

**DISCUSSION OF THE ADDICTION STABILIZATION
UNIT (NOW ADDICTION SERVICES) AT HCA JFK
NORTH AND RECOMMENDATIONS FROM THE
DRAFT AFTER ACTION REPORT**



THANK YOU

1. Dr. Heather Howard and the Florida Atlantic University Team
2. Representatives from JFK, Health Care District and PBC Fire Rescue for taking the time to be interviewed
3. ASU Subcommittee members for requesting this report and for your continued work in this space



LAYING THE FOUNDATION FOR TODAY'S DISCUSSION

- **The report was developed in accordance with the methodology prescribed.**
- **The report used a methodology associated with a formal After Action Report. However, there are questions as to whether or not the ASU is considered an incident, exercise, or event as outlined in the report.**
- **We acknowledge that the report does not include the patient perspective nor does it include the perspective of other stakeholders outside of Hospital Corporation of America (HCA) JFK North, Health Care District (HCD) and Palm Beach County Fire Rescue (PBCFR) employees.**
- **The purpose of this review is to provide insights into what occurred and to consider the lessons learned as we chart a path forward.**
- **This report is not intended to be published as a scientific research paper, but to be used internally, in conjunction with other sources, to provide the Board of County Commissioners with the most informed update as described in the Behavioral Health & SUD Master Plan.**

LAYING THE FOUNDATION FOR TODAY'S DISCUSSION

- **The report mentions the 752 overdoses that occurred in 2017. Palm Beach County was considered the epicenter of the Opioid Crisis by many. In response, a number of organizations worked together to develop an Opioid Response Plan.**
- **Although there were challenges, this effort did save lives and expanded access to Medically Assisted Treatment (MAT) and/or Medications for Opioid Use Disorder (MOUD) Treatment, Primary Health Care, and Recovery Supports.**
- **Additional efforts will be taken to align the recommendations to the Crisis Now model.**
- **A deeper dive into the funding need will be assessed prior to providing an update to the BCC.**
- **A broader discussion about the continuation of a public/private partnership in the short, intermediate or long term needs to take place, especially with the Health Care District expanding into the Behavioral Health space and with the creation of a Central Receiving Facility.**

DISCUSSION AND OVERARCHING THEME FROM HEALTH CARE DISTRICT INTERVIEWS

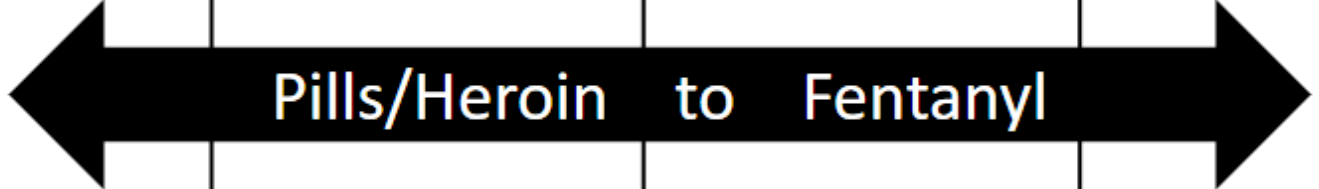
The Board of County Commissioners approved an interlocal agreement with the Health Care District of Palm Beach County to provide a revenue guarantee that would support the establishment of an addiction stabilization unit or ASU on the campus of JFK North Hospital in January 2019. An agreement between the Board of County Commissioners and JFK to provide financial assistance in the amount of \$500,000 per year was later executed for this purpose and has since expired on September 30, 2023.

ASU IS JUST ONE COMPONENT



- **The former Addiction Stabilization Unit (now addiction services) at HCA JFK North is one component of a broader, more comprehensive system of care.**
- **The concept of having a designated Emergency Room (ER) for Emergency Medical Services (EMS) overdose transport (conceptually modeled after a stroke or trauma center) would streamline life-saving care and would provide warm handoffs to continued care after the patient is stabilized.**
- **Despite HCA's decision to move away from the Addiction Stabilization Unit, they continue to provide Addiction Services and make warm handoffs to the HCD.**

