model of
sustained recovery management.

William L. White, MA
*Recovery Management and Recovery Oriented
Systems of Care: Scientific Rationale and
Promising Approaches*

ADVANCING A
RESILIENCE AND
RECOVERY
ECOSYSTEM OF CARE

*ONE INITIATIVE,
ONE INDICATOR AT A TIME*



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I. Executive Summary

Palm Beach County, more specifically Delray Beach, had the reputation of being the Recovery Capitol of the Nation known for its vibrant recovery community and a safe, nurturing environment highly supportive of recovering individuals in the mid-2000's. Yet, at the time, there was also an identifiable underbelly that existed which propelled a proliferation of "pill mills" and opioid prescribing resulting in a rapid rise in opioid overdoses.

By 2017, Palm Beach County had the unfortunate distinction of being the epi-center of overdose deaths in the State of Florida, reaching a peak of 817 drug related deaths of which 626 were opioid deaths. News headlines and coverage also placed the County at the epi-center nationally of fraud and abuse in the treatment and recovery residence sector that preyed on vulnerable individuals in need of substance use disorder care and their families.

Opioid use was certainly not the first drug to have caused misuse and drug related deaths. In the 1980's and the 1990's, crack cocaine addiction was prolific. Communities of color and lower income communities were disproportionately affected. The difference with opioid misuse was all communities were affected and many addictions started from prescribed legal use.

The closing of the 44 bed Jerome Golden Center and the in-patient unit at JFK hospital created a deficit in available options for individuals with significant mental illness, many of whom experienced homelessness and/or incarceration.

Important strides have been made since. Today, the State of Florida and the Nation look to Palm Beach County for its leadership in person-centered, recovery-oriented, and crisis care; leadership which began in 2017 when the Palm Beach County Board of County Commissioners (BCC) approved an Opioid Response Plan (ORP). The BCC also appointed a "Drug Czar", an ORP priority recommendation to lead the response efforts. The State Attorney's Office also aggressively took the fight to the treatment and recovery residence sector to overcome its abuses.

Critical to these efforts was setting a clear system of care path. A path that is more person-centered and recovery-oriented focused on improved long-term recovery outcomes and increased resiliency rather than solely focused on the historic approach of acute- and crisis-centric care.

The system of care's foundational elements are rooted in the federal Substance Abuse and Mental Health Services Administration's definition of recovery from mental disorders and/or substance use disorders which is defined as, "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." They are also developed from the four major dimensions that support a life in recovery identified by SAMHSA as: health, home, community and purpose as well as the agency's recognition setbacks are a natural part of life. Thus, according to SAMHSA, resilience becomes a key component of recovery.

The BCC adopted substance use disorder, and behavioral health more broadly, as a strategic priority in 2019 with a major goal to establish a person-center, recovery-oriented system of care which has been renewed annually since. In November 2022, it approved the establishment of the Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders (BHSUCOD) and declared the BCC's expressed approval of a person-centered, recovery-oriented system of care. The BCC also approved the Behavioral Health and Substance Use Disorder Plan 2022 and its recommendations which were informed by community input and developed by a Steering Committee and its sub-committees operationalized in 2019.

The BHSUCOD is charged with enhancing the County's capacity and effectiveness in formulating behavioral health and substance use disorder policies as well as to offer recommendations regarding the County's provision of services to its citizens. It is also responsible for making recommendations on responding to the opioid epidemic, as provided in section 17.42 of the Florida Statutes (2022).

The Behavioral Health and Substance Use Disorder Plan 2024 details the number of initiatives and their outcomes that have been executed to achieve a true person-centered, recovery-oriented system of care; an ecosystem of resilience and recovery that creates recovery-ready communities. Communities and care that will foster, not only hope, but create ready and easy access to person-centered, recovery-oriented care. It and subsequent Plan Updates are intended to maintain flexibility to address whatever needs that are forthcoming.

The development of the 2024 Plan was built upon the 2022 Plan foundation and continued the well-established process of receiving regular input from community members through bi-monthly facilitated sub-committee meetings as well as community forums. A draft of the 2024 Plan was publicly released in advance of BHSUCOD review and discussion at its March 14, 2024 Special Meeting. Public comment on the Plan was received at this meeting.

Subsequently, a public comment period was established from March 14, 2024 through March 29, 2024. Thirty six individuals and/or entities provided comments with nearly 150 suggestions, recommendations, resources and edits being received. All responses were received, acknowledged and documented.

The program evaluator and FAU researcher conducted a content and thematic analysis. Comments were incorporated into a comment process sheet. It and all public comments received were publicly released in advance of initial review by the Executive Committee at its April 4, 2024 meeting.

Each response was granted equal weight. The analysis found comments fell into the following themes: support for the plan update; broken system, continued siloes; align work with HIV (including syringe services), BH/SUD in the homeless; affordable, attainable housing for substance use disorder and mental health; centralized care coordination and crisis stabilization; and, emphasis on mental health, youth services, prevention and education.

The 2024 Plan also details recommendations by the BHSUCOD's pursuant to its responsibilities related to section 17.42 of the Florida Statutes (2022). In doing so, the BHSUCOD remained mindful that the opioid settlement funds resulting from the Settlement Agreement entered into with the State of Florida were realized due to the malfeasance committed by certain entities within the pharmaceutical industry which resulted in untold loss, death and devastation wreaked upon individuals, families and communities.

The BHSUCOD strongly supports the use of 90% of the settlement funds on addressing the social determinants of health and 10% on acute crisis care. This is in recognition that prior focuses on acute crisis care have not provided long-term results without other supportive services and addressing basic needs. Members stressed that the funds received through the opioid settlement were gathered on the backs of individuals and families who have suffered and continue to suffer. The memories of those lost cannot be forgotten as the County endeavors to move forward from crisis-focused to person-oriented solutions.

The BHSUCOD affirms its position that one overdose death is one overdose death too many and one death by suicide is also one too many. It wishes to see continued reductions, which may never arrive at zero, but believe tracking overdose death rates should not be the singular outcome measure of the County's efforts success. Beyond this measure, the Advisory Committee supports the County's ongoing efforts to measure its initiatives through a recovery capital framework and its ability to capture resilience, health, well-being, social determinants of health and risk factors.

It is in this context that the BHSUCOD places the 2024 Plan recommendations' emphasis which are supported by the evidence developed by the County's own research; national research; and the direction set by the federal Domestic Policy Council, Office of National Drug Control Policy and Substance Abuse and Mental Health Services Direction. The Plan also emphasizes the need to focus, not only on individuals in crisis, but the nearly 37,000 total calls placed to 211 of Palm Beach and Treasure Coast for mental health and addiction assistance in calendar years 2022 and 2023 as well as individuals faced with mental illness and substance use disorder that do not require crisis care.

Members of the BHSUCOD expressed gratitude that the Board of County Commissioners have faith in people with lived experiences to develop a plan and recommendations. They have experienced fragmented systems with many siloes. Their hope is that utilization of research and evidence-based recommendations will mitigate "treat and street" approaches that have failed outcomes and result in dehumanization of individuals with behavioral health and substance use disorders.

The BHSUCOD trusts the Plan 2024 sets a sound course that will build a robust resilience and recovery ecosystem in Palm Beach County. An ecosystem, with its emphasis on social determinants of health, can prevent illness as well as intervene early in its cycle to avoid entrance into crisis care.

The BHSUCOD believes the Plan 2024 is not intended to be viewed through a lens of finality, but rather a reflection on what has been accomplished and a road map for future work. Although substance use disorders were the impetus of starting this work in 2017, the Plan recognizes the need to address all behavioral health needs along a continuum including prevention and education, early intervention, treatment and recovery.

Lastly, the BHSUCOD has confidence that the Plan 2024's recommendations address the infrastructure and person-centered, recovery-oriented care necessary to create a near one hundred percent opportunity for individual's to successfully address their behavioral health and substance use disorder needs.

II. REVIEWING PROGRESS: ONE INITIATIVE, ONE INDICATOR AT A TIME

Significant strides have been made since the Palm Beach County Board of County Commissioners (BCC) adopted its plan, *Opioid Crisis - Palm Beach County's Response (ORP)*, in 2017 and subsequently identified behavioral health and substance use disorders as a strategic priority in 2019. The ORP pointed to the need to create a coordinated response through the designation of a primary entity responsible for the integration of all efforts relative to the epidemic. (See Appendix I for a Comprehensive Opioid Epidemic Timeline)

The ORP also pointed to the need for leadership and guidance from an experienced veteran accustomed to working on solving substance use disorders — in short, appointing a 'Drug Czar' for the County which the BCC accomplished in April 2018. Since, the appointee has led the Office of Behavioral Health and Substance Use Disorders (OBHSUD) established in the Community Services Department.

The OBHSUD supervises the planning, administration, and county contracting of behavioral health and substance use disorder services in Palm Beach County. It develops policies and manages various initiatives, programs, and funding strategies — serving as liaison to communicate the County's efforts to the public; local, state, county and federal agencies; and the service provider community.

The OBHSUD is also responsible for facilitating the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders and its subcommittees as well as for the development of the Annual Plan Update submitted to the BCC. In this capacity, it has adopted a community wide approach which has been taken with many other valued partners and community members.

Traditionally, mental health services were rarely integrated with substance use disorder. According to reports published in the Journal of American Medical Association roughly 50% of individuals with severe mental disorders are affected by a substance use condition. (Robinson, L., 2018) The University of Chicago also found, in a patient-experience survey conducted across behavioral health provider groups and behavioral health consumer organizations, that 87% of patients of all ages who received mental health or substance use care from a provider felt they needed additional help from a substance use or mental health specialist. (Bowman Foundation, 2023).

Considering this context, the BCC expanded its focus to not only address the opioid epidemic but to include both behavioral health and substance use disorder when it identified such as a strategic priority in 2019, and maintained this priority to date. Also, in 2019 a Behavioral and Substance Use Disorder Cross-departmental team (CDT) of multiple department employees was established to address this priority. The team includes representatives from Youth Services, Employee Assistance Program, Parks and Recreation, Victim Services, Fire Rescue, Medical Examiner's Office, Library, Cooperative Extension, Palm Tran and Community Services.

The CDT fosters leveraging of resources, talent and innovation across all departments. Integration of efforts assures increased access and stewardship of County resources. Chief amongst the BCC's aims is the establishment of a readily accessible, integrated and coordinated person-centered, recovery-oriented system of care (ROSC) for the purpose of improving long-term recovery outcomes and enhancing health and wellness.

The CDT recognizes that addressing behavioral and substance use disorders is a continuum of efforts starting with prevention and early intervention and continuing to treatment and long-term recovery through building of resilience. The CDT last presented to the BCC at a January 30, 2024 Workshop meeting during the County's Office of Management and Budget's (OFMB) budget and strategic planning cross-departmental team presentations. The team highlighted its broad range of services year including Youth Services' free evidence-based and trauma-informed mental health services, Fire Rescue's Mobile Integrated Health teams, and, community education and public awareness events across all of the departments.

OFMB also presented the results of the County's 2023 community resident survey. The survey of 7,291 residents found that 52% said the county's response to substance use and behavioral disorders was fair or poor. Another 21% did not know enough to rate this question. Asked to rank County priorities, 62% said mental health, substance use and behavioral health support ranked a 4 or 5 on a scale of 5 in importance. (Palm Beach County, Resident Survey, 2023).

The ORP also pointed to the need to establish a steering committee to guide the County's efforts. The CSD operationalized an Opioid Response Steering Committee in 2019. In 2021, the steering committee was officially renamed the ***Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee (BHSUCOD)*** in order to better align with the BCC's strategic priority. Steering Committee members volunteered endless hours and brought expertise and passion to approve *The Substance and Mental Disorders Plan Update, March 2022* (2022 Plan) at its March 2022 meeting.

A: Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders Established

The 2022 Plan recommended the BCC enact an ordinance designating a lead entity granting it leadership, budget, planning and monitoring authority as an overarching high priority. In response, the BCC approved Resolution No. R2022-1340 on November 1, 2022. The Resolution established the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders (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. (Palm Beach County Board of County Commissioners Agenda, November 1, 2022)

The Resolution also declared the BCC’s expressed approval of a person-centered, recovery-oriented system of care focused on quality of care and long-term recovery outcome improvements. The BCC approved the 2022 Plan on November 15, 2022. It and this plan, *The Substance and Mental Disorders Plan Update, April 2024 (2024 Plan)*, developed by the BHSUCOD are intended to serve as a roadmap for Palm Beach County to bring to fruition an integrated and coordinated, person-centered, recovery-oriented system of care for anyone with a substance use, behavioral health and/or co-occurring disorder.

The BHSUCOD is comprised of nine at-large members and nine ex-officio members who are individuals with both lived and learned (professional experience) who represent a diverse cross-section of the community. This includes individuals who are parents who have lost their children to accidental overdose, impacted family members, people in recovery, formerly incarcerated individuals, clergy, peer support specialists, doctors, clinicians, first responders, providers, attorneys, law enforcement personnel as well as elected and government representatives. The Resolution outlined that the inaugural membership was to be comprised of the nine individuals who served as members on the BHSCOD Steering Committee at the time the Resolution was approved by the BCC and the three individuals who served as Ex Officio members of that Steering Committee.

BHSUCOD Membership

Public	Ex Officio (Designee)
Sharon Burns-Carter	Florida Department of Health PBC (Natalie Kenton)
Ariana Ciancio	PBC Fire Rescue (Chief Charles Coyle)
Lissa Franklin	PBC Health Care District (Jon Van Arnam)
William Freeman	PBC League of Cities (Hon. Angela Burns)
John Makris	PBC Sheriff’s Office (Sandra Sisson)
Barbara Shafer	Palm Health Foundation (Patrick McNamara)
Brent Schillinger, MD	Southeast Florida Behavioral Health Network (Daniel Oria)
Rae Whitely (V. Ch.)	Southeast Florida Recovery Advocates (Maureen Kielian, Ch.)
Austin Wright	State Attorney’s Office (Al Johnson)

The 2022 Plan adopted a Mission, Vision, Values and Beliefs statement to inform the County’s work which is again affirmed by the BHSUCOD as follows:

- 1. **Mission:** To ensure access to individualized person-centered, recovery-oriented care and supports through integrated and coordinated services using a “no-wrong door” approach for all Palm Beach County residents in need.
- 2. **Vision:** To have a fully integrated and coordinated person-centered, recovery-oriented system of care that employs neutral care coordination and recovery as well as peer supports that focus on:

- Individual needs and assessment of each person holistically.
 - Evaluation of personal resiliency and risk factors utilizing recovery capital indexing.
 - Strength-based, accessible and available services to any person seeking improved outcomes for mental illness, substance use and/or co-occurring disorders.
3. **Values and Beliefs:** A person-centered, recovery-oriented system of care is non-judgmental, caring, trauma-informed and embraces the understanding that each individual's journey to recovery and wellness is unique. Additionally, a "no wrong-door" approach within a recovery oriented system of care:
- Places high value on collaboration and coordination among governmental and non-governmental organizations to provide appropriate levels of individualized care.
 - Utilizes neutral care-coordination to screen and assess individuals and connect them to appropriate levels and types of care, remove barriers and provide follow-up and coordination of services as appropriate.
 - Uses validated tools that assess needs, levels of care and recovery wellness.
 - Values and respects individuals and meets them where they are, recognizing that substance use disorders and behavioral health disorders are brain-based, frequently intertwined and compromise decision-making abilities.
 - Prioritizes individualized care based on need and considers client voice.
 - Determines placement, supports and services based on assessments instead of based on a particular program's availability and/or for administrative convenience.
 - Presents treatment and service options with appropriate and transparent disclosures related to risks that might be involved with either taking or not taking advantage of any given options, as well as provides information about the risk of not accepting any options for treatment or services.
 - Supports and service options are trauma-informed, strength-based, individualized and supportive of long-term recovery.
 - Recognizes that successful long-term recovery rests in a person-centric system that is inclusive, equitable, and community-based.
 - Utilizes evidence-based practices to the maximum extent possible with a focus on recovery capital, improved recovery outcomes, adverse childhood experiences and trauma informed care.

B. Mental Health within a Resilience and Recovery Ecosystem

As noted earlier, the BCC expanded its focus to address behavioral health to include mental health and substance use disorders more broadly in addition to its initial focus on the opioid epidemic. The development of the Plan has followed an evolution from this more narrow focus to one that is broader. While progress has been made, the Advisory Committee recognizes

that the historic challenge of integration both nationally and locally remains significant and still more work needs to be done.

Mental health challenges can be difficult to define, diagnose, and address, partly because it isn't always clear when an issue is serious enough to warrant intervention. Mental health encompasses our emotional, psychological, and social wellbeing, and is an essential component of overall health according to the U.S Department of Health and Human Services. In its 2023 – 2026 strategic plan, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) declared the United States faces unprecedented mental health and substance use crises among people of all ages and backgrounds with two out of five adults having symptoms of anxiety or depression (SAMHSA, Strategic Plan, 2023).

Even before the COVID-19 pandemic, rates of depression and anxiety were increasing. The grief, trauma, and physical and social isolation related to the COVID-19 pandemic have exacerbated these issues for many. Among adults aged 18 or older in 2021, nearly 58 million people had any mental illness and 14 million people had a serious mental illness in the past year.

SAMHSA reports that despite these tragic numbers, many people are moving toward and achieving recovery. The most recent National Survey on Drug Use and Health (NSDUH) tells a more encouraging story: nearly 39 million who perceived they ever had a problem with their mental health considered themselves in recovery or recovered.

The 2023–2026 SAMHSA Strategic Plan presents a new person-centered mission. SAMHSA received extensive and thoughtful feedback from stakeholders calling for action to improve well-being by heightening the importance of behavioral health integration and focusing on trauma-informed, recovery-oriented, and person-centered care. The strategic plan integrates four overarching guiding principles across all policies and programs to support SAMHSA in achieving its mission and vision: equity, trauma-informed approaches, recovery, commitment to data and evidence.

SAMHSA identifies enhancing access to suicide prevention and mental health services as a strategic priority describing these services as often fragmented such that transitions from one level of care to another are challenging. It aims to lead access to a full continuum of care that provides timely and high quality services to anyone who needs them including, in part, enhancing access to suicide prevention and crisis care as crucial elements of the mental health continuum of care, so that people experiencing suicidal ideation and other behavioral health crises can receive the care they need and want in order to thrive and achieve well-being.

The full mental health continuum outlined by SAMSHA includes mental health promotion and early intervention services, mental health crisis care and suicide, and treatment and recovery support services. The continuum and its identified elements align with Palm Beach County's resilience and recovery ecosystem model and other recovery-oriented system of care modeling developed throughout the nation.

SAMHSA emphasizes that, *"Across the continuum, it is critical to achieve a seamless integration of services for mental health conditions."* This can and will be achieved through the

County's implementation of neutral care coordination. Recovery and improved health and well-being are the goals of mental health care for individuals with a mental health condition. Individuals often take different pathways to engage with behavioral health services and initiate and sustain recovery. Because a mental and/or substance use disorder (SUD) crisis often results from environmental challenges and events, such as trauma, job loss, or financial or interpersonal stressors, addressing these issues is crucial to sustaining recovery. The recovery process is highly personalized, with individuals engaging in a variety of services and supports that may include treatment as well as recovery support services.

SAMHSA states robust, culturally appropriate, and responsive systems will be essential to meeting crisis care needs across the nation. The foundation SAMHSA relies on in the design of crisis services starts with the individual's needs and having planning thinking about these as well as the circumstances, and situation of a person in crisis. Through this whole-population approach, SAMHSA is promote and enhance genuine engagement with persons who have experienced crisis and are living with or are in recovery from mental illnesses or SUDs by developing several initiatives that will improve and serve as a model for state and community systems on consumer engagement in services design and delivery. The incorporation of person-centered, trauma-informed principles will promote engagement and improvements in quality crisis service delivery.

SAMHSA is also advancing bi-directional integration of healthcare services across systems for people with behavioral health conditions. Bi-directional care integration focuses on improving access to and delivering whole-person care. It also includes addressing physical and behavioral health in an integrated system where providers work together to deliver and coordinate care. SAMHSA acknowledges that bi-directional care integration is not a "one-size-fits-all" endeavor.

Specialty behavioral health and primary care settings differ in significant ways, including patient populations, provider expertise and background, resource needs, financing and information technology systems, and primary drivers of care. These differences need to be factored into any integration activities.

Despite these differences, consistently applying a whole-person care approach equitably, no matter the setting, can improve health outcomes for people with behavioral health conditions. Non-specialty healthcare settings, whether emergency departments, hospitals, or primary care, may be the first place for an encounter with an individual in need of behavioral health services.

These encounters represent significant opportunities for screening, diagnosis, and engagement in effective services and supports, not only for physical and behavioral health conditions but also for supports that pay attention to social determinants of health (SDOH). Interventions for behavioral health conditions in primary care especially reach the large population of individuals with less complex or stable mental and SUD.

SAMHSA recognizes the importance of addressing SDOH as key levers to achieving improved outcomes for people with behavioral health conditions. Wraparound services for transportation assistance, case management, and supportive and recovery housing are a few examples of

allowable activities that can be supported with SAMHSA grant funds (SAMHSA, Strategic Plan, 2023).

SAMHSA's person-centered mission is lofty and its push for whole-person care is admirable as are the innumerable initiatives to address mental health at every level of government. Despite these, the pain and frustration for both individuals and families navigating care remains.

This is no more evident than the regular personal and painful testimony received from impacted family members and individuals navigating care in Palm Beach County; leading one National Alliance on Mental Illness (NAMI) Palm Beach County family member to question, "System? What system? There is no system." These are not isolated sentiments and are difficult words to hear. They have been and must continue to be listened to in order to further propel and achieve the County's aim to establish a person-centered, recovery-oriented system of care.

Palm Health Foundation has been a leader in community health initiatives that promote the adoption of healthy lifestyles and tackle the social, economic and environmental factors that impact physical and mental health in Palm Beach County neighborhoods. Core to the Foundation's mission is the belief overall health and wellbeing is intimately connected to the good health of an individual's brain.

As such, the Foundation is leading a movement to advance brain health in Palm Beach County through its charitable funds and community initiatives. More specifically, through its Brain Health and Neuroarts Collaborative Initiatives. The Foundation is also a leading systems change agent and has advanced the work of Dr. Thomas Insel, former Director of the National Institute of Mental Health.

For over a decade at NIMH, Insel directed billions of dollars into research on neuroscience and the genetic underpinnings of mental illnesses. In a March 2022 interview with National Public Radio Insel discussed his book, *Healing: Our Path from Mental Illness to Mental Health*, published that year. Insel stated, "Our efforts were largely to say, 'How can we understand mental disorders as brain disorders, and how can we develop better tools for diagnosis and treatment?'" and admits that the results of that research have largely failed to help Americans struggling with mental illnesses. (Chatterjee, 2022)

"Our science was looking for causes, while the effects of these disorders were playing out with more death and disability, incarceration and homelessness, and increasing frustration and despair for both patients and families," writes Insel. Insel tells of one poignant moment giving a presentation when the father of a 23-year-old son with schizophrenia who'd been hospitalized five times, in jail three times and made two suicide attempts yelled from the back of the room, "Our house is on fire and you're telling me about the chemistry of the paint! What are you doing to put out the fire?"

Insel stated he was initially quite defensive but that there was a part of him that realized that the pain that the father and so many other people were feeling had an urgency to it that our science wasn't addressing. He stated, "This is a crisis of care. This is our failure to be able to provide the things that we already have in hand." It's why Insel left the NIMH he said which led him to

getting more involved with starting a social movement to bring attention to the fact that this house is on fire. (Chatterjee, 2022)

In another interview with Dr. Eric Topol of Medscape's Medicine and the Machine podcast titled, *The Medical Model Doesn't Work for Mental Health*, Insel is asked, "So how can we do better? We've been following a specific model for mental health for the past several decades. Like the medical approach to an infectious disease, it's to define a problem through a diagnosis and provide medication to fix it. This hasn't worked as well for people with mental illness as it has for people with infectious diseases. (Topol, 2022)

Insel states an alternative to this is a recovery model that is a radical alternative that focuses not only on the relief of symptoms, but also helping someone build a life through what he models as the three P's: people, place, and purpose. These mean finding people for support, having a place or sanctuary to heal, and discovering a purpose or mission. Each of these is essential for building a life after, for example, a psychotic episode, a severe depression, or a bout of anorexia nervosa.

Insel also states mental illnesses need to be addressed with the same rigor, standards, and reimbursement we use for any serious medical problem, however, we can't address this as another medical problem. He added, the solutions must include people, place, and purpose and the focus needs to be on fixing the social safety net so mental illness is no longer criminalized mental illness and people with serious mental illness don't die homeless and neglected. (Topol, 2022)

Insel concluded in a Business Trip interview focused on exploring the future of mental health and wellness that the three P's are not focused on in the current care system, and they are not paid for with insurance. He discussed adding a 4th "P": Payment, and states, "We have to figure out how to pay for this." (Kubin, 2023)

SAMHSA indicates that together components such as these, when person-centered and coordinated with other services, can address the goal of serving anyone, at any time, from anywhere across the country. SAMHSA notes to help achieve this goal, on July 16, 2022, the National Suicide Prevention Lifeline transitioned to the 988 Suicide and Crisis Lifeline and became effective as a result of enactment of The National Suicide Hotline Designation Act of 2020 which designated 9-8-8 as the universal telephone number for suicide prevention and mental health crisis (SAMHSA, Strategic Plan, 2023).

In its 2022 Annual Report, the Florida Suicide Prevention Coordinating Council reported the transition to 988 requires states to identify funding streams to build and sustain crisis response infrastructure and that the 1-800-273-8255 remains operational in addition to 988, calling either number will route an individual to an accredited Lifeline Member center. The Council also reported Florida has one of the most complicated networks of Lifeline centers with 13 local call centers comprising the Lifeline Network. A routing algorithm directs calls to a Lifeline center based on designated county coverage area in a tiered format. If one local Lifeline center is unable to answer, calls are re-routed to a second Lifeline center in the state that provides backup services. If neither in-state center can answer, the call is routed into a third tier of support, Lifeline's national-level backup network. (Florida Department of Children and Families, 2023)

211 Palm Beach and Treasure Coast is the regional responder for the 988 Lifeline for Palm Beach County. In 2023, 211 reported 17,311 calls seeking assistance for mental health or substance use disorders (including 721 suicide related calls) representing 32.95%% of all its calls. In 2022, 211 reported 20,534 calls seeking assistance for mental health or substance use disorders (including 801 suicide related calls) representing 27.01% of all its calls. (211 of Palm Beach and Treasure Coast, 2024)

In 2021, the Florida Department of Health in Palm Beach County (DOH-PBC) and the Health Care District of Palm Beach County (HCD) enlisted the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). As part of this process, the Palm Beach County Community Health Advisory Council (Advisory Council), comprised of a diverse group of local public health system partners and stakeholders, was also engaged to inform and guide CHA and CHIP development (Florida Department of Health in Palm Beach County and the Health Care District of Palm Beach County, 2023).

From January 2022 through June 2022, the Advisory Council convened to: 1) discuss the gaps in services and challenges facing Palm Beach County residents, based on the quantitative and qualitative CHA findings, 2) share their perspectives and experiences as local public health system representatives, and 3) develop a plan to address those needs. The Palm Beach County CHIP aims to address public health priorities by identifying which community partners and stakeholders will work on each priority area and how their individual organizations will support improving progress towards activities and health improvement strategies in Palm Beach County. The 2022 – 2027 Palm Beach County CHIP strategic priority areas are as follows: Chronic Disease Prevention and Self-Management; Mental and Behavioral Health; and, Access and Linkages to Health and Human Services.

The CHIP reports in 2019, approximately 9.2% of adults in Palm Beach County reported having poor mental health on over 14 days of the past 30 days, and this proportion was higher among White (10.7%) and Black (9.6%) residents. Furthermore, the rate of age-adjusted suicide deaths in the county was 13.9 per 100,000 population. This rate was 2.6 times higher among White residents compared to their Black counterparts, and 2.2 times higher among non-Hispanic residents compared to their Hispanic counterparts.

The CHIP found poor mental health increases one's risk for engaging in substance misuse. Moreover, it found poor mental health and heavy substance use increases the risk of an individual engaging in abusive behaviors, but that the cycle does not end there. According to the CHIP, evidence shows that the mental anguish that domestic and intimate partner violence survivors experience causes some to cope through substance use. Widely, research has found that substance use plays a pivotal role in violent and abusive behaviors, and always worsens patterns of abuse. In Palm Beach County, the rate of domestic violence offenses was 296.5 per 100,000 population in 2020. Of growing concern, human trafficking, which intersects in many ways with domestic violence, poor mental health, and substance use, has also exponentially increased.

Thus, the Advisory Council selected Mental and Behavioral Health as a top priority due to the great impact on the overall wellbeing of an individual and their community. The following shows the goals, objectives, strategies, and activities that will provide direction for the community health improvement planning efforts in the community for this priority area. The Plan also includes best practices, evidence supported initiatives, and currently available community resources specific to this priority area.

Goal 1: Reduce the prevalence of mental and emotional disorders.

Strategy: Promote and offer resources to enhance education and awareness of mental and emotional disorders, such as MHFA training, support groups, and community newsletters.

Strategy: Promote behavioral health integration into primary care.

Goal 2: Reduce the burden of mental and emotional disorders.

Strategy: Develop and distribute resources for the medical community to encourage and enhance early diagnosis and linkages to care.

Goal 3: Reduce the prevalence of substance use disorders and drug overdoses.

Strategy: Promote resources for support system members, community members, and those engaging in substance use to enhance community conversations around behavioral health and link residents to needed resources.

Goal 4: Reduce the burden of substance use disorders and drug overdoses.

Strategy: Increase partnerships and training related to drug misuse across the community and healthcare system.

Goal 5: Reduce the prevalence of domestic violence and human trafficking throughout Palm Beach County.

Strategy: Increase partner participation on coalitions involved in addressing human trafficking in Palm Beach County.

The CHIP identifies the following Mental and Behavioral Health – Best Practices and Evidence-Supported Initiatives: Behavioral Health Primary Care Integration; Mental Health Benefits Legislation; Extracurricular Activities for Social Engagement; Mental Health First Aid; and, Trauma-Informed Health Care (Florida Department of Health in Palm Beach County and the Health Care District of Palm Beach County. 2023)

C: Building Youth Resilience: Palm Beach County’s Youth-oriented Efforts

At the same time as multiple efforts were underway to address the substance use crisis that Palm Beach County faced there has been a recognition of a crisis in mental health for young people. The need to address education and early intervention is well documented in research on Adverse Childhood Experiences (ACEs) and more recently factoring in Adverse Community Environments.

Resiliency building experiences for individuals are essential to addressing mental health needs. Multiple community efforts are underway with partnerships including Palm Beach County Youth Services, Children's Services Council of Palm Beach County, Palm Beach County School District, United Way of Palm Beach County, BeWell PBC and several other community partners.

Birth to 22: United for Brighter Futures

Just as is the case in the adult space, collaboration of partners is key to addressing behavioral and substance use disorders for youth. After the tragic shooting of children by a person with a mental health disorder at Sandy Hook elementary, County, school district, judicial and Children's Services leaders saw the need to collaborate for an effective system of care for children. An infant, child, youth and young adult symposium was held and the eventual outcome was the creation of Birth to 22: United for Brighter Futures and the adoption of a youth Master Plan called "Strengthening the Steps to Success."

That Plan prioritized the creation of a trauma sensitive community. The Plan is currently being updated after a great deal of community input, most importantly from youth. Mental Health was identified as the most pressing need along with social determinants of health such as education and economic access.

Youth Services Department and Sanctuary Certification

The Board of County Commissioners established the Youth Services Department (YSD) in FY 2015. The residential treatment and family counseling division (RTFC) provided direct mental health services to children and families in schools, on an out-patient basis and in the High Ridge Family Center which is a residential facility for youth 11 to 16. In addition, YSD has an American Psychologist Association (APA) training program for psychologists.

Recognizing the long term effects of ACEs and trauma on young people and the need to address generational trauma, YSD sought to implement a model of trauma-informed care period.

The Palm Beach County Youth Services Department (YSD) was certified in September of 2022 in the Sanctuary Model of Trauma-Informed Care by the Andrus Sanctuary Institute. It is the fourth government agency in the nation, and first in the State of Florida to receive this certification.

The Sanctuary Model is a blueprint for clinical and organizational change. The trauma-informed model promotes an environment emphasizing the seven commitments of nonviolence, emotional intelligence, social learning, open communication, social responsibility, democracy, and growth and change. The certification symbolizes the YSD's commitment to providing a higher level of care, a trauma-sensitive environment for the clients and community served, and a better work environment for employees. The implementation of the model also increases measurable levels of hope, safety, trust, emotional intelligence, and problem-solving skills in both staff and clients.

YSD has also demonstrated a 30-year long commitment to providing mental health services to youth and families of Palm Beach County through the Residential Treatment and Family Counseling (RTFC) Division. YSD is able to offer free trauma informed outpatient therapy

services throughout the County at five different office locations for families with youth ages 0-22.

The Youth and Family Counseling program within YSD also has 7 therapists who are assigned to 14 different schools and provide on-site therapy services to the students at the schools. Additionally, the Education and Training Center location offers the evidence based treatment of Parent Child Interaction Therapy (PCIT) which has been very successful with behaviorally challenged youth between the ages of 2-7.

Additionally, comprehensive psychological assessments are provided at no cost to YSD clients and participants in a Community Based Agency funded by YSD. These psychological assessments can cost up to \$3000 in the private sector. The assessments provide vital information regarding social, emotional and intellectual functioning to aid with school accommodations and treatment planning to help youth address academic and mental health concerns in order to reach their full potential.

For youth ages 11-16 years of age who need more than once per week outpatient therapy, but are not in need of psychiatric hospitalization or inpatient substance use treatment, YSD offers the Highridge Family Center program. Highridge Family Center is a Monday through Friday trauma informed residential program that focuses on helping youth who are struggling at home, school, and in their community (peers). Youth attend a Palm Beach County on-site school where their grades are transferred in when they arrive and transferred out to their school when they leave. Intensive group, individual and family therapies are provided throughout the 3-4 month stay. Youth go home each weekend so that they and their families can practice their newly learned coping and communication skills.

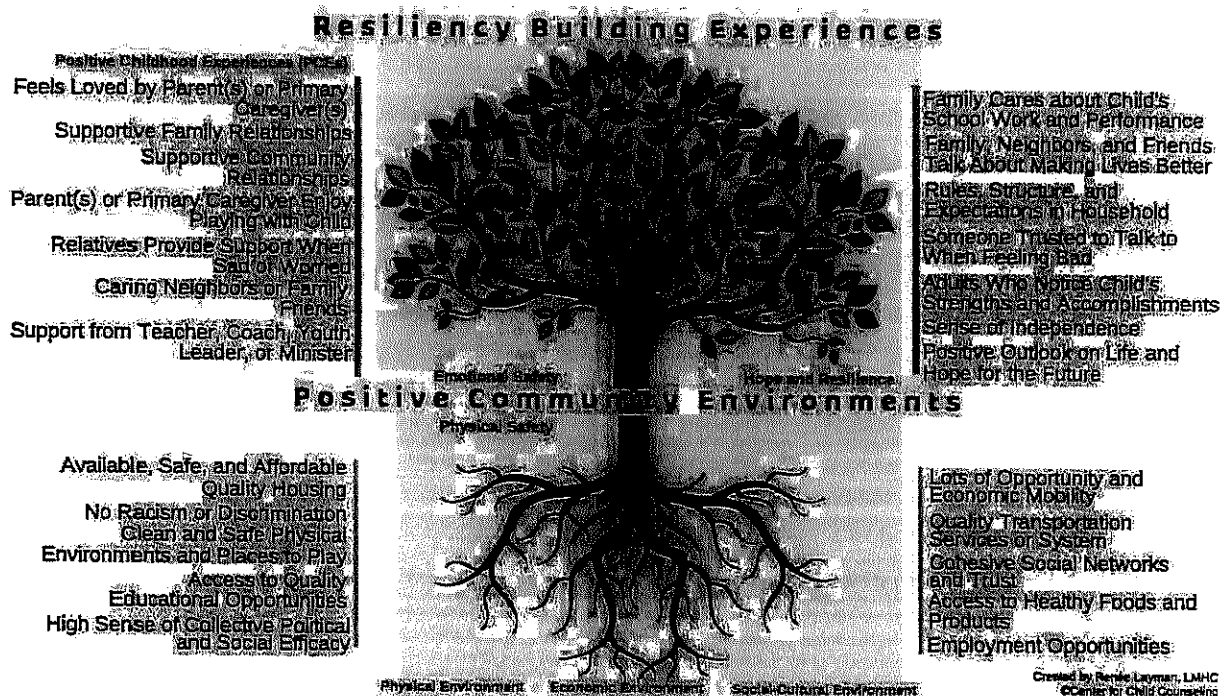
YSD also offers the Family Violence Intervention Program (FVIP) where first time offenders with a domestic violence charge are able to be diverted to appropriate treatment programs based on their needs. YSD programs are considered a diversion program and for those youth who successfully complete the program, their charges are dropped.

The YSD also works closely with Community Based Organizations to provide programming and services to children and families throughout Palm Beach County. This is part of a broader collective impact initiative known as Birth to 22: United for Brighter Futures which incorporates six action areas, including health and wellness, ensuring safety and justice, social emotional learning supports, and parenting and role models.

Community Based Agencies (CBAs) are organizations that receive funding from the Palm Beach County Board of County Commissioners through its Youth Services Department. Each organization that receives YSD funding supports programs that fill service gaps as indicated by the Birth to 22 Youth Master Plan (YMP) for Palm Beach County. In FY2024, YSD supported the following agencies which provide mental health services through funding from the BCC:

- Children's Case Management Organization, Inc. (dba Families First of Palm Beach County)

- Community Child Care Center of Delray Beach, Inc. (dba Achievement Centers for Children & Families)
- Center for Child Counseling, Inc.
- Compass, Inc.
- Pace Center for Girls, Inc.
- Children of Inmates, Inc.
- Boys and Girls Clubs of Palm Beach County, Inc.
- Milagro Foundation, Inc.



Children's Services Council

The Children's Services Council (CSC) is one of two backbone agencies of Birth to 22 along with the PBC YSD. CSC funds a continuum of services aimed at promoting social-emotional well-being and mental health for children and families, targeting the pre-natal early childhood years. This continuum encompasses universal prevention programs through targeted intervention services addressing trauma, toxic stress, and parent-child attachment concerns. The Council's commitment extends beyond simply funding the services to also include the continued development of workforce capacity and expertise of the providers delivering the services and ensuring fidelity to the various program models.

CSC's four goals are that all our children are:

- Born healthy
- Safe from abuse and neglect
- Ready for kindergarten
- Able to access quality afterschool and summer programming

The Council strategically focuses its investments in programs and services that support the physical, social-emotional and psychological development of children. It contracts with 43 agencies to provide direct services. Programs funded for the 2023-2024 fiscal year total \$119,130,254 in the following categories:

Healthy Beginnings: Providing comprehensive integrated services to pregnant women, infants, young children and their families so more children are born healthy, grow up safe and are ready for school.

Quality Child Care: Providing increased access to quality early care and education so children are ready for school, and access to quality afterschool and summer programs so children are safe, reading on grade level and avoid summer learning loss.

BRIDGES: Connecting the child, family and neighborhood to the community at-large to ensure that children are healthy, safe, ready for school and on grade level at the end of third grade.

Initiatives: Giving children and families access to fundamental tools for success early in life so more children grow up healthy, safe and strong and our community thrives (Children's Services Council Palm Beach County, Types of Funding).

RALLY for Youth Mental Health

In response to the youth mental health crisis, BeWellPBC and partners developed the RALLY – Rapid Action Learning Leaders for Youth - a multi-channel, countywide approach to build and leverage capacity among a wide range of supports —youth peers, parents, schools, faith communities, neighborhood and grassroots initiatives, behavioral health agencies, etc.— in order to fill the gaps left wide open by a behavioral health profession shortage and disparities in access to care, and move beyond status quo methods and treatments to a vital conditions/equity approach for the complex challenges facing youth today.

With focus on youth ages 12-19 and their families, the RALLY became a data-driven, decision-making process to get people beyond talking about needs to taking action to solve problems through a collective and continuous effort to act, test, learn, and adapt. The original RALLY event on August 22, 2023, was an in-person gathering that hosted 96 Palm Beach County residents of all ages, community leaders, behavioral health professionals, funders, and system leaders to set priorities, identify existing supports and new concepts to tackle youth mental health, and move ideas to action with new relationships forming and capital dedicated to the cause. Post-RALLY, community and systems activated plans to deploy short-term and long-term solutions, and partners across the county worked together to bring solutions to fruition.

Behavioral Health Technician Allied Health (Medical Academy) Program

In March 2022, The State Board of Education approved the Behavioral Health Technician Program, a first-of-its-kind secondary curriculum created and designed by The School District of Palm Beach County and offered statewide, to prepare high school students for employment immediately after graduation and set them on a path to lifelong careers. Long-term, the program

aims to create a diverse and inclusive workforce pipeline and address the critical behavioral health professional shortage.

The Behavioral Health-Focused School Project Team that came together to develop the program was led by BeWellPBC and the School District of Palm Beach County's Choice and Career Options and Behavioral and Mental Health Departments, and included Palm Beach County Youth Services Department, CareerSource Palm Beach County, United Way of Palm Beach County and several other partners locally. Before creating the curriculum and with intent to utilize feedback from students and teachers, the project team conducted a two-year pilot from 2019-2021 comprised of 350 juniors and seniors and their teachers from five PBC high schools with high diversity and inclusion populations.

The state-approved course is designed for high school medical academies where juniors and seniors can choose to take the specialized curriculum once they have completed their general medical prerequisites. The course provides an integrated cross-trained foundation and practical experience in behavioral and social sciences and was designed to provide the learning and experience necessary to pass the Behavioral Health Technician Certification by the Florida Certification Board. Now, BeWellPBC and behavioral health providers are working alongside The School District to provide co-instruction in the classroom and internships in the field for high schoolers in the programs to gain firsthand experience.

Surgeon General: Protecting Youth Mental Health

United States Surgeon General Vivek H. Murthy declared in the U.S Surgeon General's Advisory, *Protecting Youth Mental Health*, (Advisory) that, "the challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating." This was true before the COVID-19 pandemic he said, but, "(This) era's unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced" (The U.S. Surgeon General, Advisory, 2021).

While appealing in the post COVID-19 period to the unprecedented opportunity as a country to rebuild in a way that refocuses and puts people first as well as strengthens connections to each other, Murthy states, "... this isn't an issue we can fix overnight or with a single prescription. Ensuring healthy children and families will take an all-of society effort, including policy, institutional, and individual changes in how we view and prioritize mental health." The Advisory offers recommendations for supporting the mental health of children, adolescents, and young adults but recognizes that applicability of these to individuals who have varying degrees of control over their circumstances. That is why, the Advisory emphasized, "systemic change is essential."

Mental health challenges can be difficult to define, diagnose, and address, partly because it isn't always clear when an issue is serious enough to warrant intervention. Mental health encompasses our emotional, psychological, and social wellbeing, and is an essential component of overall health according to the U.S Department of Health and Human Services. The 1999 Surgeon

General's Report on Mental Health also described it as the "springboard of thinking and communication skills, learning, emotional growth, resilience and self-esteem."

The Advisory describes youth mental health as being shaped by biological factors including genes and brain chemistry, and environmental factors, including life experiences. They can also be interrelated, making it difficult to isolate unique "causes" of mental health challenges. A longer, but not comprehensive, list of factors identified by the Surgeon General in shaping youth mental health include:

- **Society** - Social and economical inequalities, discrimination, racism, migration, media and technology, popular culture, government policies
- **Environment** - Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change
- **Community** - Relationships with peers, teachers, and mentors; faith community; school climate, academic pressure, community support
- **Family** - Relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence; trauma
- **Individual** - Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitude and coping skills.

Environmental factors also include adverse childhood experiences (ACEs) such as abuse, neglect, exposure to community violence, and living in under-resourced or racially segregated neighborhoods. ACEs can undermine a child's sense of safety, stability, bonding, and wellbeing. Moreover, ACEs may lead to the development of toxic stress. Toxic stress can cause long lasting changes, including disrupting brain development and increasing the risk for mental health conditions and other health problems such as obesity, heart disease, and diabetes, both during and beyond childhood as well as for future generations.

The Advisory not only emphasizes, "systemic change is essential," but so is a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people, support their families and communities, and mitigate the pandemic's mental health impacts. The action steps that are identified as musts to be taken by the Surgeon General are:

- Recognize that mental health is an essential part of overall health.
- Empower youth and their families to recognize, manage, and learn from difficult emotions.
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.
- Support the mental health of children and youth in educational, community, and childcare settings.
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly.

The Advisory lays out a series of additional action steps to take but recognizes, youth mental health challenges cannot be addressed solely by the efforts of youth, their families, local communities, and private organizations. In addition, all levels of government have a role to play. Wherein through the implementation of the following recommendations would mark an enormous step forward in supporting youth and their families:

- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Take action to ensure safe experiences online for children and young people.
- Ensure all children and youth have comprehensive and affordable coverage for mental health care.
- Support integration of screening and treatment into primary care.
- Provide resources and technical assistance to strengthen school-based mental health programs.
- Invest in prevention programs, such as evidence-based social and emotional learning.
- Expand the use of telehealth for mental health challenges.
- Expand and support the mental health workforce.
- Expand and strengthen suicide prevention and mental health crisis services.
- Improve coordination across all levels of government to address youth mental health needs.
- Support continued reduction in biases, discrimination, and stigma related to mental health.
- Support the mental health needs of youth involved in the juvenile justice system.
- Support the mental health needs of youth involved in the child welfare system (The U.S. Surgeon General, Advisory, 2021).