2017	2018	2019	2020	2021	2022	2023	2024
<p>HCD SUD Outpatient clinic opened- Lantana clinic</p> <p>HCD/PBCFR and JFK (Main campus) Pilot 30 patients</p>	<p>HCD looked for another model to address complex medical issues to apply to the Opioid Crisis</p>	<p>October:</p> <p>JFK CEO invested in MH and SUD care and opens ASU in ER (with financial support from the County and HCD)</p> <p>HCD opens an SUD Clinic (Mangonia) at JFK-North Campus</p> <p>Peer Warm handoff established as a conduit from ED to HCD</p> <p>First ER Suboxone Induction in ER Setting in PBC (12-24 hours until safe stabilization)</p>	<p>August:</p> <p>Switch from heroin to fentanyl, extending the time for Suboxone Induction in ED (24-48 hours until safe stabilization)</p> <p>ASU used as Covid over flow</p>	<p>Fentanyl increase</p>	<p>April:</p> <p>State of Florida Teams visit HCD clinic and JFK ASU</p> <p>August:</p> <p>HCD model replicated in 11 additional counties by the State of Florida (COPe (12 counties under DOH)</p> <p>Walk-ins to ASC</p>	<p>JFK North eliminated the ASU unit as a separate space</p> <p>Suboxone induction while in the regular ER bed</p> <p>Medical literature changed leading to Suboxone high dose induction</p> <p>Warm hand-off by peers from ER to HCD outpatient Mangonia clinic</p> <p>End of 2023: Operational oversight of COPe moved under DCF, and 17 counties added</p> <p>Polysubstance use increase</p>	<p>End of 2023- HCD continues partnership with JFK-North for patients with warm hand-off.</p> <p>Number of patients exceeded 2000</p>
<p>Increased overdoses 752</p>	<p>Decreased overdoses 447</p>	<p>OD2A paid RSS</p>		<p>New CEO at JFK N</p>	<p>Decrease in OD with Narcan</p>		