Youth Surveys

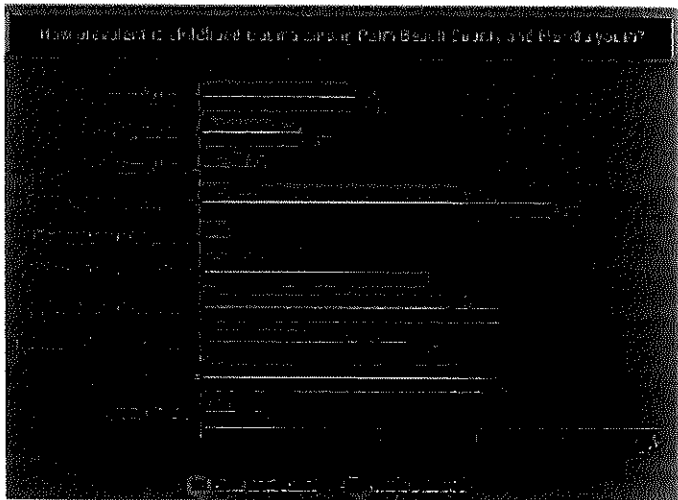
Florida Youth Surveys (FYS) are four statewide, school-based surveys conducted by the Florida Department of Children and Families in partnership with the Departments of Health, Education and Juvenile Justice. These surveys include the Youth Substance Abuse Survey (FYSAS), Youth Tobacco Survey (FYTS), High School Youth Risk Behavior Survey (HS-YRBS), and, Middle School Youth Risk Behavior Survey (MS-YRBS) (The Florida Department of Children and Families and the Executive Office of the Governor, 2022).

The FYSAS tracks indicators assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. The FYTS tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. Both Surveys collect data at the state level each year, and it is collected at the county level every other year.

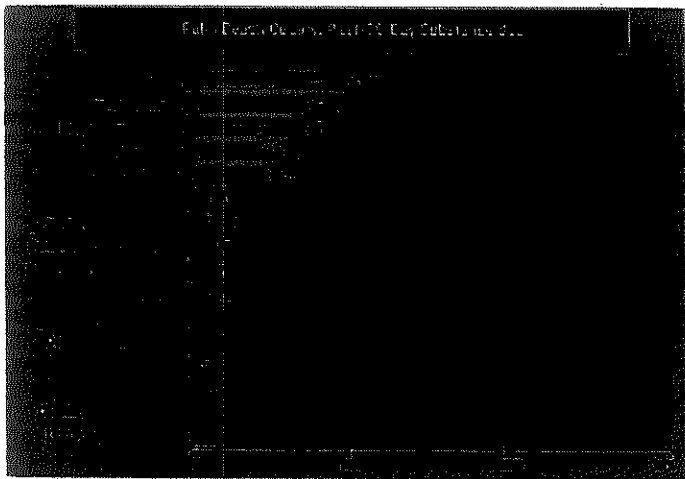
The YRBS surveys track indicators of behaviors that contribute to unintentional injuries and violence, sexual behaviors, substance use, tobacco use, physical activity, and dietary behaviors. Both surveys collect data at the state level in public and charter high schools during odd-numbered years.

The FYSAS is one of the first large-scale youth data collection efforts to include a comprehensive set of ACE questions. The high school version of the survey measures 10 areas of childhood trauma with known links to health and behavior. Exposure to four or more ACEs is considered a high level of trauma.

The 2022 FYSAS Palm Beach County report found 15.2% of Palm Beach County high school students have been exposed to at least four ACEs compared to 21.4% statewide. The 2022 FYTS Palm Beach County report found 9.4% of middle and high school students did something to purposely hurt themselves without wanting to die in the past year compared to 13.9% statewide.



The reports found Palm Beach County to be in the first quartile for these measures. This means that relative to other counties in Florida, the situation occurs more often in about three quarters of the counties. This may be attributable to the investment in youth mental health in Palm Beach County.



The final 2022 Palm Beach County FYSAS sample included 430 middle school students and 352 high school students, yielding a maximum margin of error of +/- 4.9 percentage points for the overall sample.

The graph shows past-30-day substance use prevalence rates for the combined sample of middle school and high school students.

Past-30-day prevalence (whether a student has used a substance on one or more occasions within the past month) is the standard indicator of current use (The Florida Department of Children and Families and the Executive Office of the Governor, 2022).

On November 8, 2023 Palm Beach County voters approved County Ballot Question #2 which gave the Palm Beach County School Board continued authority to levy 1.00 mills of ad valorem millage for a variety of operational needs including mental health services. The referendum was originally introduced after the Marjory Stoneman Douglas Public Safety Act was passed in 2018.

Passage allows for funds for a mental health professional in every school such as school counselors, social workers, and psychologists. The 2024 School Board budget appropriates \$87 million for this purpose (Raub, 2022).

Southeast Florida Behavioral Health Network appropriated \$1,959,975 in Palm Beach County Primary Prevention Youth Funding for state fiscal year 2022-23. Funds were contracted with Drug Abuse Treatment Association (DATA) and Hanley Foundation.

DATA runs multiple behavioral health programs and services for youth and families that focus on reducing risk factors generally associated with the progression of substance use and mental health problems. Project SUCCESS is located in more than 21 middle schools and high schools in Palm Beach County and along the Treasure Coast. Services include a universal prevention education series, individual and group counseling, parenting programs, and referral services.

As part of the Marjory Stoneman Douglas High School Public Safety Act passed in 2018, DATA's School Based Behavioral Health Program places behavioral health therapists in 15 Palm Beach County schools on a daily basis. Its intervention services are provided to youth at more than 18 local high schools and middle schools. Services include the identification of youth at risk through individual assessment; individual psychosocial assessment; short-term individual, family and group counseling; and referral to appropriate services for youth who need more intensive care. (Drug Abuse Treatment Association, School Based Programs).

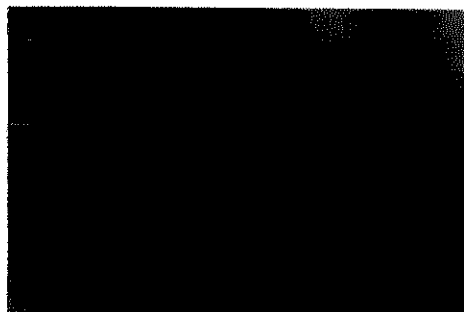
Hanley Foundation provides twelve distinct prevention programs across the age continuum, with particular focus on Palm Beach County middle and high-school students. With this age group, programming is designed to extend the age of first use by utilizing the teenage need for self-discovery and validation — educating teens about the actual effects of drugs and alcohol and correcting misconceptions. In addition to Palm Beach County, the Foundation delivers programming across 3 of Florida's 67 counties impacting the lives of some 75,000 students, parents, and caregivers in 2022 (Hanley Foundation, Prevention).

D: Network of Recovery Community Centers and Organizations Expanded

In May 2023, the BCC approved a contract in the amount of 1.25 million dollars with the Palm Beach County Behavioral Health Coalition which operates as the fiscal agent for the county-wide Recovery Community Organization (RCO), the Recovery Community Hub of Palm Beach County, to expand the County's network of recovery community centers (RCC) and allied local RCOs. The Recovery Community Hub of Palm Beach County (Hub), Delray Beach opened in May 2021 and the Hub of Lake Worth Beach hosted a ribbon cutting ceremony and began services in September 2023.

The planned expansion includes establishing Hubs in Riviera Beach and Belle Glade with locally run RCO's and centers expected to be fully operational in fall 2024. Additionally, the expansion plans include the establishment of the aforementioned countywide RCO which facilitates the local RCO development process, provide ongoing technical and administrative assistance to the network, and conduct public awareness, training and education activities. To date, the

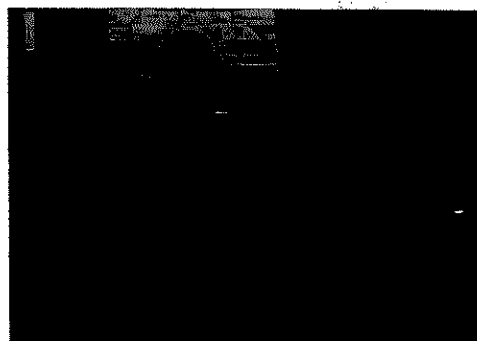
countywide RCO is fully operational, sites have been leased with renovation and local RCO development activities are underway.



The network of RCOs and RCCs is a critical underpinning to achieving the BCC's goal of establishing a readily accessible, integrated and coordinated person-centered, recovery-oriented system of care. They are also consistent with the 2022 Plan's recommendation to implement recovery supports to ease transitions and continuity of care, remove barriers and improve long-term recovery outcomes.

In calendar year 2023, the Hubs in Delray Beach and Lake Worth Beach engaged a total of 3,016 individuals in their services. Nine hundred sixty five (965) individuals received peer support services; 1,200 individuals participated in education and training events; and, 291 in social events.

RCCs are intended to be recovery hubs facilitating "one-stop shopping" in the accrual of recovery capital and provide strong, recovery-specific, social support. They may include, but not be limited to: housing, transportation, education and vocational services, mental health/substance use disorder services, medical care linkages (including HIV services) financial and budget counseling, legal and advocacy services, prevention for children and adolescents, and parenting and family services.



RCCs have been found to be of particular help to those more vulnerable individuals beginning recovery from substance use disorder who have few resources and low recovery capital. That said, they offer value to many others in the early years of recovery stabilization and beyond. They have also been found to provide a unique function in helping participants build recovery capital and thereby increase their quality of life, self-esteem, and decrease their psychological distress. (Kelly, 2020)

The BCC approved a contract in May 2023 enabling the CSD to partner with Florida Atlantic University School of Social Work and Criminal Justice (FAU) to perform a program research evaluation of the County's existing RCOs and RCCs and organizational development processes for the new locations. The research evaluation is examining the long-term recovery outcomes of the participants who interface with the RCO/RCC by evaluating levels of engagement and recovery outcomes with a report expected to be completed in December 2024.

The School’s research team is led by Dr. Heather Howard whose research focuses on community engagement as the basis for the data collection and analysis methods she utilizes. Her primary area of research is centered on trauma-informed care for women, particularly in substance use and health care from an empowerment lens. Howard also has over 25 years of clinical experience in social work in healthcare with clinical expertise in the treatment of grief and loss, trauma, and substance use disorders.

E: Comprehensive Opioid, Stimulant, and Substance Use Program Demonstrated Effective

FAU is also a research partner in Palm Beach County’s Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) charged with its evaluation. COSSUP was the recipient of a 2023 National Association of Counties Achievement Award in the Criminal Justice and Public Safety Category. COSSUP is funded by a federal Department of Justice \$1.2 million grant which as of October 1, 2023 entered into its fifth and final year. COSSUP was operationalized in October 2020 by contract with the Southeast Florida Behavioral Health Network (SEFBHN) and Rebel Recovery as the service provider which outreaches to reentry services, the courts, providers and the community as a means to engage program participants.

COSSUP’s aim is to reduce overdose deaths, promote public safety, and support access to treatment and recovery services in the criminal justice system. COSSUP’s primary focus is on achieving housing stability for criminal justice involvement individuals at high risk of overdose, given its key predictive value in achieving long-term recovery outcomes. It expedites recovery support services and provides housing vouchers, care coordination and flex fund support.

The aim of the evaluation is, through a recovery capital framework, to determine the impact of social capital, housing stability and a recovery-oriented system of care on individuals’ outcomes of personal capital, rearrests and housing stability at 90 days for persons with justice involvement and substance use histories. To date, the research team produced two reports: COSSUP Reports, 2021-22 and 2022-23. Two peer-reviewed articles were also published wherein CSD Office of Behavioral Health and Substance Use Disorder staff were co-authors. (See “*Now I Have My Own Key*”: *The Impact of Housing Stability on Recovery and Recidivism Reduction Using a Recovery Capital Framework* (Howard, 2023).

COSSAP has helped me enormously. Taken a huge weight off my shoulders and help me be able to figure things out and not be rushed into an environment where every dollar that I earn has to be paid towards rent. Helped me to save money and be able to figure out the next step in my life faster and better. Helped me be able to stay level headed.
Bob, COSSUP participant, 2021

The research team found the COSSUP model was an effective strategy on building personal capital, housing stability, and recidivism reduction for justice-involved persons. In fact, of the 97 program participants only 14 experienced a rearrest (14 %). Of the 14 % (n = 14) that had a rearrest, 12 participants had a new charge whereas the others were based on technicalities (Howard, 2023).

The research team found recruiting recovery residences to participate in the Recovery Housing Provider Network proved difficult. This was true despite a 26 week resident housing voucher which met market rate and participant requirements that did not exceed Florida Association of Recovery Residences (FARR) certification standards or applicable federal law. FAU researchers indicated these realities and the project's findings bolstered the need to develop transitional housing capacity incorporating the project's programmatic interventions and affordable housing capacity given housing stability's predictive value in building recovery capital and improving long-term recovery outcomes.

In its storied history, the field of substance use disorder treatment has been unable to isolate certain interventions in an individual's care that would, with confidence, build recovery capital and create meaningful opportunities to achieve long-term recovery. The research team concluded the strong predictive relationships between identified recovery capital indicators and outcomes, including the reduction in criminal justice recidivism, have far reaching implications on how substance use disorder will be addressed in the future. Specifically, through operationalizing recovery capital and studying its relationships to outcomes, true person-centered, recovery-oriented care will not just be a theory, but can be provided through individualized recovery planning.

These findings are mirrored in research conducted by the University of Iowa, Carver College of Medicine. Its research team investigated whether participation in an addiction medicine clinic with active case management led to improvements in patients' recovery capital and whether there were associated changes in criminal activity and co-occurring methamphetamine or alcohol use. (Bormann, 2023).

The Recovery Research Institute at Harvard Medical School Teaching Hospital noted in its review of the study, *Recovery Capital Correlates With Less Methamphetamine Use and Crime in the Community*, that individuals with greater recovery capital – the acquisition and/or use of available resources that can be accessed to support the initiation and maintenance of recovery from substance use disorder – report improved recovery outcomes over time.

The Institute noted the period following reentry post-incarceration is a vulnerable time for individuals with opioid and methamphetamine use disorder and is associated with higher likelihood of return to use and recidivism. The Institute also noted incarceration often systematically removes access to recovery capital, bolstering the importance of building recovery capital upon community reentry among formerly incarcerated people (Recovery Research Institute, 2023).

In the study, researchers found that recovery capital increased on average among formerly incarcerated people engaged in an addiction medicine clinic, and that increased recovery capital was associated with 60-75% reduced likelihood of alcohol and methamphetamine use and criminal. Reductions in methamphetamine use was particularly significant considering that there

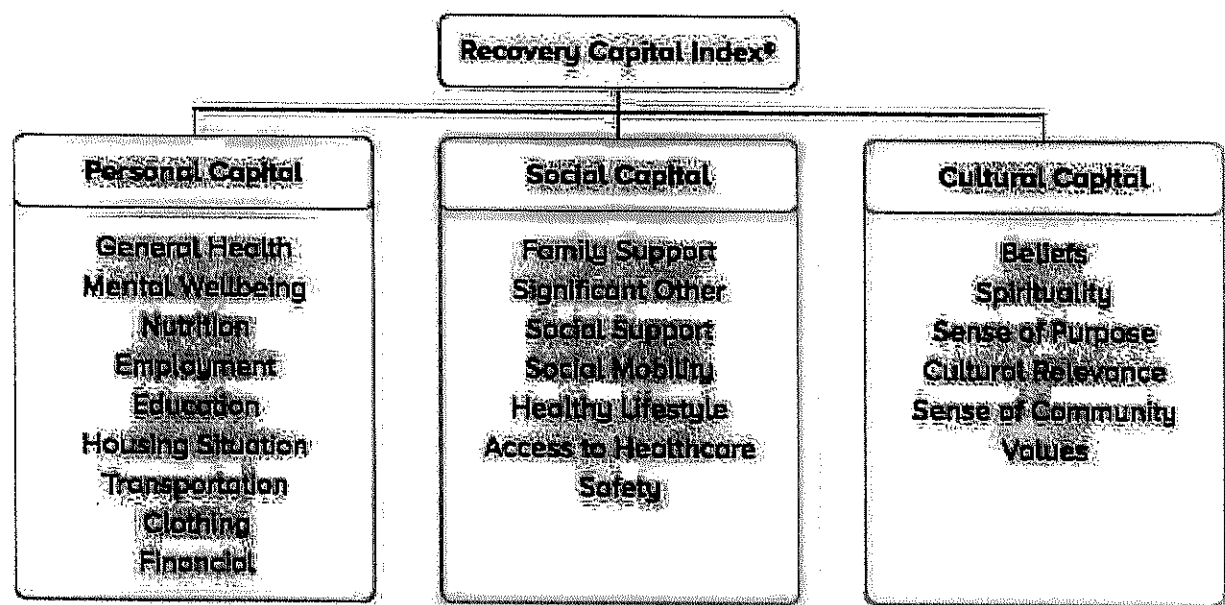
are currently no FDA approved medications for methamphetamine use disorder. (Bormann, 2023).

F: Recovery Capital: Integrating and Measuring Resilience and Risk

The measurement for assessing and enhancing recovery capital utilized by the FAU research team was the Recovery Capital Index (RCI) to support long-term recovery for justice-involved persons. The CSD deployed RCI in 2019 through its provider network which is key to measuring the system of care’s success.

RCI is a peer-reviewed, validated assessment tool that accurately described the individual's current state of recovery. (Whitesock, 2018) Nationally, CSD has been at the forefront of deploying RCI and analyzing the data to inform its decision-making processes which has been memorialized in a Partner Story published in collaboration with Commonly Well, RCI’s architect (Commonly Well, 2024)

The RCI provides a comprehensive picture of a person’s whole well-being using an automated self-survey that allows for a personalized approach to care. RCI is person-centered and scientifically validated to reliably measure overall wellness regardless of treatment modality, recovery pathway, or substance of choice. It measures health and wellness using three domains (social, personal and cultural) and twenty-two components. The components provide a comprehensive baseline and, over time, allows for tracking of individual progress and tailored support as well as intervention effectiveness.



RCI was originally developed under the early associations of recovery capital and substance use disorder. Unlike other recovery capital assessments, the RCI is not substance focused. It does not include questions

asking about a person's use or non-use of substances, nor does it take into direct account of a person's use or non-use of specific recovery support services.

Instead, the RCI is based upon the broader notion of recovery as defined by SAMSHA. Eleven of the 68 items are sourced from the World Health Organizations Quality of Life questionnaire. Further, throughout its development, the RCI was applied and widely used in a peer coaching program for family members and loved ones of people struggling with SUD. For that reason, an alternative version named the Resilience Capital Index was developed. In the resilience version, any reference to "recovery" is removed and replaced with notions of life improvement, wellness, and well-being.

Commonly Well is currently piloting the use of the RCI and assessing its validity with adolescents and families in an extended out-patient treatment program in New Mexico.

More than 4,600 RCI surveys have been completed by individuals served by CSD funded programs as of February 2024. There is a 95.3% survey completion rate (Commonly Well, 2024).

5 Indicators of Resilience	Avg.	5 Indicators of Risk	Avg.	Domains	Avg.
Sense of Purpose	79.0	Financial Wellbeing	39.87	Cultural Capital	71.73
Beliefs	74.36	Employment	48.46	Social Capital	62.96
Safety	70.27	Housing/Living Situation	50.42	Personal Capital	55.26
Healthy Lifestyle	70.06	Transportation	53.75		
Values	69.64	Access to Healthcare	54.98	Total RCI	63.32

Overall, respondents are reporting low support in the workplace; insufficient housing and transportation; as well as low access to and high cost of health care. Commonly Well, through conducting a regression analysis, found Health and Wellness had the highest correlation to and impact on the overall RCI score followed by: Knowledge and Skills; Social Network; Healthy Activities and Environment; and, Basic Needs.

CSD’s Financially Assisted Agencies (FAA) contracts with behavioral health providers that went into effect October 1, 2021 reflected the BCC’s aim to establish of a person-centered, recovery-oriented system of care. Providers were required to follow specified guiding principles for such care and administer the RCI to clients with substance use and/or co-occurring disorders.

The RCI is required to inform the development a recovery plan for individuals with a substance use disorder or an individual with a mental disorder with a co-occurring substance use disorder prior to discharge. The recovery plan is to be person-centered, recovery-oriented; reflect the client’s strengths, needs, and preferences. It is also to include a “warm-transfer” referral to a RCC and linkages to housing, employment, and/or recovery support services with client consent.

These newly initiated contracts pivoted away from successful discharge as an outcome measure and instead oriented measuring programmatic success toward clients being successfully transitioned to recovery support services. Specifically, whether clients are successfully transitioned to a RCC prior to discharge.

Clients are also expected to be linked successfully to housing, employment, and/or recovery support services. Further, there is an expectation that the clients' overall well-being will improve as indicated by whether their RCI score improved at least one point in the 3 domains from the baseline score at admission compared to the score at discharge.

Overall, Palm Beach County's initiatives are building recovery capital year over year. The highest year-over-year changes in the average scores for total RCI being recorded in 2022 with an increased score of 5.83 over the prior year.

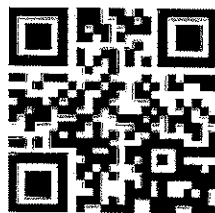
Additionally, in March 2022, CSD contracted with FARR in the amount of 60 thousand dollars to launch a Recovery Capital Initiative which educates, trains and engages FARR certified recovery residences regarding the RCI. The Initiative also provides: education and training on Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR) to these residences, owners and staff to broaden acceptance of MAT/MAR; and, helps develop best practices and compliance in following prescriptions for individuals utilizing MAT/MAR.

Palm Beach County has an interest in appropriately measuring long-term recovery outcomes in the recovery residence environment through the use of RCI. A major aim of the Initiative is to build recovery capital capacity within the County's FARR certified recovery residences. The intent is to foster an environment that maximizes a resident's opportunity to achieve long-term recovery through education, monitoring and measuring outcomes.

FARR currently has 103 housing providers certified statewide, representing 1,492 locations and 6,384 beds. Palm Beach County accounts for 51 of the statewide recovery residence programs (49.5 %), representing 635 locations (42.5 %) and 2,712 beds (42.5%). Housing stability is a key predictor of achieving long-term recovery outcomes. As such, Palm Beach County has a keen interest in ensuring that the County's certified recovery residences are rigorously screened and monitored to provide safe and stable housing environments. Thus, another aim of this initiative is to ensure FARR has sufficient capacity to also achieve housing stability for recovery residence residents utilizing the RCI.

Since October 1, 2023, FARR has conducted 24 onsite recovery residence assessments including education related to overdose prevention. MAT/MAR protocols have been conducted with administrators and staff to increase MAT bed capacity. FARR has also conducted seven trainings involving 16 recovery residences to review ROSC principles and implementing RCI.

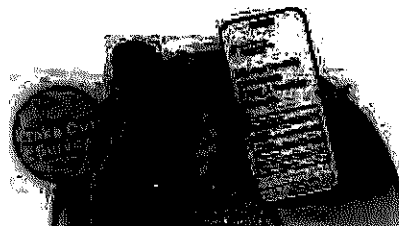
G: Shaping a Healthier Palm Beach County: Assessing Community Wellness



Scan or text PBC
to 844.926.6691

The CSD partnered with BeWell PBC and the Recovery Community Hub of Palm Beach County in September 2023 to launch the Help Shape a Healthier Palm Beach County campaign to coincide with National Recovery Month. The campaign aims to have county residents complete an anonymous wellness survey in order to identify the strengths and needs of communities county-wide and is expected to conclude by September 2024, National Recovery Month.

The survey measures an individual's resilience capital which represents the internal and external resources someone can use to maintain a healthy lifestyle and overall well-being. The campaign's aim is to evaluate the community's strengths and needs in order to inform actions taken to improve the health and well-being of residents and communities.



H: Beyond Co-Occurring: The Intersectionality of Behavioral Health, Substance Use Disorders, HIV and Homelessness

Research consistently demonstrates that people with mental illness are more likely to experience a substance use disorder (SUD), and that people with SUDs are at particular risk for developing one or more primary or chronic behavioral health (BH) conditions. The co-existence of both a BH and SUD is referred to as co-occurring disorders. SAMHSA's 2022 National Survey on Drug Use and Health reported that 21.5 million persons aged 18 or older in the United States have a co-occurring disorder (Substance Abuse and Mental Health Services Administration, Key substance use and mental health indicators in the United States, 2023).

An effective person-centered system of care must extend beyond co-occurring BH and SUDs to also address intersectional biological and social conditions. In Palm Beach County, both HIV and homelessness are prevalent intersectional conditions. The phrase "comorbidity" is frequently used to describe concurrent diseases. When socioeconomic factors influence the vulnerability and exacerbate these disease states, a synergistic epidemic, or syndemic, exists.

The US Department of Health and Human Services formed a Syndemic Steering Committee in 2022 and have developed a common syndemic definition:

"Syndemics occur when two or more diseases or health conditions cluster and interact within a population because of social and structural factors and inequities, leading to an excess burden of disease and continuing health disparities. Syndemics arise when:

1. Two (or more) diseases or health conditions cluster and interact within a population;
2. Social and structural factors and inequities allow for diseases or health conditions to cluster; and
3. The clustering of disease or health conditions results in disease interaction, either biologic or social or behavioral, leading to an excess burden of disease and continuing health disparities, (Sullivan, 2015).”

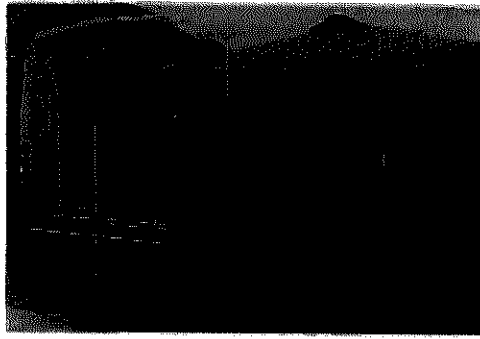
In 2023, a review of electronic health records (EHRs) of people with HIV (PWH) in PBC revealed that 20% screened positive for mental health issues and nearly 8% for active SUDs. These rates are double that of the general population, as reported in the PBC Community Health Improvement Plan (CHIP).

A data match between the PBC homelessness and HIV data management systems returned more than 300+ unsheltered PWH. Of the total number of duplicated enrollments of persons enrolled in Palm Beach County shelters since January 2022, 3,062 individuals self-reported alcohol and/or drug use only and 1,846 individuals reported mental health only as barriers. In the 2024 unsheltered Point in Time (PIT) count, 43% disclosed a SUD, and 32% a psychiatric condition. Through data analysis, it is concluded that a statistically significant higher proportion of PWH in care with a negative screening for mental health or substance use have a stable/permanent housing status. This data supports the existence of an active BH/SUD/HIV/Homelessness syndemic in Palm Beach County.

In addition to contributing to the unsheltered population, this syndemic also has a measurable impact on the health care system. A 2024 study of 42,271 PWH in Florida found that PWH with SUDs experienced a higher burden of chronic comorbidities, a faster accumulation of comorbid conditions, and more frequent inpatient and ED visits. People with any stimulant or opioid use disorder had the highest healthcare utilization, but also the fastest comorbidity accumulation. (Liu, 2024)

Interventions that address two or more components of this syndemic have proven to be the most successful. The best example of this can be found in the PBC Syringe Service Program. In July 2019, the BCC was the first in Florida to enact an ordinance establishing a needle exchange program only a few days after Gov. Ron DeSantis signed the Infectious Disease Elimination Act authorizing Florida counties to approve such a program. Palm Beach County contracted with Rebel Recovery FL, Inc. as the first and only community-based operator of a syringe services program (SSP) in Florida. This Florida Access to Syringe and Health Services (FLASH) program has been operating since April 2021 through a mobile health unit, allowing for services to be providing throughout the County.

In addition to sterile needle and syringe exchange, FLASH distributes naloxone (Narcan), provides counseling and testing for HIV and Hepatitis C, acute wound care, referrals for substance use disorder treatment and other health care services, and peer recovery support. Since beginning operations, FLASH has served 709 unduplicated clients, collected 183,150 used syringes and distributed 167,670 clean/unused syringes, resulting in a net decrease of 15,480 syringes in the community. (Palm Beach County Syringe Services Report, 2022).



In addition, 1,368 kits of naloxone (Narcan) were distributed resulting in 935 reported overdose reversals, 269 participants were linked to substance use disorder counseling or treatment, and 153 referred to shelter. In 2023, FLASH also expanded to new locations in Riviera Beach and South Bay; areas of the County with high incidences of HIV and substance use. FLASH's Wound Care Clinic served 40 unduplicated clients for services ranging from general health screenings to acute wound

care as well as referrals to primary and specialty care when needed.

Moving beyond co-occurring disorders by approaching a person-centered, recovery oriented system of care with intersectional interventions will challenge the biopsychosocial siloes that have permitted the burden of each individual condition to persist for decades. This approach will also allow for the interconnected nature of the syndemic to be the key to its resolution.

I: Managing Entity: Looking Up to Patients as the Guiding Star to Client-centric Care

SEFBHN is a critical partner in the County's efforts to address behavioral health and substance use disorders. SEFBHN is the managing entity for Palm Beach County contracted by the Florida Department of Children and Families (DCF) to administer and provide oversight of behavioral health services. Its aims align with those of the BCC with respect to orienting toward person-centered and recovery-oriented care. According to Ann Berner, SEFBHN CEO and President, SEFBHN has made it its mission to shift from a top-down view of the behavioral health system to a client-centric view that looks up to patients as the guiding star (Otero, M., 2023).

SEFBHN appropriates more than \$70.3 million annually for community-based and residential treatment; acute care and community-based non-treatment services. Providers are required to employ principles of recovery including: choice, hope, trust, personal satisfaction, life-sustaining roles, interdependence, and community involvement.

Palm Beach County had four Baker Act receiving facilities as of 2022 of which only one accepted youth under 18-years-old. SEFBHN added a fifth when it contracted with NeuroBehavioral Hospitals of the Palm Beaches (NBH) for inpatient services in West Palm Beach and Boynton Beach. The Boynton location includes voluntary admissions for people needing acute care (Otero, M., 2023).

The BCC approved a contract with SEFBHN effective October 1, 2020 wherein the managing entity partnered with the County to conduct a neutral care coordination pilot project to provide assessment, referral and care coordination services oriented toward individualized service plans unique to the individuals' needs and consideration of their choices with a care provider network comprised of treatment, social and recovery services as well as with the underpinnings of peer supports. In implementing neutral care coordination, the contract achieved an overarching high priority of the 2022 Plan Update 2022 and its aims to achieve cost-savings which will be reinvested in needed social, recovery support and prevention services.

In the second year of the contract, SEFBHN established the Expanding and Maximizing Better Access to Recovery and Resiliency through Care Coordination (EMBARCC) program. EMBARCC expanded the comprehensive neutral care coordination program to act as an initial and central point of contact for individuals seeking substance use disorder and mental health treatment services.

SEFBHN continued the project at the expiration of the County contract in September 2022. EMBARCC is described as playing a pivotal role in an overall transformation towards a recovery-oriented system of care by improving identification of behavioral health needs, maximizing coordination and linkage with needed services across health domains, and optimizing utilization of levels of care. This has been demonstrated to be cost-effective and maximizes the benefit to the individuals receiving services which is outlined in more detail on page 25 of this 2024 Plan.

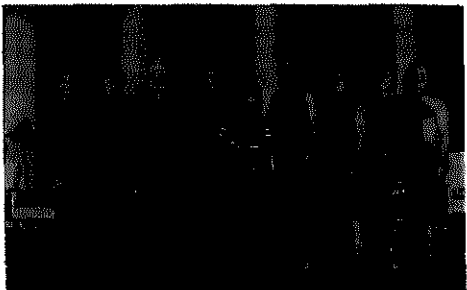
J: Health Care District: Implementation of the Crisis Now Model

In January 2019, the BCC approved an inter-local agreement with the Health Care District of Palm Beach County (HCD) to provide a revenue guarantee that would support the establishment of an addiction stabilization unit (ASU) on the campus of JFK North Hospital. An agreement between the BCC and JFK to provide financial assistance in the amount of \$500,000 per year was later executed for this purpose.

The ASC is a unique public-private partnership designed to address the immediate and critical care of individuals experiencing medical emergencies due to opioid or other substance use disorders. The model, as originally designed, provided a central location with an emergency room component that allowed for lifesaving overdose intervention delivered within the ASU and a “warm hand off” to an adjacent outpatient clinic operated by the HCD where MAT and behavioral health services could be initiated or continued by a specialized, addiction-trained medical team.

Recognizing the success of the ASU in Palm Beach County, Governor Ron DeSantis in 2022 launched the Coordinated Opioid Recovery Network (CORE), modeled after the Palm Beach County program. The Governor’s office described the program as the “first comprehensive solution to addiction recovery in the nation.” In its inaugural year, CORE was rolled out in 12 Florida counties. Additional counties are now in various stages of implementing the statewide model (DeSantis, 2023).

The Florida Blue Foundation also highlighted this partnership with its 2023 Sapphire Award naming it the first-place program in recognition of the public health system’s innovative outpatient addiction treatment model, which is now being replicated by the state in counties across Florida. (Health Care District, 2023)



The HCD has invested heavily in facilities and services in response to the opioid epidemic and the increasing need for substance use and co-occurring disorder services. The annual operational costs exceeded \$3 million for the last fiscal year.

The Mangonia Park Clinic was opened which is specifically designed to provide substance use services and support to the ASC. For the period October 1, 2021 to February 18, 2024 the HCD reports serving 2,296 unique patients at the ASU and a total of 3,543 patient visits. Sixty eight percent (2,373) of which were walk-ins with the remainder largely being transported by local or county fire rescue departments. (Health Care District, ASU Data Report, February 18, 2024)

Fifteen percent of patients report coming to Florida for treatment. Of patients reporting having overdosed, 508 patients (60%) report having done so five or more times; 20% of which (256) report having overdosed ten or more times. Two hundred forty-two (242) patients reported carrying nasal Narcan spray and 73 patients report participating in a clean needle exchange. Seven percent of patients (251) reported a Baker Act history (Health Care District, 2024).

For the period October 1, 2021 to February 18, 2024, the HCD served 1,930 unique patients at its Lewis and Mangonia substance use disorder clinics. More than 1,500 patients were received Suboxone treatment in the District's MAT program. For these patients and others, 24,437 MAT prescriptions were written of which 63% were filled at District pharmacies at no cost to the patient. The balance of the prescriptions were filled in local pharmacies for patients with insurance.

Sixty five percent (65%) are reported to be homeless with 463 patients reporting they were street homeless. Additionally, more than two-thirds of the patients are reported to be in need of care coordination for food (1,294), housing (1,258), and transportation (1,296). The HCD's housing and transportation care coordination needs are also identified in the Recovery Capital Index's highest risk factors. Housing ranked as the third highest risk factor and transportation was ranked fourth. (Health Care District Clinic Data Report, February 18, 2024).

Responding to community concerns regarding perceived deviations from the initial model that were primarily articulated in late 2023 and early 2024 at the BHSUCOD's ASU subcommittee and a recommendation by it to conduct an after action review, FAU clinical research team has been engaged as part of its existing contract with the County to produce a report that describes and documents the creation and the history of the ASC, the components of the applied health care model, and the implementation by the participating partners. It is anticipated the report will inform future decisions related to County funding for ASU operations and updates to the County's Behavioral Health Substance Use and Co-occurring Disorders Master plan.

In December 2023, the Health Care District unveiled the preliminary results of a feasibility study approved by its Board in June 2023. HCD recognized that crisis care is an integral part of the behavioral health infrastructure, the District contracted with Initium Health of Denver, Colorado to conduct the study to present recommendations on the crisis care approach best suited for Palm Beach County to address emergency mental health needs through a medical lens as well as addressing social determinants of health. Initium recommended implementation of a Crisis Now Model (Initium, 2023).

Spearheaded by the National Association of State Mental Health Program Directors (NASMHPD), the model serves as a framework for communities to implement the National Guidelines. Initium stated there are a variety of ways to implement and operationalize the model's key programmatic components; someone to call; someone to respond; and, somewhere to go.

Initium utilized the NASMHPD Crisis Resource Need Calculator (Calculator) to provide an overview of the estimated cost reduction associated with transforming the existing crisis care system in Palm Beach County focused solely on emergency department and inpatient psychiatric services. Said services were estimated to cost \$281 million while adoption of the Crisis Care model is estimated to cost \$138 million.

Initium states the emergency department and inpatient psychiatric services scenario is a starting point for communities to estimate their cost reduction potential. It indicates by implementing the full continuum of Crisis Now services, Palm Beach County can build on its existing crisis services and realize significant savings (Initium, 2023). Initium, however, did not specify which entity (ies) (i.e. government, payors, private hospitals, etc.) would stand to realize these savings.

The Calculator enables consideration of the potential healthcare costs of scenarios such as adopting the Crisis Now model; using and expanding existing emergency departments and inpatients sites; and, adopting a modified behavioral health crisis care model. It is not designed for or intended to be used estimating a state or county's current total cost of behavioral health crisis care. Nor is it intended to specify cost savings and returns on investment for states or counties (National Association of State Mental Health Program Directors, Crisis).

A final report entitled, *"Implementation of the Crisis Now Model in Palm Beach County"* was publicly released by the HCD in April 2024. The report identifies, of the estimated \$138 million in costs, services will include 20 mobile crisis teams, 82 crisis receiving chairs, 69 short-term crisis beds and 186 acute in-patient beds. The report also identifies more than 20 key performance indicators including, but not limited to: the number of individuals served per 8 hour shift, total cost of care for crisis episode, percent of mobile responses resolved in the community and call volume (Health Care District of Palm Beach County, Implementation of the Crisis Now Model in Palm Beach County).

Additionally, the District is in a planning phase for an expansion of hours at the Mangonia Park Clinic in hopes of achieving a 24/7 access point for substance use and mental health related services. Specialized addiction services are also being provided at the District's Delray Beach Health Center location and expanded hours are also being considered at this location. The HCD costs will increase significantly as hours are expanded.

K: Data to Action, Social Determinants of Health

To provide context to the number of individuals served by the HCD and SEFBHN funded providers noting the number of calls placed to 211 of Palm Beach and Treasure Coast (211) for mental health and addiction assistance is helpful. During the same HCD reporting period, October 1, 2021 to February 18, 2024, 211 reported 43,971 mental health and addiction calls.

The calls were 211's second most requested category for the period which represents 24.1% of the total 182,807 calls received. (211 of Palm Beach and Treasure Coast, 2024)

In this context, the Florida Department of Health, Palm Beach County's (DOH) Overdose Data to Action (OD2A) grant from the Centers for Disease Control and Prevention (CDC) can be viewed. OD2A was renewed in 2023 and is a multi-year cooperative agreement to fund overdose surveillance and prevention programs. Overdose surveillance is conducted by DOH, while overdose prevention is mostly carried out through community partnerships. The goal of surveillance is to increase the foundational knowledge of the overdose and substance use epidemic in the County and to utilize local data to guide decision-making by putting overdose data to action to drive real, sustainable change.

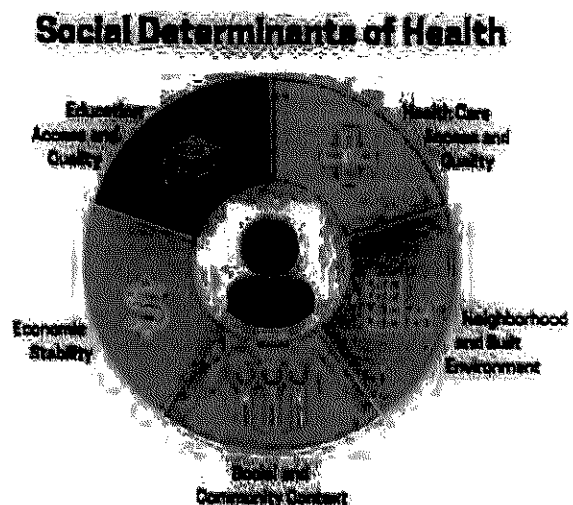
Although more work remains to address historic concerns related to shared data, measurement, and outcomes, DOH's contributions have significantly aided in closing these identified data deficits. DOH's work provides important data to the County's decision-making processes which aids in achieving OD2A's aim of utilizing the data to drive real, sustainable change.

DOH releases monthly Syndromic Surveillance Reports and bi-annual and annual reports. The most recent annual report, *Overdose Data to Action (OD2A) Overdose Surveillance Annual Report Palm Beach County, FL, 2022*, was released in August 2023. These provide important detailed data analysis related to overdosed individuals' demographics, suspected drugs involved with and location of event, number of emergency room visits and discharge disposition (VanArsdale, W., 2023).

Critical to the BCC's goal of establishing a person-centered, recovery oriented ecosystem is the social determinants of health (SDOH) data DOH has contributed to the County's efforts of achieving this aim and its resilience and recovery orientation.

The CDC, Office of Disease Prevention and Health Promotion defines social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH is grouped into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context (Office of Disease Prevention and Health Promotion, Healthy People).

In this regard, DOH's 2022 Annual Report provides SDOH related to social and community context (i.e. marital status, emergency contact) as well as employment, health insurance and housing. People from all walks of life may be affected by substance use disorder but protective factors like social support helps maintain healthful behaviors. Experiencing and maintaining



supportive and healthy relationships among family, friends, and romantic partners affect a person's emotional and mental health (Van Arsdale, W., 2023).

DOH found the percentage of individuals unemployed in 2022 was 43.8% higher than the percentage unemployed in the 2021 data sample. DOH cited a study of a large national cohort of people who lived with a disability, were unemployed, and/or were retired and were found to have a higher risk of overdose death compared to those who were employed.

DOH indicates such research demonstrates unemployment or retiring may lead to changes in routines, social connections, social support, and socioeconomic status—all social determinants of health. Additionally, people who use drugs often experience barriers to employment, including living in areas with few job opportunities, low educational attainment and lack of skills, poor access to transportation, and criminal history.

DOH found evidence of homelessness was present in 28.9% of the County's non-fatal overdose cases identified in the study. One in four suspected overdoses occurred among individuals that were currently experiencing homelessness. Additionally, DOH found that 22.5% of people who experienced an overdose had one associated address within the past year, but 77.5% had 2 or more associated addresses within the last year. Reasons for residential relocation are unknown.

In reporting on housing and homelessness DOH indicates housing instability can impact health outcomes and that studies show that experiencing housing instability or residential relocation can be linked to increased odds of experiencing violence, life-threatening health outcomes, high-risk health behaviors, decreased access to services, and criminal-legal system involvement. Furthermore, involvement in the criminal-legal system can restrict access to housing.

DOH found that the 2022 overdose data show that 40.2% of the sample are uninsured, 28.7% are privately insured, 15.6% receive Medicare, and 10.8% receive Medicaid. Since 2021, the number of uninsured people in the annual non-fatal overdose data sample has decreased by 15.2%, and the number with private insurance increased by 33.3%.

In reporting on health insurance, DOH indicates having health insurance is a strong indicator of a person's ability and willingness to access and stay in care. People who are uninsured, especially nonelderly adults and children, are less likely to have had a usual source of health care or a recent health care visit than people who are insured. SUD can be effectively managed as a chronic illness, similar to diabetes, when people have access not only to inpatient and outpatient treatment, but also to lifesaving MAT like buprenorphine, naltrexone, and methadone. Without insurance, these medications may not be affordable for most people (Van Arsdale, W., 2023).

L: White House Social Determinants of Health Playbook and Building a Recovery-Ready Nation

The White House Domestic Policy Council (DPC) released *The U.S. Playbook to Address Social Determinants of Health (Playbook)* in November 2023. The DPC drives the development and implementation of the President's domestic policy agenda in the White House and across the Federal government, ensuring that domestic policy decisions and programs are consistent with

the President's stated goals, and are carried out for the American people (Office of Science and Technology Policy, Playbook, 2023).

The DPC emphasizes the fact that improving health and well-being across America requires addressing the social circumstances and related environmental hazards and exposures that impact health outcomes. An inability to meet these social needs puts individuals at higher risk for exacerbating health conditions such as heart disease, stroke, depression, cancer, and diabetes according to the DPC. Compounding the problem, unmet social needs can cause major disparities in health outcomes stratified by geography, race, ethnicity, age, income, disability status, sexual orientation and a number of other factors.

The DPC highlights evidence that suggests that interventions addressing social needs can improve health outcomes. For example, research has found that housing individuals with HIV who are experiencing homelessness increases survival with intact immunity by 21% after one year.

The *Playbook* lays out an initial set of structural actions federal agencies are undertaking to break down these silos and to support equitable health outcomes by improving the social circumstances of individuals and communities. The Playbook sets the stage for agencies and organizations to re-imagine new policies and actions around SDOH, both inside and outside of government.