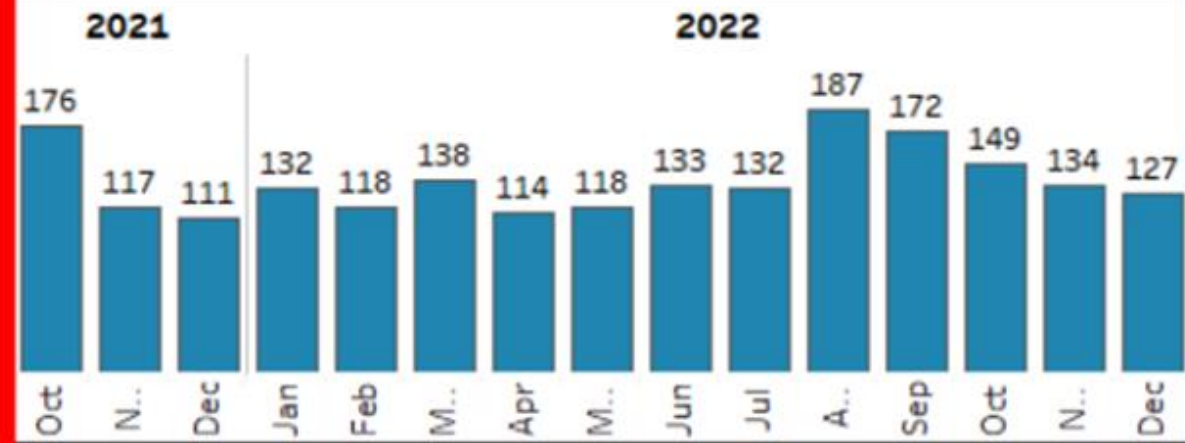
4.2K VISITS

**2,563 UNIQUE
PATIENTS**

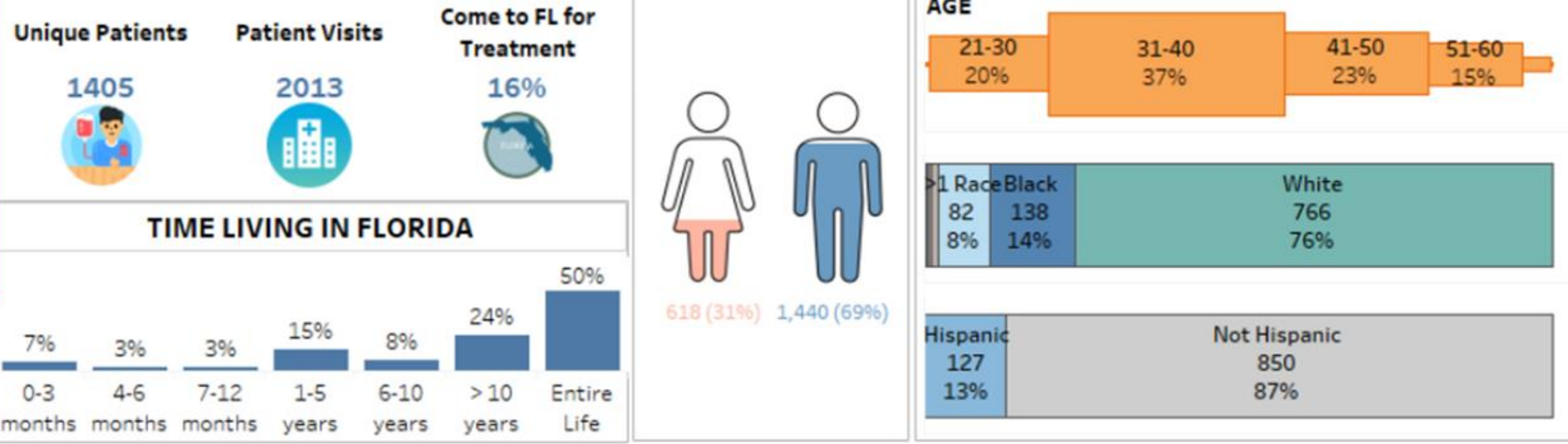
The Patient Volume and Demographics section on the dashboard indicated that between 2021 and 2024, there were 2,296 unique patients and 3,543 patient visits, with 15 percent of these patients' seeking treatment in Florida. Furthermore, patient self-reported data revealed that 20 percent of patients experienced at least one overdose, 17 percent experienced two, 11 percent experienced three, and 20 percent experienced more than ten.

**Number of Patients and Visits
as of November 2024**

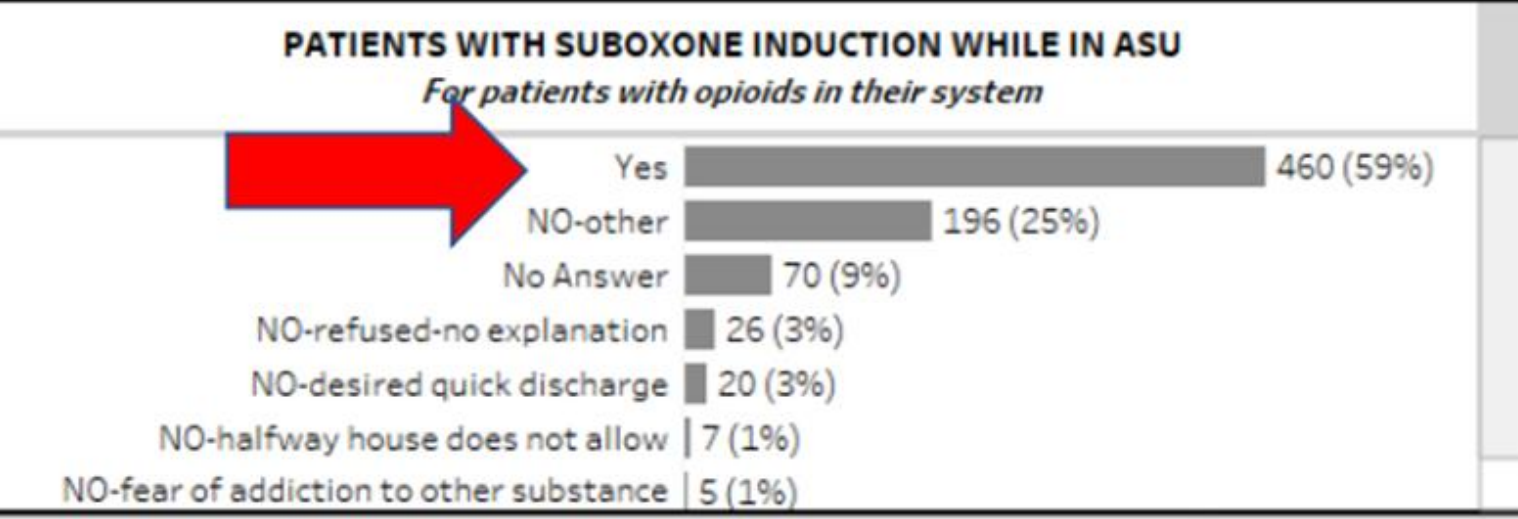
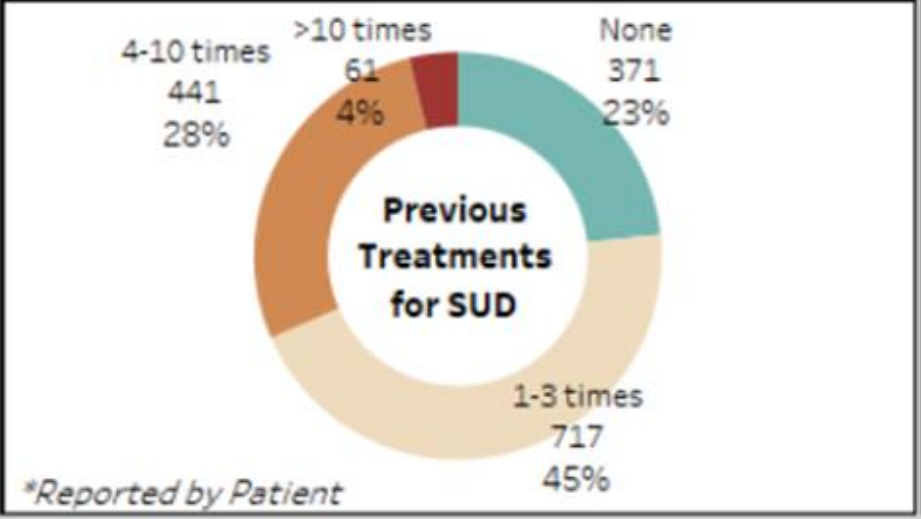
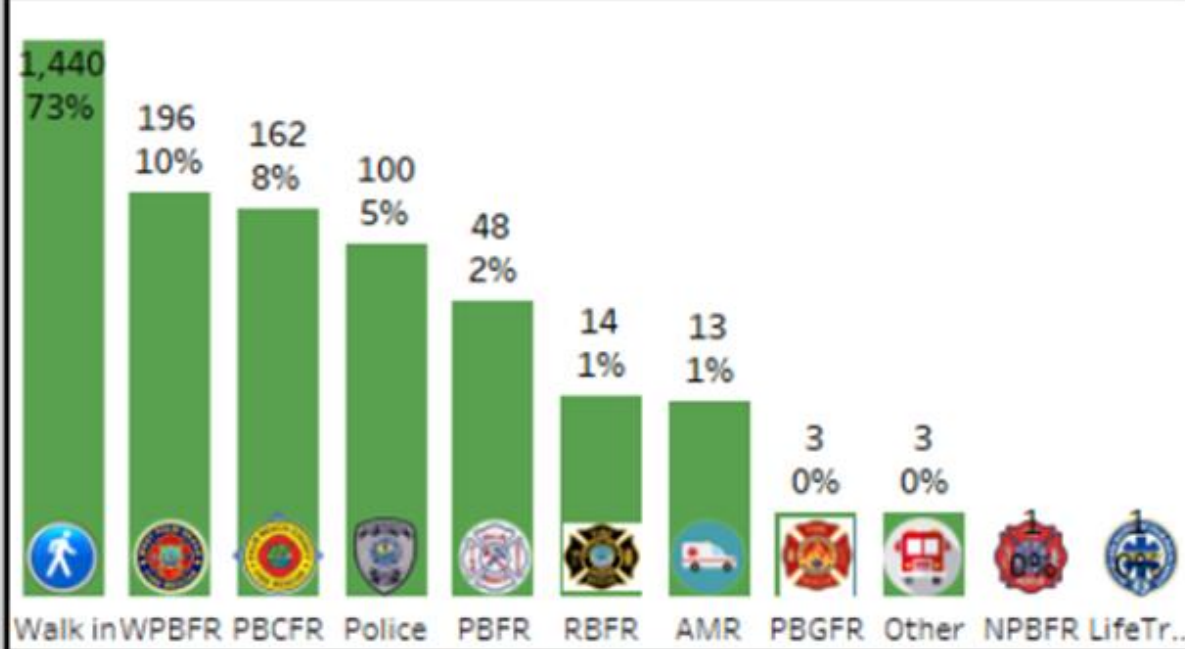
MONTHLY VOLUME