The vision and coordinating actions outlined in the Playbook *creates a scaffolding upon which entities from all segments of society can build.* (emphasis added) These initial efforts are focused on individual and community-centered interventions with actions grouped into three pillars as follows:

- **Pillar 1: Expand Data Gathering and Sharing:** *Advance data collection and interoperability among health care, public health, social care services, and other data systems to better address SDOH with federal, state, local, tribal, and territorial support.*
- **Pillar 2: Support Flexible Funding for Social Needs:** *Identify how flexible use of funds could align investments across sectors to finance community infrastructure, offer grants to empower communities to address HRSNs, and encourage coordinated use of resources to improve health outcomes.*
- **Pillar 3: Support Backbone Organizations:** *Support the development of community backbone organizations and other community infrastructure to link health care systems to community service organizations.*

The DPC's aim is to accelerate innovation across sectors to develop practical solutions that equitably improve social circumstances and achieve better health outcomes. It declares it will continue to champion advancements that foster individual and community engagement, enhance public health, improve well-being, and serve communities and calls upon all Americans to partner in these efforts and commit to investing in communities to strengthen the health of society (White House, Playbook, 2023).

Critically, the White House Office of National Drug Control Policy (ONDCP) in release of its 2022 National Drug Control Strategy (*Strategy*) emphasized recovery-oriented and harm reduction strategies in three of its seven drug control priorities as follows:

1. Expanding access to evidence-based treatment, particularly medication for opioid use disorder.
2. Advancing racial equity in our approach to drug policy.
3. Enhancing evidence-based harm reduction efforts.
4. Supporting evidence-based prevention efforts to reduce youth substance use.
5. Reducing the supply of illicit substances.
6. Advancing recovery-ready workplaces and expanding the addiction workforce.
7. Expanding access to recovery support services (ONDCP, *Strategy*, 2022).

ONDCP leads and coordinates the nation's drug policy so that it improves the health and lives of the American people. ONDCP is responsible for the development and implementation of the National Drug Control Strategy and Budget. ONDCP coordinates across 19 federal agencies and oversees a \$41 billion budget as part of a whole-of-government approach to addressing addiction and the overdose epidemic (White House, ONDCP).

In outlining A Comprehensive Path Forward through its 2022 *Strategy*, ONDCP defines harm reduction as an approach that emphasizes working directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer flexible options for accessing substance use disorder treatment and other health care services. ONDCP emphasizes harm reduction is people-centered (ONDCP, *Strategy*, 2022).

Specifically, ONDCP's focus on harm reduction includes naloxone, drug test strips, and syringe services programs. Syringe services programs are community-based programs that can provide a range of services, including links to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and links to care and treatment for infectious diseases. Syringe services programs can be a critical intervention to reduce overdose deaths and communicable disease. Access to these proven, lifesaving interventions should not depend on where someone lives and instead should be available to all who need them.

The 2022 *Strategy* places great emphasis on Building a Recovery-Ready Nation. The four major dimensions of recovery prioritized in the *Strategy* are home, health, purpose, and community as defined by the federal Substance Abuse and Mental Health Administration. It reports Americans follow diverse trajectories from SUD to recovery or remission. In 2020, an estimated 29.2 million Americans perceived ever having a substance use problem. Of these, 21 million (72%) identified as in recovery or recovered from a substance use problem.

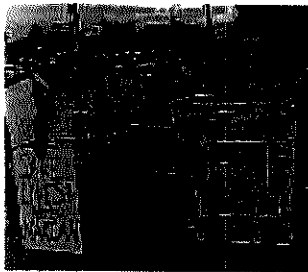
The *Strategy* also identifies a 2017 study which found that, among people who reported having resolved an alcohol or other drug program, the most common recovery supports included mutual aid groups (45%), treatment (28%), and emerging recovery support services (22%). ONDCP concludes reaching recovery is more important than the specific path taken to it.

The Strategy's goals to Build a Recovery-Ready Nation are:

1. Increase scientific understanding of recovery.
2. Foster adoption of more consistent certification and accreditation standards nationally.
3. Expand the peer recovery support services (PRSS) workforce and the organizational infrastructure that supports it.
4. Address stigma and misunderstanding, and
5. Eliminate barriers to safe and supportive housing, employment, and education for people in recovery. (ONDCP, Strategy, 2022).

President Biden, during his 2022 State of the Union address, stated, "If you're suffering from addiction, you should know you're not alone. I believe in recovery, and I celebrate the 23 million Americans in recovery... Now is our moment to meet and overcome the challenges of our time together. And we will" (Biden, J., 2022). The White House issued similar information/documents on mental health such as the "White House Report on Mental Health Research Priorities" (February 2023), "Fact Sheet: Biden/Harris Administration Announces New Actions to Tackle Nation's Mental Health Crisis" (May 2023), and "Reducing the Economic Burden of Unmet Mental Health Needs" (May 2022).

M: Community in Action

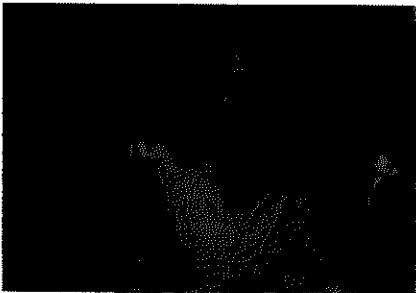


Granicus deploys digital and other communications strategies to better connect people with decision-makers. It defines community advocacy as "a strategic approach to influencing outcomes and driving change on behalf of the community. It involves representing the community's rights and needs to the level of government best able to respond." (Granicus, 2023). There is no greater example of community advocates in action and providing strong leadership to establish a recovery-oriented landscape than the Southeast Florida Recovery Advocates and Our2Sons.

These organizations, which represent persons in recovery, parents of loss, effected family members and other allies, were successful in advocating for the Palm Beach County Sheriff's Office to have their PBSO deputies and corrections officers not to carry Nalaxone (aka Narcan). Advocates held protests and candlelight vigils in January and April 2022 outside PBSO office in hopes of changing the policy requiring all law enforcement officers to carry Narcan.

In July 2022, advocates appeared before the BCC to advance their cause. The next month, PBSO announced a for all deputies and corrections officers to carry Narcan. The PBSO also announced it would conduct a three-year study on frequency and results of officers carrying Narcan to determine continued deployment (Palm Beach Post, 2022).

In late October 2022, the Palm Beach Post reported PBSO announced more than 2,000 sworn PBSO deputies and correction officers were armed with the nasal spray. The PBSO noted it obtained the doses from the Florida Department of Health’s HEROS Program, or Helping Emergency Responders Obtain Support, at no cost to the agency (I Save FL, 2022). The HEROS program provides free naloxone to emergency response agencies.

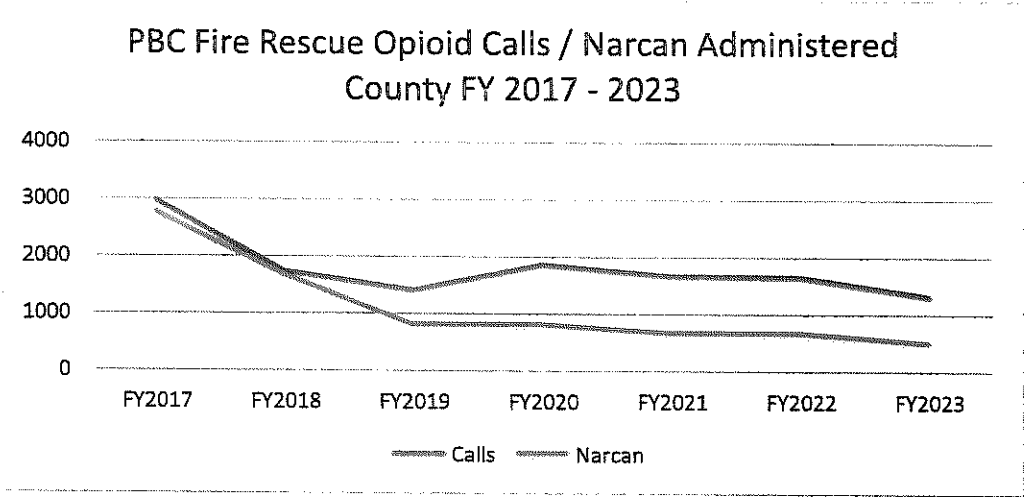


Florida’s Department of Children and Families also provides free Narcan to approved providers statewide through its I Save FL program. There are 23 approved providers in Palm Beach County who are regularly distributing Narcan, conducting Narcan trainings, and recording overdose reversals resulting from distributed Narcan (I Save FL, 2022).

N: Fire Rescue’s Mobile Integrated Health

On the front line of care is Palm Beach County Fire Rescue (PBCFR), meeting the needs of patients and families when experiencing a substance or alcohol-related medical emergency or a mental health emergency. PBCFR reported 1,298 opioid related calls to 911 during the County’s fiscal year 2023. This represents an overall 56% decrease from the 2,965 calls received at the opioid epidemic’s height in fiscal year 2017. There was a reported 20% year-over-year decrease in calls between fiscal years 2022 to 2023, from 1,631 to 1,298 calls.

PBCFR also reported Narcan was administered to 475 overdosed individuals during fiscal year 2023. This represents an overall 83% decrease from the 2,752 overdosed individuals administered Narcan in fiscal year 2017. There was a reported 27% year-over-year decrease in Narcan administered between fiscal years 2022 to 2023, from 649 to 475 (Palm Beach County Fire Rescue, 2024).



PBCFR launched Florida's first Mobile Integrated Health (MIH) team in 2017. MIH serves as a bridge to a recovery-oriented system of care through all County and community resources ensuring warm transitions of care to address the unique needs of individuals. To expand Fire Rescue's reach beyond the 911 scene, the MIH team, which includes community paramedics and medical social workers, provides outreach to patients and families after their 911 call.

By combining multidisciplinary expertise and community trust in EMS, MIH is empowered to reach patients in whatever setting they perceive to be their safe space, including their housing, in the community, or via telehealth. By providing education, specialized recovery-oriented care coordination to meet the needs of even the most medically complex and offering harm reduction tools through the distribution of kits containing Narcan, condoms, and recovery-oriented resources, such as The Recovery Community Hub of Palm Beach County, the MIH team can connect to individuals who otherwise may lack access points to services and supports.

With a mission of continuing to seek new paths of reaching individuals living with substance, alcohol, and mental health disorders, the MIH team is planning an expansion to emergency department co-response, advocating for, supporting, and connecting patients to recovery care options that meet their own unique needs. By serving as a trusted bridge between individuals in crisis and the recovery-oriented system of care, the individual is set on a course for success in reaching their recovery and wellness goals. Programs such as Fire Rescue's MIH team are essential for addressing health disparities, gaps in access, and creating an effective and trusted partner-oriented path for those seeking care in our County.

Additionally, The School District of Palm Beach County reports all District operated schools carry Narcan in the school clinics. Narcan is made available in partnership with the Health Care District and the Department of Health. The School District will also be expanding this initiative with the School Police Department in the near future.

O: Leading the Way in Person-centered, Recovery-oriented Care

The 2017 Opioid Response Plan did not focus on recovery and person-centered, recovery-oriented care. Person-centered care was first developed for the population with mental illness in the 1940's. While a relatively new concept in the substance use disorders field and advanced by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) the expectation was the structure of recovery-oriented systems of care (ROSC) would evolve at all levels of government.

William L. White's seminal monograph in ROSC, recovery management and ROSC addiction treatment literature, *Recovery Management and Recovery Oriented Systems of Care: Scientific Rationale and Promising Approaches*, has been advanced to help evolve this modality. The monograph comprehensively lays out the empirical support for moving to (ROSC).

White, Emeritus Senior Research Consultant at Chestnut Health Systems, is widely published in peer-reviewed journals and authored or co-authored more than 20 books as well as 400 articles, monographs, and research reports. His works, *Slaying the Dragon – The History of Addiction Treatment and Recovery in America* and *Let’s Go Make Some History: Chronicles of the New Addiction Recovery Advocacy Movement*, enjoy wide critical acclaim (Chestnut, William White Papers).

The monograph provides a systematic review of the literature to support this transition; concrete strategies to make the vision of recovery-oriented service systems a reality; and, outlines the scientific conclusions and the systems-performance data supporting extension of the acute-care model of addiction treatment to a model of sustained recovery management.

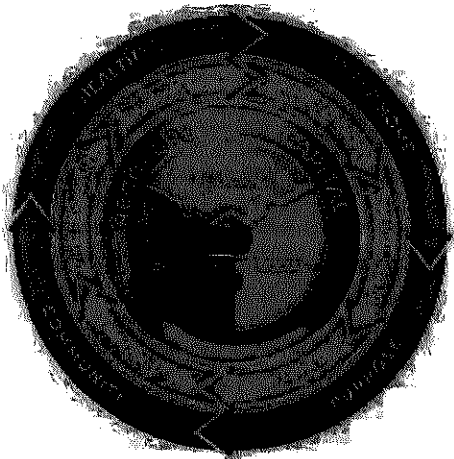
White issues a clarion call in the monograph, “It is time we proactively managed the prolonged course of addiction and recovery careers and stopped focusing on brief episodes of biopsychosocial stabilization. It is time for national, state, and local initiatives to create recovery-oriented systems of care that can promote this model of sustained recovery management within addiction treatment programs across the country.”

It is time we ... stopped focusing on brief episodes of biopsychosocial stabilization. It is time for national, state, and local initiatives to create recovery-oriented systems of care that can promote this model of sustained recovery management.
William L. White

Palm Beach County has responded to White’s clarion call with, as noted earlier, the BCC’s declaring its expressed approval of a person-centered, recovery-oriented system of care focused on quality of care and long-term recovery outcome improvements in the Resolution establishing the BHSUCOD.

All the County’s collective and collaborative efforts, prior and since, have been directed at planning, developing and executing a comprehensive person-centered, recovery-oriented system of care. In 2023, the initial system model was modified to orient the County’s efforts toward a Resilience and Recovery Ecosystem approach to Behavioral Health and Substance Use Disorder Care which has been adopted by the County. (See Appendix A)

PALM BEACH COUNTY RESILIENCE &
RECOVERY ECOSYSTEM OF
BEHAVIORAL HEALTH AND SUBSTANCE
USE DISORDER CARE



The ecosystem model integrates American Society of Addiction Medicine’s (ASAM) Third Edition criteria and its six dimensions. The ASAM Criteria is the most widely used and comprehensive set of standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions. Many states across the country are using the ASAM Criteria as the foundation of their efforts to improve the addiction treatment system.

It should be noted ASAM recently released Fourth Edition criteria which were adopted subsequent to the County’s current ecosystem modeling. The Fourth Edition criteria will be integrated into the ecosystem model in the near future.

ASAM Third Edition Dimensions	ASAM Fourth Edition Dimensions
1. Acute Intoxication and/or Withdrawal Potential	1. Intoxication, Withdrawal, and Addiction Medications
2. Biomedical Conditions and Complications	2. Biomedical Conditions
3. Emotional, Behavioral, or Cognitive Conditions and Complications	3. Psychiatric and Cognitive Conditions
4. Readiness to Change	4. Substance Use-Related Risks
5. Relapse, Continued Use, or Continued Problem Potential	5. Recovery Environment Interactions
6. Recovery/Living Environment	6. Person-centered Considerations

The Fourth Edition reorders the dimensions from the Third Edition. Readiness to change is now considered within each dimension, and the Third Edition Dimensions 5 and 6 were shifted to Dimensions 4 and 5, respectively, in the Fourth Edition. Important to the County’s ecosystem model, the new Dimension 6: Person-Centered Considerations considers barriers to care (*including social determinants of health*), *patient preferences*, (emphasis added) and the need for motivational enhancement. (ASAM, ASAM Criteria)

The ecosystem also integrates the federal Substance Abuse and Mental Health Administration’s (SAMHSA) for major dimensions of recovery: health, home, purpose and community (SAMHSA, Recovery). See Section III, Introduction to the Plan Update 2024, page 36 for additional details on SAMHSA’s guidance related to ROSC and guiding principles.

The ecosystem at the Macro level is concerned with interaction and interdependence of individuals with their surrounding physical, social, and cultural systems in order to holistically assess how individuals affect and are affected by such systems. It makes accessible a network of services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life.

The Meso level provides a non-conflicted entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and, care monitoring across clinical and non-clinical recovery support and social services aimed at achieving seamless movement in order to increase recovery capital and improve long-term recovery outcomes.

The Micro level aims to increase an individual's recovery capital through network of "recovery hubs" and other support services providing nonclinical resources, including peer support, employment and job training linkages, social and recreational activities intended for people in or seeking recovery.

In sum, the ecosystem model identifies the behavioral health and substance use disorder needs of the client population; improves client care with linkage efforts across all health domains; and, informs public payers of appropriate level of care purchases resulting in anticipated cost-savings which will be reinvested to needed social, recovery support and prevention services. It has also informed policy, planning, and programmatic decisions and is the lens through which funding opportunities are identified.

The ecosystem is consistent with achieving the process metrics related to the BCC's aims as follows: implement neutral care coordination; establish recovery community organizations and recovery community centers; broaden the reach of peer support services across the continuum; and, launch a Recovery Capital Instrument and train providers in its use.

It also remains consistent with the Palm Beach County 2019 Behavioral Health Needs Assessment (Assessment) recommendations which remains important guidance and include:

- Enhance "no wrong door policies and practices" and development of a central assessment and care coordination system for the community.
- Continue utilization of system-wide evidence-based practices including the development of a true Recovery-Oriented System of Care (ROSC) and a comprehensive implementation of care coordination and wraparound services (The Ronik-Radlauer Group., 2019)

The primary goals of the ecosystem are to:

- Ensure uniform assessment of substance use and/or mental health severity throughout the client population in order to decrease fragmentation of treatment services among providers offering various levels of care.
- Reduce the use of crisis services.
- Maintain and utilize a comprehensive continuum of substance use disorder and/or mental health treatment services integrated with other social and recovery support services.
- Provide the structure, process, and outcome measures necessary to meet care coordination goals and to streamline continuity, communication, and tracking of clients across providers and service settings.

The Assessment's recommendation is to develop a central assessment and care coordination system is mirrored by the White House Domestic Policy Council's call to communities to establish a backbone organization and other infrastructure which will serve to link health care

systems to community service organizations (Office of Science and Technology Policy, Playbook, 2023).

The DPC's definition of a backbone organization and its responsibilities describes near perfectly the initiatives to establish neural care coordination such as the SEFBHN pilot program discussed earlier which the managing entity continues as EMBARCC. The DPC defines backbone organizations as entities that manage community-based partnerships formed across sectors such as health care, social services, public health, and economic development to improve the health and well-being of individuals and the community

The DPC states these organizations can serve as central coordinating hubs that connect individuals needing various services such as housing support, transportation, legal services, or nutrition support with relevant providers. At their best, these entities coordinate across service providers, integrate funding from multiple public and private sources to support operations and service delivery, leverage trusted relationships and members' existing assets, and foster community-based workforce development and training.

DPC cites one example of a specific type of backbone organization with a robust set of capabilities is a community care hub. These organizations centralize administrative functions and operational infrastructure for a network of community based organizations, including, but not limited to, payment operations and contractual agreements, management of referrals, service delivery fidelity and compliance, technology maintenance, information security, data collection, and reporting. (Office of Science and Technology Policy, Playbook, 2023).

Care coordination entities recommended by DPC and the Assessment are supported by the evidence. In a study published in the American Journal of Public Health, researchers tested the effectiveness of a long-term coordinated care strategy - intensive case management (ICM) - compared with usual care (UC) which was piloted by the National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) and since has become the standard of care coordination for the state's welfare-to-work population.

Usual Care is often referred to as the "screen and refer" model and was the standard of care in New Jersey at the time of the study. ICM is consistent with a chronic disease management strategy that augments current disconnected episodes of acute care with longer-term care strategies and cross-systems coordination that addresses other health and social needs and provides relapse monitoring and support during extended time periods.

Researchers found ICM clients had significantly higher levels of substance abuse treatment initiation, engagement, and retention compared with UC clients. In some cases, ICM treatment attendance rates were double those of UC rates. Additionally, almost twice as many ICM clients were abstinent at the 15-month follow-up compared with UC clients (Morgenstern, J., 2009).

Now the National Center for Advocacy and Recovery for Behavioral Health (NCAAR), its Work First New Jersey Substance Abuse and Behavioral Health Initiative (SAI/BHI) completed its 25th year of providing services in 2023. SAI/BHI provides comprehensive assessment, referral, care

coordination, and intensive case management services to General Assistance and Temporary Assistance for Needy Families recipients throughout the state (NCARR, Annual Report, 2023).

Over twenty-five years NCAAR reports having completed more than 217,000 referrals; more than 155,000 assessments; and nearly 100,000 individuals who entered treatment. SAI/BHI clients receive wrap around case management services, referrals to community-based resources, and assistance with medical appointments which allows individuals to thrive in a less intense level of care and stay in their communities.

In fiscal 2023, 5% of SAI/BHI clients were placed in residential treatment, including 2% residential withdrawal management, 1% short-term residential, 2% halfway house, and 1% long-term residential. The remaining 95% of SAI/BHI clients were referred and placed in outpatient treatment services, including 67% outpatient, 14% intensive outpatient, 6% partial care, and 7% in methadone maintenance (NCARR, Annual Report). It also reports its average cost per client per episode of care is \$3,400 compared to the national average, which is between \$14,000 and \$23,000 (Wolff, S., 2018).

By any measure, NCAAR has been successful in developing an accountable behavioral health system to help reach the State's goals for quality care, accessibility, eliminating gaps in service, and moving clients cost-effectively along the continuum of care.

The County has worked diligently to implement neutral care coordination as noted earlier by its collaboration with the SEFBHN pilot program which the managing entity continues as EMBARCC. Before COVID halted efforts in 2020, the County also collaborated with SEFBHN on a contract that was executed to engage a consultant to assess the current and potential resources, and readiness to implement a neutral care coordination system that will include the use of a standardized level of care instrument and care coordination to navigate the system of public and private behavioral health and substance use disorder programs in Palm Beach County.

The consultant's work was to result in a plan and recommendations to implement the transition to a person-centered, recovery-centric and recovery-oriented system of care. The plan was to include independent and uniform assessment as well as care coordination for community-based behavioral health and substance use disorder programs. The County continues to collaborate with SEFBHN to achieve these aims and also collaborated with the HCD in early 2023 to discuss executing neutral care coordination in meetings facilitated by the Palm Health Foundation.

In 2021, the County established a working group to develop a comprehensive plan to establish neutral care coordination in Palm Beach County. The working group included professionals with significant experience operationalizing and working in a neutral care environment including Ariana Ciancio, Delray Beach Police Department Client Advocate and current Advisory Committee member. Previously, Ms. Ciancio served for seventeen years in multiple capacities with NCAAR's SAI/BHI program.