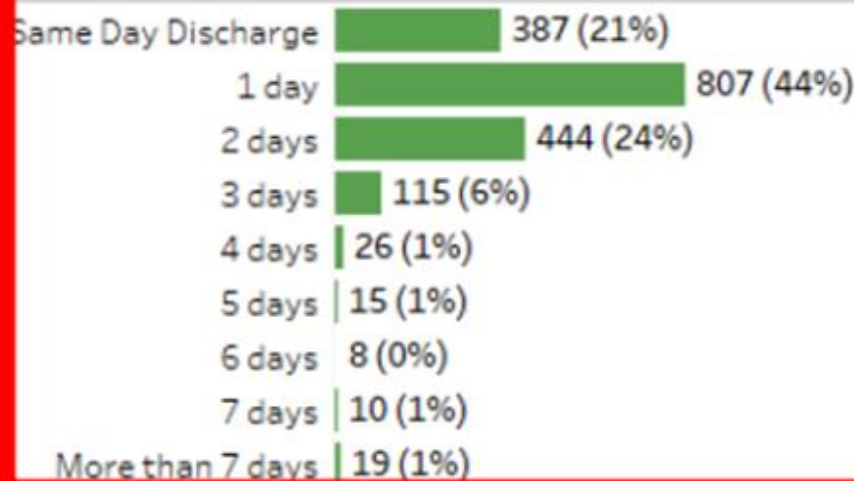
PATIENT VOLUME AND DEMOGRAPHICS



TRANSPORTATION MODE



LENGTH OF STAY AT JFK



HOSPITAL DISPOSITION

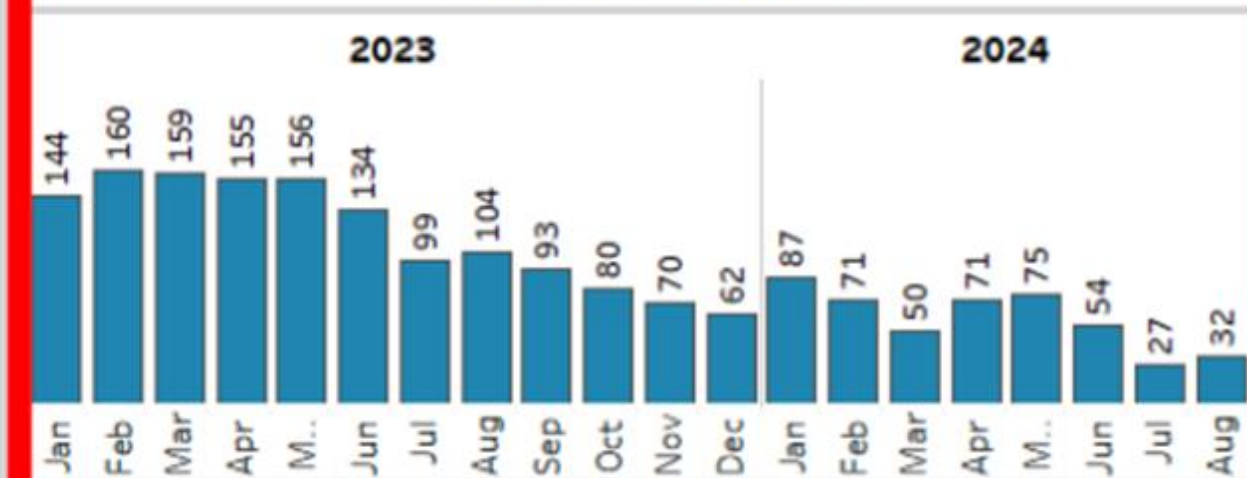