The Plan, *Establishing a Palm Beach County Neutral Care Coordination Entity and executing a person-centered, recovery-oriented system of care, July 2021*, outlined the goals of a Neutral Care Coordination Entity (NCCE) as follows:

- Ensure uniform assessment of substance use and/or mental health severity throughout the client population in order to decrease fragmentation of treatment services among providers offering various levels of care.
- Maintain and utilize a comprehensive continuum of addiction and/or mental health treatment services integrated with other social, non-clinical and recovery support services.
- Provide the structure, process, and outcome measures necessary to meet care coordination goals and to streamline continuity, communication, and tracking of clients across providers and service settings.
- Accomplish the necessary underlying structure and processes needed to meet care coordination goals.

The Plan described the NCCE as a non-conflicted, neutral body, which serves as a single point of entry (SPOE) for referrals to providers as well as prior authorizer of and payer of certain care. Its core values are:

- Client choice and identified needs shall be the primary driver of service engagement and referral in a timely fashion. Clinical decisions shall be based on client need and obtaining best available care.
- Care coordination shall assist the client with a successful transition between assessments, initial placement, through a seamless movement along the continuum of care.
- Coordination services to include facilitation of communication among all professionals involved with the client and the community identified provider which most closely meets client's needs.
- Primary role is to eliminate barriers to achieve acceptance and admission to the appropriate level of care and facility in a timely manner.

The Plan also provides key programmatic elements as well as anticipated personnel and budget requirements. In July 2023, a Plan Executive Summary was also developed. (See Appendix B)

Much has been articulated regarding the County's efforts at *Leading the Way in Person-centered, Recovery-oriented Care*. Numerous bodies of planning documentation, research and programmatic evidence has been pointed to within Palm Beach County as well as nationally. To conclude, returning to White's Monograph and its summary of recommendations support the call for a transformation in the structure and service processes from a model of acute intervention to a broader model of sustained recovery management. These recommendations are worthy of further consideration as efforts to build a robust resilience and recovery ecosystem continue. (See Appendix C)

P: One Overdose Death is One Overdose Death Too Many

The BHSUCOD applauds the continued downward trend in overdose deaths in 2023. Given the devastation overdose deaths have on families, friends, and the community the BHSUCOD maintains the position that one overdose death is one overdose death too many.

The BHSUCOD wishes to see continued reductions, which may never arrive at zero, but believe tracking overdose death rates should not be the singular outcome measure of the County's efforts success. Beyond this measure, the BHSUCOD supports the County's ongoing efforts to measure its initiatives through a recovery capital framework and its ability to capture resilience, health, well-being, social determinants of health and risk factors.

In June 2023 the Gallup published findings in a report, *The Opioid Epidemic: How Wellbeing Can Help Bend the Curve*, which found high statewide wellbeing was linked to lower and slower-rising overdose rates. Additionally, career wellbeing stood out as key to curtailing drug overdose deaths. (Witters, D., 2023).

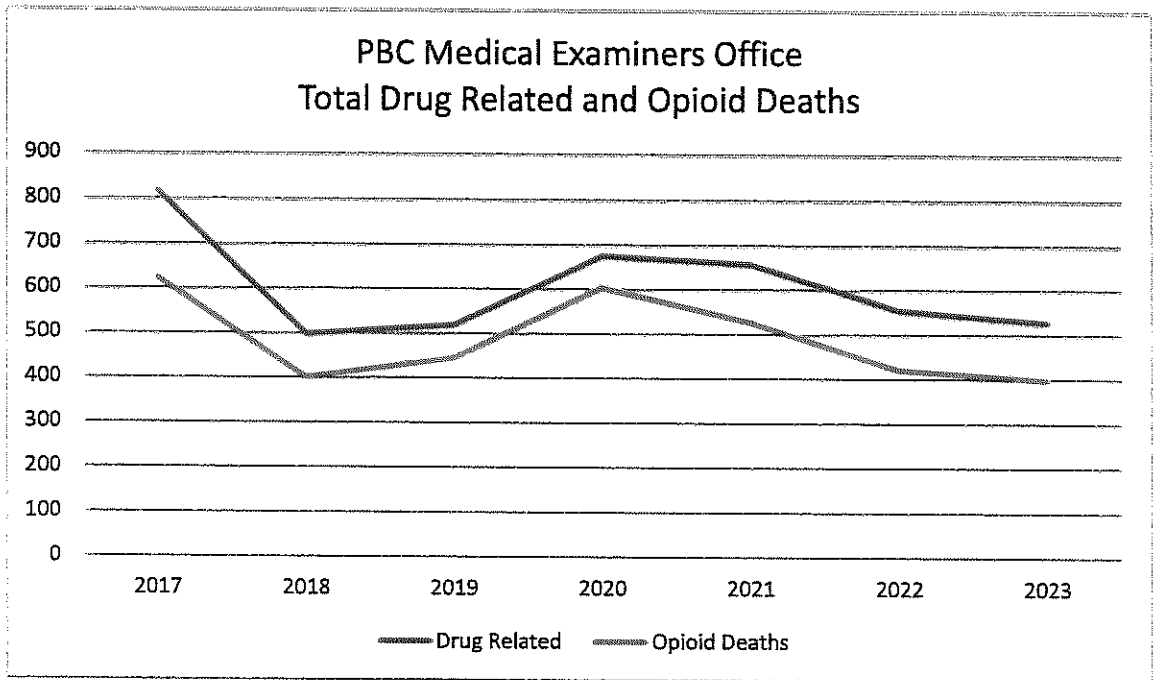
More specifically, that wellbeing was inversely related to drug overdose rates among states and the potential exists to mitigate the worsening opioid epidemic by expanding and elevating wellbeing. Gallup's analysis of the 2017 state ranks based on overall Well-Being Index scores showed that the highest-wellbeing states in 2017 had substantially lower average drug overdose rates in 2018 than what was found among the lowest-wellbeing states.

Furthermore, the rate of increase in the following two years also varied greatly, with the five lowest-wellbeing states in 2017 (West Virginia, Louisiana, Arkansas, Mississippi and Kentucky) increasing their already elevated overdose rates another 15.8 cases per 100,000 residents, on average -- compared with an increase of 5.3 cases per 100,000 among the five highest-wellbeing states (South Dakota, Vermont, Hawaii, Minnesota and North Dakota).

Gallup found high population wellbeing can serve an insulating function, whereby a cultural foundation exists that lowers the probability of per capita drug overdoses the following year. High drug overdose rates, in turn, reduce the probability of high population wellbeing the following year, but to a lesser extent.

Analyzing the data further, more specific to the five specific elements of wellbeing: career, community, social, physical, and financial wellbeing. All five are inversely related to the next year's drug overdose rate -- but the relationship with career wellbeing was strongest by far, outpacing social, financial, physical and community wellbeing (Witters, D., 2023)

Gallup also identified individual aspects of wellbeing that are critically important to understanding what increases or decreases drug overdose rates in states. These aspects of wellbeing referred to as warning signs by Gallup are worthy of further consideration as efforts to build a robust resilience and recovery ecosystem continue. (See Appendix D)



The Palm Beach County Medical Examiner’s Office (MEO) reported 817 drug related deaths in 2017 of which 626 were opioid deaths and in 2018 recorded 498 drug related deaths of which 402 were opioid deaths; a 39 and 36% reduction respectively. The MEO reported 519 drug related deaths in 2019 of which 446 were opioid deaths and in 2020, amidst the COVID pandemic, recorded 675 drug related deaths of which 605 were opioid deaths; a 30 and 36% increase respectively from 2019 to 2020. (Palm Beach County Medical Examiner’s Office, Annual Report 2023)

In 2021, the MEO reported 626 drug related deaths of which 524 were opioid deaths; a 7 and 14% decrease respectively from 2020 to 2021. In 2022, the MEO reported 554 drug related deaths of which 423 were opioid deaths; a 12 and 19% decrease respectively from 2021 to 2022. In 2023, the MEO reported 527 drug related deaths of which 400 were opioid deaths; a 5 and 5% decrease respectively from 2022 to 2023.

In its 2023 Annual Report the MEO reports fentanyl and its analogs (including acetyl fentanyl and fluorofentanyl) far exceeded the other opiates (such as heroin and oxycodone) in 2023 which also reported by the MEO in its 2022 Annual Report. Most opioid deaths had multiple opioids contributing to the death. In its 2023 Annual Report, the MEO indicated the average age of accidental drug fatality victims was 43 years old and the victims were predominantly men (3:1). The MEO also indicated white individuals were 5.7 times more likely to die of an accidental drug overdose than those of Hispanic/Latino or Black/African American ancestry

The MEO reported 232 suicides in 2023, 243 suicides in 2022 and 2021 and 172 in 2020. It reports the average annual number of suicides for the last ten years is 231. The male: female ratio for suicide victims in 2023 was 3.1:1. Most 2022 suicide victims were White (197), followed by Hispanic/Latino (16), Black or African American (15), and Asian (4) with the average age of a

suicide victim was 54 years (Palm Beach County Medical Examiner's Office, Annual Report 2023)

The Florida Department of Health Palm Beach County's (DOH) 2022 Annual Surveillance Report reported on non-fatal overdoses and reviewed approximately 3,200 hospital medical records for suspected drug overdoses. Of those records reviewed, about half (number[n] =1611) met the criteria to be included in the sample of suspected non-fatal overdose (VanArsdale, W., 2023).

DOH identified sample characteristics. Of the 1,611 non-fatal overdoses cases included in the 2022 surveillance sample, 1,055 (65.5%) were among males and 556 (34.5%) were among females. This distribution is similar to that of prior years. Among females, 6 (1.1%) were pregnant at the time of overdose.

Of the suspected non-fatal overdoses 1,126 (69.9%) occurred among White non-Hispanic individuals. Overdoses among Hispanic individuals of any race accounted for 12.9% (n=208) of suspected non-fatal overdoses. Overdoses among Black non-Hispanic individuals accounted for 12.5% (n=202). The average age was 42 years with most overdoses occurring among adults aged 25 to 44 years and are overrepresented in the sample compared to their overall proportion in Palm Beach County. (VanArsdale, W., 2023).

While important progress has been made, the BHSUCOD continues to find systemic challenges so clearly identified in the 2019 Behavioral Health Needs Assessment remain. These include, amongst others:

- Fragmentation and disjointed care from multiple treatments, social and recovery support providers;
- Determinations of client treatment that are based on the services available at a particular provider, rather than on individualized needs;
- Ineffective transitioning of clients from one level of care or one service provider to another;
- Lack of timely sharing of needed treatment information among providers;
- Lack of monitoring and follow-up to ensure client engagement;
- Lack of accountability and agreed upon responsibilities among multiple treatments, social and recovery support providers serving one client; and
- On-going silos when it comes to client care (The Ronik-Radlauer Group, 2019).

Q. Mental Health First Aid (MHFA)

Community education remains a critical component of an effective behavioral and substance use disorder system. MHFA and Youth MHFA have proven effective and cost-effective (\$35 per student). Alpert Jewish Family Services introduced MHFA, with over 12,000 people trained with over 80 certified instructors. The School District of Palm Beach County is the largest provider of YMHA. Many governmental, law enforcement, community-based and faith-based agencies have participated in the trainings. MHFA covers:

- Commons signs and symptoms of mental health challenges.
- Commons signs and symptoms of substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use, and self-care.

According to the Centers for Disease Control (CDC), poor mental health increases one risk of substance use. More than fifty percent of adults with substance use disorder have a co-occurring mental illness, often left undiagnosed and untreated. The international evidence-based early-intervention MHFA course offers education and awareness, destigmatizes mental illness and substance use disorders, and teaches the skills needed to recognize and respond to signs and symptoms of mental health and substance use challenges as well as how to provide initial support until the person is connected to appropriate professional help.

III. PRIORITY AND OPIOID SETTLEMENT RECOMMENDATIONS

The Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders (BHSUCOD) established by the BCC in November 2022 held its organizational meeting on January 12, 2023 at which it approved its operational guidelines manual. As noted earlier, the BHSUCOD was established 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 BCC also declared, via Resolution R2022-1340, that:

- 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);
- 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)

Section 4 of Resolution R2022-1340 also outlined that the BHUSCOD shall have the following roles and responsibilities:

- Collect information related to substance use 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).
- 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.
- If requested by the BCC, provide recommendations on positions the BCC may take on local, state and federal legislation.

In its update to members the Florida Association of Counties reported the suits against 11 corporate entities for their wrongful conduct in the opioid epidemic crisis went to trial in April 2022 and all the corporations involved settled in the pretrial phase. An allocation agreement was negotiated into three funds: the State Fund, Regional Fund, and City/County Fund which may only be used to abate or remedy the opioid epidemic. (Florida Association of Counties, The Opioid Settlement: Where are we now?).

State and subdivisions will receive more than \$3.1B over the next 17 years. Over 18 annual distributions from the Regional and City/County funds, Palm Beach County is expected to realize nearly 122.5 million dollars. (See Appendix E) The states, counties, and cities also developed a thirteen-page list of programs that are illustrative of the types of programs that can be funded with settlement funds. (See Appendix F)

City / County	Regional / Abatement
\$1,252,081.64 (yr. 1 pmt. rec'd.)	\$14,575,999.21 (yr. 1 pmt. rec'd.)
\$2,814,714.93 (yr. 2 pmt. rec'd.)	\$6,882,120.16 (yr. 2 pmt. rec'd.)
\$4,066,796.57 (sub-total rec'd.)	\$21,458,119.37 (sub-total rec'd.)
\$24,791,658.48 (18 yr. total)	\$97,694,428.99 (18 yr. total)

On March 22, 2022 the BCC approved participation in the Settlement Agreement and Release between the State of Florida and Endo (Florida Opioid Agreement and Statewide Response Agreement) and authorized the Mayor to execute the Subdivision Settlement and Participation Form. The County worked with the Palm Beach County League of Cities to secure inter-local agreements with Palm Beach County Municipalities that represent a more than 50% of municipalities' total population as required by the Florida Plan (Palm Beach County Board of County Commissioners Agenda. March 22, 2022).

Palm Beach County submitted its Florida Opioid Agreement and Statewide Response Agreement Qualified County Qualification Form to the State of Florida on April 12, 2022. In doing so the County certified:

- The County has a population of at least 300,000 and an opioid taskforce or other similar board, commission, council, or entity, including some existing sub-unit of the County's government responsible for substance abuse prevention, treatment, or recovery of which it is a member or it operates in connection with its municipalities or others on a local regional basis.
- The County has an abatement plan that has been adopted or utilized to respond to the opioid epidemic.
- The County was as of December 31, 2021, either providing or is contracting with others to provide substance use, prevention, recovery, and treatment services to its citizens.
- The County has entered an inter-local agreement with at least 50% of the Municipalities (by population) located within the County.

The BHSUCOD meets bi-monthly on the even numbered months of the calendar year. Members also lead eight (8) subcommittees that regularly engage and invite open participation of community members, stakeholders and other interested parties. The subcommittees are facilitated by the OBHSUD Program Evaluator and meet bi-monthly on the odd numbered months of the calendar year.

Florida Atlantic University School of Social Work and Criminal Justice (FAU) is also engaged as a research partner respective of the BHSUCOD and its subcommittees. FAU is conducting process and outcome evaluations for Plan Update, the BHSUCOD overseeing implementation and reporting on it, and initiatives of person-centered recovery-oriented systems of care.

In order to address re-occurring report findings and community concern about siloes between government, providers, and communities that create barriers to care, FAU surveyed the BHSUCOD utilizing the Wilder Collaboration Factors Inventory. The inventory is an assessment tool that helps provide an idea of how well interagency collaboration is doing in areas important

to success. It identifies strengths and weaknesses of individual factors in an organization's collaboration and is used to provide an overall score of collaborative success.

The FAU research team used process and outcome evaluations for the BHSUCOD, Master Plan, and Initiatives of person centered recovery oriented systems of care. A thematic analysis was conducted and major themes were created based on interviews. Major themes consisted of barriers, programmatic and purpose.

The Wilder Inventory demonstrated that 80% of the responses were somewhat agree to strongly agree regarding collaboration as indicated by the inventory's indicators. Some of the indicators that received strongly agree responses were:

- The political and social climate seems to be "right" for starting a collaborative project like this one.
- I have a lot of respect for people involved in this collaboration.
- Everyone who is a member of our collaborative group wants this project to succeed

There were also areas identified for improvement including:

- Trying to solve problems through collaboration has been common in this community. It has been done a lot before.
- The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.
- Communication among the people in this collaborative group happens both at formal meetings and in informal ways.

The 2024 Plan is intentionally substance agnostic and intended to serve as a roadmap for Palm Beach County to bring to fruition an integrated and coordinated, person-centered, recovery-oriented system of care for anyone with a substance use disorder, behavioral health disorder and/or co-occurring disorders.

The OBHSUD Program Evaluator facilitated processes for subcommittee participants to consider and review previously identified issues and strategies while also soliciting additional input as well as regularly surveyed subcommittee participants as to their familiarity with the 2022 Plan. They and OBHSUD staff considered and reviewed an analysis of feedback received at community forums, provider surveys and related needs assessments and studies.

The recommendations contained within align with the core strategies and approved uses identified in the Settlement Agreement. They also align with the BHSUCOD's overarching priority recommendations and comprise a roadmap for the 2024 Plan for achieving the BCC's articulated strategic priority to establish a person-centered, recovery-oriented system of care.

The BHSUCOD's comprehensive set of recommendations can be found on page 71 in Section IV, Proposed Theory of Action. The Committee developed initial recommendations after review of the 2022 Plan which served as the foundation for its subsequent work in establishing the 2024 Plan's recommendations. The BHSUCOD found of the 49 total recommendations (22.45 %) of the recommendation were completed; 67.35% of the recommendations are in progress;

and, 10.20% of the recommendations have not yet started. Completed (C) recommendations are defined as recommendations accomplished since 2022. In progress (IP) recommendations have been initiated. And, not yet started (NYS) recommendations have not been initiated.

A draft of the 2024 Plan was publicly released in advance of BHSUCOD review and discussion at its March 14, 2024 Special Meeting. Public comment on the Plan was received at this meeting.

Subsequently, a public comment period was established from March 14, 2024 through March 29, 2024. Thirty six individuals and/or entities provided comments with nearly 150 suggestions, recommendations, resources and edits being received. All responses were received, acknowledged and documented. Several individuals and/or entities submitted more than one set of comments.

The program evaluator and FAU researcher conducted a content and thematic analysis. Comments were incorporated into a comment process sheet. It and all public comments received were publicly released in advance of initial review by the Executive Committee at its April 4, 2024 meeting.

Each response was granted equal weight. The analysis found comments fell into five categories: comments on the 2024 Plan, new content, resources, proof edits and two separate requests for funding. In addition, a thematic analysis was performed. The array of responses made it challenging to reach a 50% saturation threshold for themes. 50% is recognized as thematic saturation. However, related verbiage was grouped and the following themes were identified:

- Support for the Plan Update
- Broken system, continued siloes
- Align work with HIV (including syringe services), BH/SUD, and homelessness
- Affordable, attainable housing for SUD and Mental Health
- Centralized care coordination and crisis stabilization
- Emphasize mental health, youth services, prevention and education

The Executive Committee approved a motion to adopt these six themes for incorporation into the 2024 Plan for consideration by the full BHSUCOD. The full BHSUCOD unanimously voted to adopt the six themes for incorporation into the 2024 Plan at its April 11, 2024 Regular Meeting.

Additionally, the BHSUCOD unanimously voted that the evaluation and monitoring subcommittee be required to include members with licensed medical and clinical behavioral health expertise and the operational guidelines outlining the subcommittee's responsibilities be amended to include providing medical quality assurance that programs adhere to SAMHSA and other evidence-based practices.

The BHSUCOD also unanimously voted that opioid settlement funds be spent 90% on social determinants of health prioritizing housing, recovery supports, care coordination and environmental strategies to include youth, families and community education 10% on deep-end and crisis care.

A discernible outcome of the collective work to date is the setting and execution of a vision to establish a readily accessible, integrated and coordinated recovery-oriented system of care that meets the needs of Palm Beach County residents. A rallying crying if you might that truly places an individual at the center of their care and delivers on an, to date, still illusive recovery-oriented system of care.

In sum, there have been some hard-won gains but the BHSUCOD recognizes how precarious this progress can be viewed by people and families affected by substance use and behavior disorders. Members are reminded day in and day out that its work is not complete.

BHSUCOD re-affirms the 2022 Plan recommendations while incorporating additional recommendations for the 2024 Plan Update. Its critical recommendations are as follows:

A. Overarching Priority Recommendations	
2022	Status
1. BCC enactment of ordinance designating lead entity granting it leadership, budget, planning and monitoring authority. 2. Advocate for policies and legislation which advance person-centered, recovery-oriented systems of care and essential services that meet individual’s needs and are readily accessible and integrated. 3. Identify and provide sustainable resources (essential services) for individuals re-entering the community such as those provided through the Community Services Department’s federal grant research project, Comprehensive Opioid, Stimulant, Substance Abuse Program (COSSAP). (Housing and peer support, care coordination, flex funds). 4. Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care, remove barriers and improve long-term recovery outcomes.	1. C 2. IP 3. IP 4. IP
2024	
1. Recommendation to BCC that the County lead and/or support comprehensive planning process between SEFBHN, HCD and other community partners to drive alignment, coordination, shared commitments, shared accountability, and clarify roles and responsibilities.	

B. Opioid Settlement Recommendations	
2024	
	1. Provide sustainable resources (essential services) including housing, peer support, care coordination, and flex funds which mirrors the federal COSSUP program.
	2. Housing should be focused on stable placement as well as affordability and should include transitional, recovery, supportive living and permanent opportunities for individuals with substance use and mental disorders, returning individuals with justice placements, seniors who are under strict financial pressures and living on fixed incomes and youth aging out of foster care.
	3. Coordination with the Department of Housing and Economic Development, municipalities and other housing funding sources to support expanding housing opportunities for individuals with substance use and behavioral disorders.
	4. Establish a non-conflicted neutral care coordination entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and, care monitoring across clinical and non-clinical recovery support and social services.
	5. Expand Syringe Services Program capacity and opportunities.
	6. Expand comprehensive recovery and treatment services, including MAT, for populations with substance use and co-occurring disorders demonstrating high need and prioritizing pregnant and parenting women.
	7. Promote recovery-ready work environments and expand transportation and employment opportunities for individuals with SUD and co-occurring MH conditions.
	8. Create public awareness campaigns that promote recovery-ready communities focused on improving mental as well as overall health and wellness in order to build resilience in individuals and communities.
	9. Create and/or support community-based education or support services for families, youth, and adolescents at risk for SUD and any co-occurring MH conditions which builds resilience, recognizes adverse child experiences and is trauma-informed.
	10. Expand County’s MH/SUD research capacity and enhance its monitoring, surveillance, data collection, and evaluation capabilities in conformance with SAMHSA quality assurance guidelines and other evidence-based methodologies.
	11. Create and/or support community based education to increase awareness and ability to recognize warning signs of different stages for both behavioral and substance use issues.
	12. Opioid settlement funds should be spent as follows: 90% on social determinants of health prioritizing housing, recovery supports, care coordination and environmental strategies to include youth, families and community education 10% on deep-end and crisis care.

Subcommittee Priority Recommendations

C. Prevention and Education Priority Recommendations	
2022	Status
1. Educate the community regarding: ○ Impact of substance use on brain development. ○ Narcan deployment, safe storage / disposal of prescription drugs (i.e. pill drops and drug take back programs) ○ How to select providers, avoid unethical providers; and, navigate insurance coverage.	1. IP
2024	
1. Engage community (youth included) and professionals reflective of Palm Beach County to participate, increase awareness, and ensure ongoing voice and choice. 2. Foster partnerships among schools, mental health organizations, healthcare providers, and community groups to create a network of support for youth mental health. 3. Support/enhance integrated services in Palm Beach County schools. 4. Support various outlets in community locations that are easily accessible for youth to express and receive support for their behavioral health needs including the arts, exercise, parks, etc. 5. Advocate for family trainings and programs in schools and community-based spaces (recreation centers, religious institutions, grassroots organizations) where families are already. 6. Rethink how providers can be available to deliver services so they are inclusive and meet the diverse needs of the community. 7. Develop non-traditional supports, like peer-to-peer support, to enhance the care system, offer more paths to help, and combat workforce shortages. 8. Support campaigns like the Get Your Green On campaign to spread awareness, encourage open discussion about mental health and trauma, and destigmatize challenges. 9. Educate on Adverse Childhood Experiences (ACEs) and the need for trauma-informed care. 10. Emphasize the importance of coping and self-care plans in building resilience. 11. Support behavioral health technicians' curriculum for high school students and promote MH and SUD professional internships. 12. Expand and support mental health first aide with a goal of one in fifteen citizens in Palm Beach County trained in MHFA, youth MHFA, or other versions.	

D. Public Policy Priority Recommendations	
2022	Status
1. Advocate for policies and legislation that improve standards of care including: integration of behavioral and primary health care; adoption of standards of care that are person-centered and recovery-oriented aimed at improving long-term outcomes; and, requirements needed for provider licensure. 2. Advocate for Medicaid expansion.	1. IP 2. IP
2024	
1. Recommendation to BCC that the County lead and/or support comprehensive planning process between the managing entity, Health Care District to drive alignment, coordination, shared commitments, shared accountability, and clarify roles and responsibilities. 2. Engage Palm Beach County policy makers by disseminating Plan and its recommendations. 3. Research, evaluate and recommend changes to federal law mandating 20 year sentence for individuals convicted of death or injury as a result distributing illicit drugs. 4. Add membership to BHSUCOD for individuals or family members of individuals with significant mental illness.	

E. Justice System and Public Safety Priority Recommendations	
2022	Status
1. Identify / develop alternative community placements in areas where there are few if any available. 2. Identify and provide sustainable resources (essential services) for individuals re-entering the community such as those provided through the Community Services Department's federal grant research project, Comprehensive Opioid, Stimulant, Substance Abuse Program (COSSAP). (Housing and peer support, care coordination, flex funds). 3. Advocate for the Palm Beach County Sheriff's Office to carry and use Narcan when responding to overdose calls.	1. IP 2. IP 3. C
2024	
1. Work with law enforcement and courts to intervene with offenders' misdemeanors earlier and provide treatment options.	

2. Demonstrate results through efforts like COSSUP and MAPS. 3. Fund more peer-to-peer efforts in SUD, MI, justice and corrections.	
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F. Treatment and Recovery Priority Recommendations	
2022	Status
1. Advocate for increased Medication Assisted Treatment (MAT) through mobile services which will help individuals who are without transportation and need the continuing support of MAT. 2. Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care, remove barriers and improve long-term recovery outcomes. 3. Develop communication protocols and Memoranda of Understanding (MOU) across provider and funding entities that will facilitate information sharing that allows for seamless transition of clients from one service or provider to another, based on individualized treatment and recovery plans, with appropriate warm hand-offs.	1. C 2. IP 3. IP
2024	
1. Advocate for options for MAT and evaluate efforts 2. Target efforts to address use disorder and pain to prescribers and support the medical community in peer education. 3. Integrate trauma-informed care. 4. For individuals with serious mental illness allow coordination with family members into the EMBARCC program.	

G. Essential Services Priority Recommendations	
2022	Status
1. Develop, identify, and maintain a real-time inventory (dashboard) of affordable, safe housing (recovery, supportive, transitional and permanent) for persons in recovery and other persons in recovery with diverse needs. (I.e. pregnant women, women with children, families, LGBTQ+, MAT, co-occurring).	1. NYS 2. IP 3. NYS

- Identify and disseminate resources to persons in recovery, providers and others related to technical and career training as well as employment services. - Establish an Ombudsman and processes to assist individuals removed from, or at risk of being removed, from their housing.	
2024	
- Create an up to date list of mental health, substance use and co-occurring recovery oriented care options in the County. - Implement a housing pilot program. - Support permanent affordable and supportive housing. - Encourage medical providers to include social determinants of health in diagnosis. - Continue to increase behavioral and mental health supports in the community and in schools.	

H. Evaluation and Monitoring Priority Recommendations	
2022	Status
- Collaborate, coordinate, evaluate and disseminate with the Department of Health (O2DA) to obtain and share timely mental and/or substance disorder related data (i.e. RCI, overdose, Narcan deployment, mobile crisis, ER visits) from hospitals, fire rescue, law enforcement, Health Care District, Southeast Florida Behavioral Health Network and Medical Examiner’s Office through a dashboard and other means. - Identify entities that are currently not reporting data and advocate for them to be required to do so. - Deploy RCI specifically with providers and more broadly in the community in order to collect data to determine success in achieving improvements in long-term recovery outcomes as well as overall community wellness.	- IP - IP - C
2024	
- Dashboard for shared data. - Evaluate number of MAT options available to individuals. - Maximize use of research and RCI data to improve the health and wellness of clients, program participants, policy makers, families, communities, and partners. - Expand data collection systems to include data on mental health such as including data from the mobile response teams.	

I. Faith Based Priority Recommendations
2024
1. Engage faith leaders and organizations in the update of the Master Plan and support faith efforts to serve communities. 2. Deploy RCI specifically with faith-based entities in the community in order to collect data to determine success in achieving improvements in long-term recovery outcomes as well as overall community wellness. 3. Advocate funding for Pastor Associations to educate church leaders about recovery-centered resources including Hubs, trauma informed care and importance of destigmatizing substance use and behavioral disorders. 4. Identify associations or agencies specific to various faith groups to take the lead in community education for their faith group.

J. Addiction Stabilization Unit Recommendations
2024
1. In partnership with the Health Care District, contract with one emergency department to serve as an addiction stabilization unit and train fire rescue accordingly. 2. Connect emergency services to an outpatient facility and provide case management and social work assistance. 3. Complete an after action review to assess the use of the model and lessons learned.

IV. Foundational Plan Elements

Looking to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to inform the County's person-centered, recovery-oriented framework is beneficial. SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential (SAMHSA, Recovery).

SAMHSA reports 50.2 million American adults considered themselves to be in recovery from their substance use and/or mental health problems. With 2 in 3 adults who ever had a mental health problem considered themselves to be recovering or in recovery and 7 in 10 adults who ever had a substance use problem considered themselves to be recovering or in recovery.

SAMHSA's defines recovery from mental disorders and/or substance use disorders as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

It delineates Four Major Dimensions of Recovery that support a life in recovery as follows:

- **Health** - Overcoming or managing one's disease(s) or symptoms - for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medication if one has an addiction problem- and for everyone in recovery making informed, healthy choices that support physical and emotional well-being.
- **Home** - Having a stable and safe place to live.
- **Purpose** - Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- **Community** - Having relationships and social networks that provide support, friendship, love, and hope.

SAMHSA also outlines the operational elements of a ROSC as:

- Collaborative decision-making
- Individualized and comprehensive services and supports
- Community-based services and supports
- Continuity of services and supports
- Multiple stakeholder involvement
- Recovery community / peer involvement
- Outcomes-driven
- Adequately and flexibly funded

Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency, but a macro level organization of a community, a state or a nation.

William L. White
Author, *Slaying the Dragon*
The History of Addiction Treatment and
Recovery in America

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence, to the greatest extent possible, by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. It is essential that the individual become an active partner with care providers in their own recovery process.

A. Development Process

The 2024 Plan has benefited from the collective wisdom and expertise of the BHSUCOD and subcommittee members as well as participants from all fields who met regularly to assess and update strategies and goals for it. Many of the contributors are themselves individuals with lived experience, parents of loss, and individuals who work or have worked in the fields of behavioral health and substance use disorders.

Also contributing to this plan were community champions, representatives from non-profit organizations and county agencies and analyses of community cafés, focus groups and input by participants of the County's fifth annual Facing the Crisis events held in September 2023.

The BHSUCOD subcommittees and OBHSUD staff began development of the Plan Update by assessing each of the strategies and objectives from the 2022 Plan.

The 2019 Behavioral Health Assessment (Assessment) was again considered and the following recommendations are affirmed:

- Develop a common language including the *use of system-wide taxonomies*, data sharing and common outcome measurements.
- Enhance “no wrong door policies and practices” and *development of a central assessment and care coordination system* for the community.
- Continue utilization of system-wide evidence-based practices including the *development of a true Recovery-Oriented System of Care (ROSC)* and a comprehensive implementation of care coordination and wraparound services.
- Provide *peer support in other systems* beyond behavioral health and child welfare. (The Ronik-Radlauer Group., 2019)

Also noted was the fact that while progress has been made through assessing the BHSUCOD's collaborative efforts silos remain and opportunities to improve were identified as follows:

- Expanding efforts to educate the community about behavioral health to increase awareness and decrease stigma;
- Having providers, funders, and other stakeholders work together to address the behavioral health needs in Palm Beach County;
- Break down silos across sectors, populations, and communities;
- Examine outcomes, which is critical to an understanding of the effectiveness and efficacy of services provided; *and*

- Have funders of behavioral health services collaborate through the potential development of shared data and shared outcomes.

The BHSUCOD affirms the Assessment’s recommendations that the CSD focus its funding allocations on the Support Services category to include: expanding care coordination to populations that are not considered “high utilizers”, encourage wraparound case management for all populations and prioritize funding for individuals and families experiencing co-occurring psychiatric, substance use and other complex conditions.

Currently, there are eight (8) subcommittees designed to align with the BCC’s strategic priorities within behavioral health and substance use disorders. The subcommittees are:

1. Prevention and Education
2. Treatment and Recovery
3. Public Policy
4. Justice System and Public Safety
5. Evaluation and Monitoring
6. Essential Services
7. Faith Based
8. Addiction Stabilization Unit

B. Infrastructure

Implementing and operationalizing an integrated, coordinated person-centered, recovery-oriented system of care requires a foundation (i.e., infrastructure) to be in place. This infrastructure must consist of:

- A continuum of care starting with prevention and including early intervention, treatment, and long-term recovery.
- Neutral care coordination.
- Utilization of valid tools to identify appropriate levels of care throughout the continuum.
- Provide for movement across and between levels of care as needed
- Be evaluated and monitored to ensure data are being collected, analyzed and used to inform outcomes, measure the impact and effectiveness of strategies and assess long-term recovery outcomes, and adjust strategies as necessary.

Client satisfaction and measures of wellness through recovery capital indexing also must be obtained to ensure that the focus remains on individualized needs. Accordingly, the system must be able to rely and capitalize on:

- Cross-agency cooperation and communication
- Person-centered individualized planning
- Outcomes as a measure of success, rather than measuring success by completion of treatment

- Funding that emphasizes and supports the development of community-based and accessible (in the broadest sense) resources

Barriers that affect engagement in treatment and recovery, such as premature medical facility discharges, must be continually identified and removed. Providers must recognize the importance of communicating with each other for shared clients and the necessity of collecting and using data to promote genuine and holistic individualized care. Recovery is a journey, regardless of substance used or pathway taken. Treatment is simply a step on the path to recovery that requires planning and individualization of recovery supports. This and building resilience are the key to success and will save lives as well as help reduce repeated cycling in and out of deep-end treatment.

C. Neutral Care Coordination

Neutral Care Coordination (NCC) is an essential building block for establishing this *system of care*. It is defined as services provided by a non-conflicted, neutral body functioning as a single point of entry for referrals to providers. Services include assessment, initial level of care determination, referral, and care coordination across a continuum of clinical and non-clinical care, as well as prior authorization and payment of certain care.

Neutral Care Coordination values individualized care and individual choice in development of care plans. Individualized care plans are the primary drivers of care engagement and are aimed at achieving successful, seamless movement along a continuum of clinical care through non-clinical recovery support and social services to improve long-term recovery outcomes.

Neutral care coordinators are not tied to any provider organization and are responsible for assessing and referring individuals based on identified need, rather than based on availability within a particular entity. It incorporates neutrality into “[c]are coordination ... deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient”. This model is utilized for chronic medical conditions, so substance use disorders, which are chronic health conditions, should be handled in the same manner.

Utilizing an unaffiliated, external, neutral specialist as a care coordinator is the most effective and unbiased way to obtain a true person-centered, recovery-oriented system of care while at the same time contributing to the elimination of unnecessary and duplicative services and repetitive cycling into deep-end treatment without any differences in outcomes. Providing care based on need is expected to free up financial resources that can be invested into community-based care, which is imperative for client access.

Neutral Care Coordination embeds the idea that individuals in recovery do not need the added obstacle of navigating an unconnected set of supports on their own. As such, there must be shared responsibility and accountability across providers to ensure that individuals are seamlessly transferred from the care of one provider to the next in a way that supports the individual and facilitates connection to identified and necessary services and supports.

Neutral care-coordinators can fulfill this role and providers also can support these practices by facilitating warm transfers of their clients, creating an atmosphere of transparency before, during and after such transfers, and by keeping focused on patient needs, choices and outcomes. Regardless of where or when transfers of clients occur, the expectation must be that there is cooperation and communication between providers which takes place electronically, over the phone, face-to-face, or via video-chat.

D. Utilization of Valid Tools to Identify Appropriate Levels of Care

Measurements to assess and inform individualized needs should include but not be limited to the use of the following validated tools and strategies:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Depression and Suicide screenings
- American Society of Addiction Medicine (ASAM) criteria or Level of Care Utilization System (LOCUS) or child and adolescent level of care utilization system (CA LOCUS) to determine appropriate levels of care
- Completion of the Adverse Childhood Experiences (ACEs) and resiliency questionnaire.
- Completion of the Recovery Capital Index (RCI)
- Use of Motivational Interviewing and trauma informed care.

Throughout an individual's journey of recovery, the neutral care coordinator should continually engage the client to assess if any additional supports or services are needed for recovery as well as to identify and help remove barriers that may make, stall or hinder progress while in recovery. Additionally, there should be regular check-ins to ensure services and supports continue to be effective and needed.

Recovery and peer supports are critical to individual recovery and serve as the underpinning of the system of care model described heretofore. RCOs and RCCs help individuals build relationships, increase their social capital, learn how to apply new or re-learned recreational skills in a sober environment and build confidence in their ability to remain in recovery long-term.

Recovery capital is a concept that respects the entire presence and experience of a person. Most definitions of recovery capital — like the one below — shift the focus from the reasons one has an addiction to the components that promote recovery. “Whether we’re in a state of addiction or in a state of recovery, we’re still pulling from the same social, economic, and environmental components that promote or hinder wellbeing. Recovery, like life for someone not affected by addiction, is an ongoing dialogue with those components. We can best think of recovery capital as a specialized representation of wellbeing”.

Recovery Capital is the depth and breadth of internal and external resources that can be used by someone to begin and sustain wellness from addiction.

(Granfield & Cloud, 1999).

The RCI is a “scientifically validated survey instrument that provides a multidimensional measure of wellbeing. It effectively measures change regardless of treatment modality or intervention at individual and population levels. Care can be personalized, while individuals see success reinforced.” The RCI has also been validated through research and is used to guide treatment and assess recovery.

E. Provision for Movement Across and Between Levels of Care

Anyone who enters the *system of care* should expect to be treated with dignity and in a culturally and linguistically respectful manner. Clients must be assessed holistically to ensure that they have access to what they require in terms of individually identified needs, including, but not limited to: housing, education and/or training for employment, mental health services, substance use treatment, community connections, safe spaces for peer connections, attention to physical health and access to nutritious food and safe water.

F. Evaluate and Monitor Data Collected and Analyze to Inform Outcomes

Required data must be valid, reliable, and timely. For providers that contract with CSD OBH-SUD, data are to be entered into the identified system in the manner called for and at the times required. Data are critical for determining if outcomes are improving and where focus may need to be redirected or intensified. Data should be continually reviewed, shared with individuals and used for decision making. The RCI a measure of recovery wellness, provides a unique opportunity to engage clients and when combined with motivational interviewing, has the advantage of helping clients hypothesize reasons and possible actions based on what they see from their own results and scores over time.

In addition, gathering data on programs to determine if they are utilizing evidence-based practices. Practices such as trauma-informed care, trauma-informed cognitive behavioral therapy, parent-child interaction therapy, multi-systemic therapy, brief strategic family therapy, or other evidence-based practice models.

G. Contractual relationships

Contracts must focus on short and long-term outcomes, clearly define accountability, expected outputs and outcomes, and provide clear definitions of process metrics, anticipated outcomes measures and expectations of contractors. Contracts must require providers to communicate with each other, share data on common clients with client consent and ensure that each client's voice is heard.

Additionally, identical or substantially similar services should not be provided simultaneously to any individual, nor should any clients receiving services from more than one provider hear conflicting information from multiple providers. Further, clients should not be left to navigate through the system of care (providers, resources, etc.) on their own.

These kinds of tasks are for neutral care coordinators who should be working with individuals, identifying whether services are meeting needs and if not, re-referring and removing any barriers that will help ensure a true “no wrong door” approach. This includes behavioral health and co-occurring conditions as well as complex cases. Contractors must be held accountable fiscally and substantively. Reimbursements or payments are to be clearly supported by documentation according to contractual obligations.

Contracts in behavioral health and substance use disorders must be:

- Transparent on permitted spending and documentation for reimbursement
- Providers must have qualified staff who will work with clients that have complex issues
- Staff must have the capacity and ability to implement services and supports with fidelity
- Staff must be knowledgeable and able to implement effective practices
- Staff must utilize strategies premised on equity and multicultural awareness
- Staff must be able to tailor approaches and strategies on an individualized basis
- Staff must be able to establish short and long term goals with expected outcomes in individualized, person-centered plans
- Programs and services should routinely assess client satisfaction with both the provided services and the specific provider(s) and/or entity and
- Contractors should ensure clients experience smooth transitions with warm-hand-offs.

Client essential needs must be considered and planned for in a recovery-oriented manner.

Additionally, when developing a budget utilizing a per-person, per-contact, or per-service as the defined “unit of cost” will not be sufficient. Instead, costs are to be based on quality of services, established recovery-oriented outcomes and quantifiable costs that are directly attributed to an individual and the actual services that were provided.

Services and supports should not only be available to those who can afford them or for individuals that are fortunate enough to get “scholar-shipped in”. Implementing a person-centered, recovery-oriented system of care requires a focus on the person's needs and also the acceptance of each individual at the point in time when their individual journey to recovery begins.

VI. Proposed “Theory of Action” for getting to a coordinated person-centered, recovery-oriented system of care.

Beginning with the end in mind, this theory of action provides strategies and steps that will enable Palm Beach County, through neutral care-coordination and a coordinated network of public and private sector providers to realize its goal of implementing a person-centered recovery oriented system of care that is both integrated and coordinated across and between providers. A system that recognizes the importance of looking at individuals holistically and actualizes a “no wrong-door” approach through warm hand-offs and coordinated follow-up care that addresses essential needs and services that support long term recovery.

Typically, a Theory of Action describes how a project or a program is designed and set up. It articulates the mechanisms through which the activities are being delivered, e.g. through which actors (for example, NGOs, government or markets) and following which processes (for example, grants to NGOs disbursed from a challenge fund, provision of technical assistance, advocacy activities, or the establishment of partnerships). (Coffee) Additionally, within each of the following “buckets” the BHSUCOD subcommittees have identified a number of issues and strategies to address them which comprise the roadmap for this Strategic Plan.

A. Opioid Settlement

Palm Beach County has been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the pharmaceutical industry which fueled an opioid epidemic and exacted a high price in overdose deaths as well as significant harm to families, friends and the Palm Beach County community at large. It is only fitting that the Settlement funds realized should be dedicated to effectuating the BCC’s aims of establishing a person-centered, recovery-oriented system of care that promotes resilience and recovery. These funds should be appropriated in a targeted way to ensure this aim is achieved and adheres to the Plan Update’s mission, vision and values, guiding principles as well as research and evidence.

Issues – Opioid Settlement	
1. Palm Beach County and its residents were harmed by acts of the pharmaceutical industry causing an opioid epidemic.	
2. Ensure Settlement funds are appropriately leveraged to address these harms.	
Why	
1. Settlement funds can effectuate establishment of person-centered, recovery-oriented system of care.	
How (strategies)	
1. Provide sustainable resources (essential services) including housing, peer support, care coordination, and flex funds which mirrors the federal COSSUP program.	
2. Housing should be focused on stable placement as well as affordability and should include transitional, recovery, supportive living and permanent opportunities for individuals with substance use and mental disorders, returning individuals with justice placements, seniors who are under strict financial pressures and living on fixed incomes and youth aging out of foster care..	
3. Coordination with the Department of Housing and Economic Development, municipalities and other housing funding sources to support expanding housing opportunities for individuals with substance use and behavioral disorders..	
4. Establish a non-conflicted neutral care coordination entity serving as a single point of contact providing assessment, level of care determination, referral, prior authorization and payment of certain care, and, care monitoring across clinical and non-clinical recovery support and social services.	
5. Expand Syringe Services Program capacity and opportunities.	

6. Expand comprehensive recovery and treatment services, including MAT, for populations with substance use and co-occurring disorders demonstrating high need and prioritizing pregnant and parenting women. 7. Promote recovery-ready work environments and expand transportation and employment opportunities for individuals with SUD and co-occurring MH conditions. 8. Create public awareness campaigns that promote recovery-ready communities focused on improving mental as well as overall health and wellness in order to build resilience in individuals and communities. 9. Create and/or support community-based education or support services for families, youth, and adolescents at risk for SUD, mental health disorders and any co-occurring MH conditions which builds resilience, recognizes adverse child experiences and is trauma-informed. 10. Expand County's MH/SUD research capacity and enhance its monitoring, surveillance, data collection, and evaluation capabilities in conformance with SAMHSA quality assurance guidelines and other evidence-based methodologies.. 11. Create and/or support community based education to increase awareness and ability to recognize warning signs of different stages for both behavioral and substance use issues. 12. Opioid settlement funds should be spent as follows: 90% on social determinants of health prioritizing housing, recovery supports, care coordination and environmental strategies to include youth, families and community education 10% on deep-end and crisis care.	
Accountability	
1. Complete monitoring, surveillance and evaluation of initiatives related to Settlement funds. 2. Development tracking systems for essential services initiated through these Settlement funds. 3. Contracts and agreements established with Settlement funds shall integrate recovery capital indexing as well as other health and wellness measures.	

B. Prevention and Education

Evidence-based prevention programs can dramatically reduce rates of substance use and SUD. These programs can also be highly cost-effective. Rigorous evaluations have found many prevention programs are good long term economic investments, returning more to society than they cost. Evidence-based prevention interventions, especially those that focus on early childhood, do more than decrease drug use; they also reduce mental health problems and crime and promote academic motivation and achievement. Thus, these programs can have tremendous, long-term benefits for the children and families they serve, as well as for society as a whole. The Prevention and Education subcommittee’s responsibilities are to include, but not be limited to, establishing prevention and harm-reduction activities and education for residents in schools and communities.

Issues – Prevention and Education	
Why	
1. Too many residents are overdosing or dying as a result of substance use disorders. 2. Tailored education, prevention and interventions will provide residents with a better understanding of warning signs of mental and substance use disorders.	
How (strategies)	
2022	Status
1. Develop prevention programs at different levels (individual, family, school, faith-based organizations) that are tailored to specific target population needs. 2. Develop, disseminate community readiness surveys and results to inform development of targeted interventions. 3. Create dashboard reporting on current trends and mapping by zip code. 4. Develop a Countywide Strategic Prevention Framework which targets specific community conditions to reduce opportunities for substance use and to enhance healthy lifestyle choices. 5. Educate the community regarding: - o Impact of substance use on brain development. - o Narcan deployment, safe storage / disposal of prescription drugs (i.e. pill drops and drug take back programs) - o How to select providers, avoid unethical providers; and, navigate insurance coverage. 6. Train educators on early warning signs and symptoms of mental and substance use disorders and school nurses on evidence-based assessment screening tools. 7. Advocate for mental illness, substance use disorder and trauma training in schools of medicine and pharmacy; and with emergency room and healthcare professionals, first responders and pharmacists. 8. Develop a Good Samaritan Law public awareness campaign. 9. Establish a media committee responsible for developing a communications plan.	1. IP 2. IP 3. IP 4. C 5. IP 6. IP 7. IP 8. C 9. IP
2024	
1. Engage community (youth included) and professionals reflective of Palm Beach County to participate, increase awareness, and ensure ongoing voice and choice. 2. Foster partnerships among schools, mental health organizations, healthcare providers, and community groups to create a network of support for youth mental health.	

3. Support/enhance integrated services in Palm Beach County schools. 4. Support various outlets in community locations that are easily accessible for youth to express and receive support for their behavioral health needs including the arts, exercise, parks, etc. 5. Advocate for family trainings and programs in schools and community-based spaces (recreation centers, religious institutions, grassroots organizations) where families are already. 6. Rethink how providers can be available to deliver services so they are inclusive and meet the diverse needs of the community. 7. Develop non-traditional supports, like peer-to-peer support, to enhance the care system, offer more paths to help, and combat workforce shortages. 8. Support campaigns like the Get Your Green On campaign to spread awareness, encourage open discussion about mental health and trauma, and destigmatize challenges. 9. Educate on Adverse Childhood Experiences (ACEs) and the need for trauma-informed care. 10. Emphasize the importance of coping and self-care plans in building resilience. 11. Support behavioral health technicians' curriculum for high school students and promote MH and SUD professional internships. 12. Expand and support mental health first aide with a goal of one in fifteen citizens in Palm Beach County trained in MHFA, youth MHFA, or other versions.	
Accountability	
1. Track trainings and activities provided and detail type, target audience, number of participants, and outcomes achieved, demographics of participants, location of activity and feedback from community. 2. Track community readiness activities and detail assessments conducted, target community, and any outcomes achieved. 3. Track progress and completion of the Strategic Prevention Framework. 4. Track progress and completion of other prevention and education strategic objectives.	

C. **Public Policy**

Public policy seeks to define issues and implement strategies that will produce a measurable and positive result for the general public. It defines a problem, gathers evidence, identifies causes, reviews any current policies, and strategizes solutions that anticipate the social response. Careful consideration of benefits and costs are key factors in implementing a policy that will elicit a positive, measurable outcome. The Public Policy

subcommittee’s responsibilities are to include, but not be limited to, identifying, reviewing, and monitoring related public policies and legislation; and engaging, educating, and informing public officials, key strategic partners and constituency members in advancing sound public policy.

Issues – Public Policy	
1. Need for better alignment of behavioral health system of care entities to effectuate collaborative budgeting and planning and implementation of the Board’s strategic aim to establish a person-centered, recovery-oriented system of care that is readily accessible and integrated. 2. There is no enforcement of the federal mental health parity law. 3. Mental and substance use disorder providers are currently regulated by the Department of Children and Families (DCF) which is regulatory inconsistent when these disorders are viewed as a primary health issue and should be moved from DCF to the Department of Health. 4. Add membership to BHSUCOD for individuals or family members of individuals with significant mental illness.	
Why	
1. Mental Health Parity enforcement will allow County residents to have reliable access to a wide range of mental health, substance use and co-occurring disorder services; a choice of providers; and, be given recourse to effectively challenge caps on services. 2. Consistent with the charge of the advisory committee as stated in the county resolution “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.”	
How (strategies)	
2022	Status
1. BCC enactment of ordinance designating lead entity granting it leadership, budget, planning and monitoring authority. 2. Advocate for the reinstatement of statewide Drug Czar’s Office and dedicated funding for it. 3. Advocate for policies and legislation which advance person-centered, recovery-oriented systems of care that are readily accessible and integrated. 4. Advocate for policies and legislation that improve standards of care including: integration of behavioral and primary health care; adoption of standards of care that are person-centered and recovery-oriented aimed at improving long-term outcomes; and, requirements needed for provider licensure.	1. C 2. C 3. IP 4. IP 5. IP 6. IP 7. NYS 8. C 9. C

5. Advocate for Medicaid expansion. 6. Educate the community on how to report non-compliance with parity laws. 7. Transfer regulatory responsibility for mental and substance use disorder services from Department of Children and Families to the Department of Health. 8. Advocate that the Florida Opioid Abatement Task Force have at least one physician and at least one representative from an organization that works with individuals with mental, substance use and/or co-occurring disorders and at least one person to represent parents of loss, individuals with lived experience, or individuals in recovery. 9. Develop spending plan for settlement funds that is strictly for funding mental health, substance use and co-occurring disorder services.	
2024	
1. Recommendation to BCC that the County lead and/or support comprehensive planning process between the managing entity, Health Care District to drive alignment, coordination, shared commitments, shared accountability, and clarify roles and responsibilities. 2. Engage Palm Beach County policy makers by disseminating Plan and its recommendations. 3. Research, evaluate and recommend changes to federal law mandating 20 year sentence for individuals convicted of death or injury as a result distributing illicit drugs.	
Accountability	
1. Track progress and enactment of legislation: - o Designating a County lead entity. - o Making parity enforceable. - o Placing Mental Health and Substance Use Disorders under the State Department of Health. - o De-criminalizing fentanyl test strips. - o Expanding Baker and Marchman Act. - o Expanding housing inventory for persons in recovery. 2. Track progress of Florida Opioid Abatement Task Force recommended membership. 3. Track progress on Opioid Settlement Plan for funding mental health, substance use and co-occurring disorder services. 4. Track progress and completion of other public policy strategic objectives.	

D. Justice System and Public Safety

Individuals with mental and substance use disorders involved with the criminal justice system has enormous fiscal, health, and human costs and remain a challenge. It is well known, many offenders with mental and substance use disorders still do not receive treatment during incarceration. This is not only a disservice to the offenders and their families; it is a threat to public safety. Diverting these individuals away from jails and prisons and toward more appropriate and culturally competent community-based care must be an essential component of any strategies aimed eliminating unnecessary involvement in the criminal justice system.

Issues – Justice System and Public Safety	
1. Low utilization of drug- and related courts and lack of diversion services to decrease criminalization of substance use disorders and/or co-occurring disorders. 2. Individuals released from incarceration frequently do not remain engaged in services and often recidivate due to a lack of stable housing, support services and care coordination. 3. Law enforcement transport of individuals in mental health crisis.	
Why	
1. County correctional facilities and law enforcement personnel have become a de-facto system of care that is expensive, promotes inequity and does not promote recovery.	
How (strategies)	
2022	Status
1. Identify / develop alternative community placements in areas where there are few if any available. 2. Identify and provide sustainable resources (essential services) for individuals re-entering the community such as those provided through the Community Services Department’s federal grant research project, Comprehensive Opioid, Stimulant, Substance Abuse Program (COSSAP). (Housing and peer support, care coordination, flex funds). 3. Develop plan to expand law enforcement partnerships and data access to increase ability to target over-prescribers. 4. Advocate for the Palm Beach County Sheriff’s Office to carry and use Narcan when responding to overdose calls.	1. IP 2. IP 3. C 4. C
2024	
1. Work with law enforcement and courts to intervene with offenders’ misdemeanors earlier and provide treatment options. 2. Demonstrate results through efforts like COSSUP and MAPS. 3. Fund more peer-to-peer efforts in SUD, MI, justice and corrections.	
Accountability	

1. Track diversion programs and maintain a system that will enable appropriate referrals, real-time availability and criteria for enrollment. 2. Track numbers of individuals who are enrolled in diversion programs and related outcomes. 3. Track progress and completion of other justice system and public safety strategic objectives.	
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E. Treatment and Recovery

Individuals with mental and substance use disorders involved with the criminal justice system has enormous fiscal, health, and human costs and remain a challenge. It is well known, many offenders with mental and substance use disorders still do not receive treatment during incarceration. This is not only a disservice to the offenders and their families; it is a threat to public safety. Diverting these individuals away from jails and prisons and toward more appropriate and culturally competent community-based care must be an essential component of any strategies aimed eliminating unnecessary involvement in the criminal justice system. The Treatment and Recovery subcommittee’s responsibilities are o include, but not be limited to, establishing a coordinated Recovery-Oriented System of Care (ROSC); integrated behavioral health; expanding Peer Recovery Support Services (e.g., Recovery Community Organization/Recovery Community Centers (RCO/RCCs); access to Medication-Assisted Treatment (MAT); and creating a neutral care coordination entity.

Issues – Treatment and Recovery	
1. On-going silos when it comes to client care and fragmentation/disjointed care from multiple treatment, social and recovery support providers. 2. Determinations of client treatment that are based on the services available at a particular provider, rather than on individualized needs; 3. Ineffective transitioning of clients from one level of care or one service provider to another. 4. Lack of timely sharing of needed treatment information among providers. 5. Lack of monitoring and follow-up to ensure client engagement. 6. Lack of accountability and agreed upon responsibilities among multiple treatment, social and recovery support providers serving one client. 7. Getting access to care at reasonably comparable reimbursement rates and overcoming hurdles such as a lack of transportation to get to a provider are barriers to getting help for behavioral health, substance use and/or co-occurring disorders. 8. Having the right type of treatment at the right time for clients is a barrier to obtaining the services and supports needed to get to recovery.	

9. Insurance can often be a barrier to obtaining needed services and it can also restrict the number of days that services are able to be provided. 10. Lack of detoxification services for benzodiazepines. 11. There are insufficient recovery support services (i.e. housing, transportation) for persons discharged from the Addiction Stabilization Unit and provider settings. 12. Where and how individuals get to services and supports for care and treatment of behavioral health and/or substance use disorders is too frequently based on where and by whom they are screened and assessed for services, treatment, or care.	
Why	
1. A “no wrong-door” person-centered, recovery-oriented system of care approach will help identify and remove barriers (including access related barriers) and serve as a bridge between providers and needed recovery supports. 2. Without reasonable reimbursement rates, the few existing providers will not provide needed services and getting help will be more difficult, especially with provider shortages. 3. Access to properly trained providers who have availability is a critical prerequisite for clients seeking care that is person-centered and recovery oriented. 4. Without sufficient coverage, many individuals are challenged to find providers that will work with them and/or have choices limited by the availability of providers who are able to work with a client and obtain a scholarship on their behalf. 5. PBC residents will be able to access individually identified services that are based on person-centered informed choice and individualized recovery plans	
How (strategies)	
2022	Status
1. Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care and remove barriers. 2. Reimburse virtual care at competitive rates and that are comparable to face-to-face rates in order to increase the number of potential clients that will be able to secure behavioral health services. 3. Advocate for increased Medication Assisted Treatment (MAT) through mobile services which will help individuals who are without transportation and need the continuing support of MAT.	1. IP 2. C 3. C 4. IP 5. IP 6. IP 7. IP 8. IP 9. IP 10. IP 11. IP

4. Utilize medical detailing to educate physicians and emergency room personnel on MAT and Screening, Brief Intervention and Referral to Treatment (SBIRT). 5. Educate the community about MAT, including non-traditional partners and the faith-based community. 6. Educate providers on prescription monitoring. 7. Engage post-secondary institutions and other entities to recruit and educate students to become licensed and certified clinicians. 8. Identify and provide training opportunities in evidence-based, evidence-informed promising practices. 9. Identify and develop alternative funding sources for un- or under- insured individuals. 10. Engage and educate health insurers about mental, substance use and co-occurring disorders and co-occurring disorders which will involve community members in outreach efforts. 11. Engage the recovery community to recruit and educate persons with lived experience to become Certified Recovery Peer Specialist (CRPS). 12. Develop policies and trainings for neutral care coordination that will ensure essential skills related to the implementation of the County's system of care model. 13. Collaborate and coordinate across entities serving individuals with substance use disorders and/or co-occurring mental health and substance use disorders 14. Develop communication protocols and Memoranda of Understanding (MOU) across provider and funding entities that will facilitate information sharing that allows for seamless transition of clients from one service or provider to another, based on individualized treatment and recovery plans, with appropriate warm hand-offs.	12. IP 13. IP 14. IP
2024	
1. Advocate for options for MAT and evaluate efforts 2. Target efforts to address use disorder and pain to prescribers and support the medical community in peer education. 3. Integrate trauma-informed care. 4. For individuals with serious mental illness allow coordination with family members into the EMBARCC program.	
Accountability	
1. Develop and maintain resource that identifies programs that are available, criteria for acceptance into programs, types of services and how to access programs (i.e., referrals to whom and how to ensure referral is acted upon.)	

2. Develop MOU related to data sharing across agencies. 3. Track number of individuals served by the ASU and related outcomes. 4. Track number of warm-handoffs through neutral care coordination and related outcomes. 5. Track status and implementation of neutral care coordination proposal. 6. Track progress and completion of other treatment and recovery strategic objectives.	
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F. Essential Services

Essential Services (formerly Ancillary Services) more accurately reflects the critical nature of key long-term predictors of long-term recovery outcomes (i.e. housing stability, employment, strong family/society connection, altruism) to achieving the BCC’s aim to establish a person-centered, recovery-oriented system of care that is readily accessible and integrated. These and other predictors are also referred to as social determinants of health which are conditions in the environments people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants have a major impact on health outcomes-especially for the most vulnerable populations and must be considered when providing person-centered, recovery-oriented care. Thus, when resources are available to overcome negative social determinants of health, they can have a significant impact on individual and population health outcomes. The Essential Services subcommittee’s responsibilities are to include, but not be limited to, advancing social determinants of health such as food, housing, employment, education, access to medical care, and the collateral consequences of criminal justice involvement.

Issues – Essential Services	
1. Insufficient inventory of available, affordable, safe housing (recovery, supportive, transitional and permanent) for persons in recovery and other persons in recovery with diverse needs. (i.e. pregnant women, women with children, families, LGBTQ+, MAT, co-occurring) 2. Lack of awareness of existing career and job assistance programs.	
Why	
1. Sufficient inventory of safe, supportive, affordable, alcohol and drug-free housing and employment opportunities are key predictors of long-term recovery outcomes.	
How (strategies)	
2022	Status

1. Collaborate with Florida Association of Recovery Residences and the State Attorney Addiction and Recovery Task Force to oversee recovery residences and deploy Recovery Capital Indexing. 2. Collaborate with Oxford House to include its inventory in accounting of available, affordable, safe housing and substance-free living spaces. 3. Develop, identify, and maintain a real-time inventory (dashboard) of affordable, safe housing (recovery, supportive, transitional and permanent) for persons in recovery and other persons in recovery with diverse needs. (I.e. pregnant women, women with children, families, LGBTQ+, MAT, co-occurring). 4. Develop respite capacity lost because of Ted's Place closure to include housing first like options for those actively using. 5. Establish an Ombudsman and processes to assist individuals removed from, or at risk of being removed, from their housing. 6. Establish a recovery high school program. 7. Identify and disseminate resources to persons in recovery, providers and others related to technical and career training as well as employment services. 8. Educate the recovery community about existing and emerging public transportation services programs. 9. Conduct Americans with Disabilities Act (ADA) trainings.	1. IP 2. IP 3. NYS 4. IP 5. NYS 6. NYS 7. IP 8. IP 9. NYS
2024	
1. Create an up to date list of mental health, substance use and co-occurring recovery oriented care options in the County. 2. Implement a housing pilot program. 3. Support permanent affordable and supportive housing. 4. Encourage medical providers to include social determinants of health in diagnosis. 5. Continue to increase behavioral and mental health supports in the community and in schools.	
Accountability	
1. Track progress and completion real-time inventory of available, affordable, safe housing homes. 2. Track progress and completion of career preparation and employment services resources made available for persons in recovery. 3. Track progress and completion of other essential services strategic objectives.	

G. Evaluation and Monitoring

Evaluation and monitoring are critical for assessing the range of interventions being implemented to mental and substance use disorders. It helps determine exactly when an intervention is on track and when changes may be needed. Evaluation and monitoring are also used to demonstrate that efforts have had a measurable impact on expected outcomes and have been implemented effectively. It is essential in helping managers, planners, implementers, and policy makers acquire the information needed to make informed policy and programmatic decisions; guide strategic planning; design and implement programs; and allocate resources. The Evaluation and Monitoring subcommittee’s responsibilities are to include, but not be limited to, implementing a Recovery Capital instrument; measuring and tracking treatment outcomes across the care continuum using advanced analytics to establish evidence-based best practices; increasing Committee member participation in monitoring of publicly funded treatment and recovery programs and services.

Issues – Evaluation and Monitoring	
1. Numerous gaps and barriers still remain for obtaining data needed to see the trends and determine areas in which additional focus and attention. 2. Historic treatment outcome data (i.e. successful treatment discharge) is not a reliable measure related to the County’s goal of improving long-term recovery outcomes and quality of care.	
Why	
1. Without data it is not possible to see patterns and trends and make data-informed decisions.	
How (strategies)	
2022	
1. Collaborate, coordinate, evaluate and disseminate with the Department of Health (O2DA) to obtain and share timely mental and/or substance disorder related data (i.e. RCI, overdose, Narcan deployment, mobile crisis, ER visits) from hospitals, fire rescue, law enforcement, Health Care District, Southeast Florida Behavioral Health Network and Medical Examiners Office through a dashboard and other means. 2. Identify entities that are currently not reporting data and advocate for them to be required to do so. 3. Deploy RCI specifically with providers and more broadly in the community in order to collect data to determine success in achieving improvements in long-term recovery outcomes as well as overall community wellness.	Status 1. IP 2. IP 3. C 4. IP

4. Utilize Overdose Mapping (High Intensity Drug Trafficking Areas (HIDTA)) data.	
2024	
1. Dashboard for shared data. 2. Evaluate number of MAT options available to individuals. 3. Maximize use of research and RCI data to improve the health and wellness of clients, program participants, policy makers, families, communities, and partners. 4. Expand data collection systems to include data on mental health such as including data from the mobile response teams.	
Accountability	
1. Track progress and completion of data dashboard. 2. Track utilization of RCI surveys and the number of housing, education and employment opportunities that have been initiated and provided based on needs identified through the survey results. 3. Review and analyze data and prepare quarterly reports to the Advisory Committee which addresses data quality and additional data needs. 4. Track progress and completion of other evaluation and monitoring strategic objectives.	

H. Faith-based

Faith, spirituality and altruism play an important role in achieving long-term recovery outcomes. Faith and community leaders are often the first point of contact when individuals and families face substance use, mental and co-occurring disorders. The Faith-based subcommittee's responsibilities are to include, but not be limited to, advancing inter-faith understanding of mental illness and substance use disorder and the important role of faith communities in a recovery oriented system of care environment.

Issues – Faith-based	
1. Faith leaders have developed innovative strategies like Recovery Church to serve as a point of entry and support for substance use disorder and behavioral health.	
Why	
2. The faith-based community in Palm Beach County plays a pivotal role in community efforts as part of a ROSC.	
How (strategies)	
1. Engage faith leaders and organizations in the update of the Master Plan and support faith efforts to serve communities.	

2. Deploy RCI specifically with faith-based entities in the community in order to collect data to determine success in achieving improvements in long-term recovery outcomes as well as overall community wellness. 3. Advocate funding for Pastor Associations to educate church leaders about recovery-centered resources including Hubs, trauma informed care and importance of destigmatizing substance use and behavioral disorders. 4. Identify associations or agencies specific to various faith groups to take the lead in community education for their faith group.	
Accountability	
1. Track engagement of faith based leaders in subcommittees and the Advisory Committee. 2. Track utilization of RCI surveys completed through faith based entities.	

I. Addiction Stabilization Unit (ASU)

The ASU is a unique public-private partnership designed to address the immediate and critical care of individuals experiencing medical emergencies due to opioid or other substance use disorders. The model as originally designed, provided a central location with an emergency room component that allowed for lifesaving overdose intervention delivered within the ASC and a “warm hand off” to an adjacent outpatient clinic operated by Health Care District where medication for opioid disorder and other medication assisted treatments and behavioral health services could be initiated or continued by a specialized, addiction-trained medical team. The ASU subcommittee is responsible for working with the Palm Beach County Health Care District to review ASU patient care and related matters as well as make recommendations related to such when appropriate.

Issues – Addiction Stabilization Unit	
1. Evidence based practice indicates that specialized emergency services with a “warm hand off” are especially effective with overdose patients. 2. Connecting patients to an outpatient center avoids subsequent overdose and use patterns. 3. Community concern about fidelity to the ASU model as it was initially operationalized.	
Why	
1. Palm Beach County needs a model where fire and rescue agencies bypass the closest hospital to transport overdose patients to an emergency department that specializes in substance use disorder.	
How (strategies)	
2024	

1. In partnership with the Health Care District, contract with one emergency department to serve as an addiction stabilization unit and train fire rescue accordingly. 2. Connect emergency services to an outpatient facility and provide case management and social work assistance. 3. Complete an after action review to assess the use of the model and lessons learned.	
Accountability	
1. Track utilization of services each month. 2. Monitor use by social determinant of health status and follow up.	

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