Patients with 2 or more HCD Visits

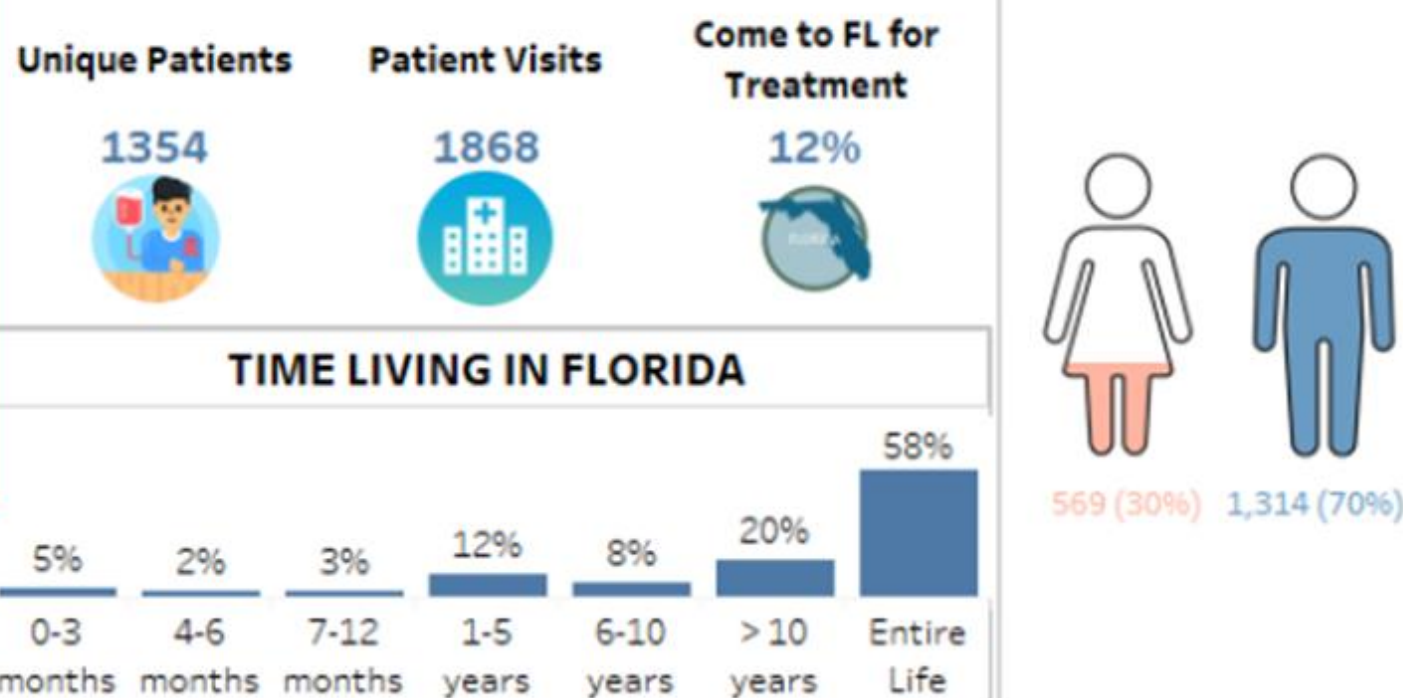
Show Trend

64%

MONTHLY VOLUME



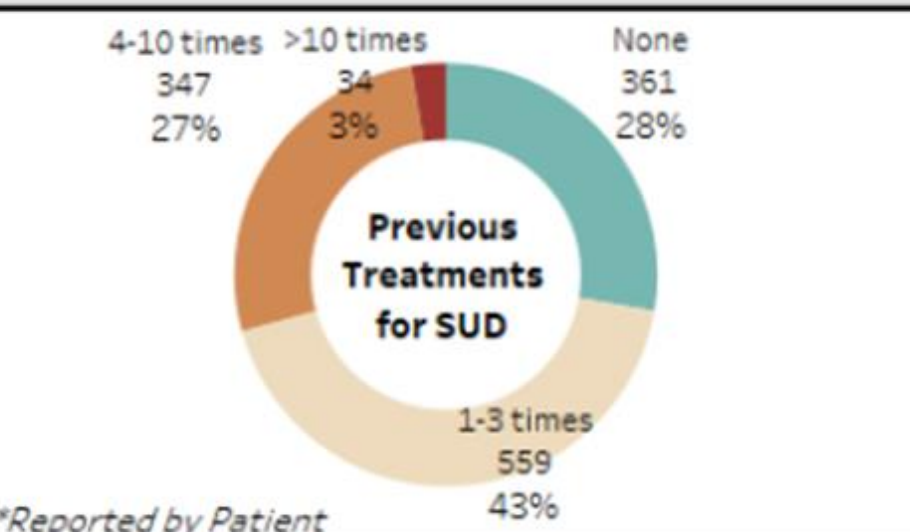
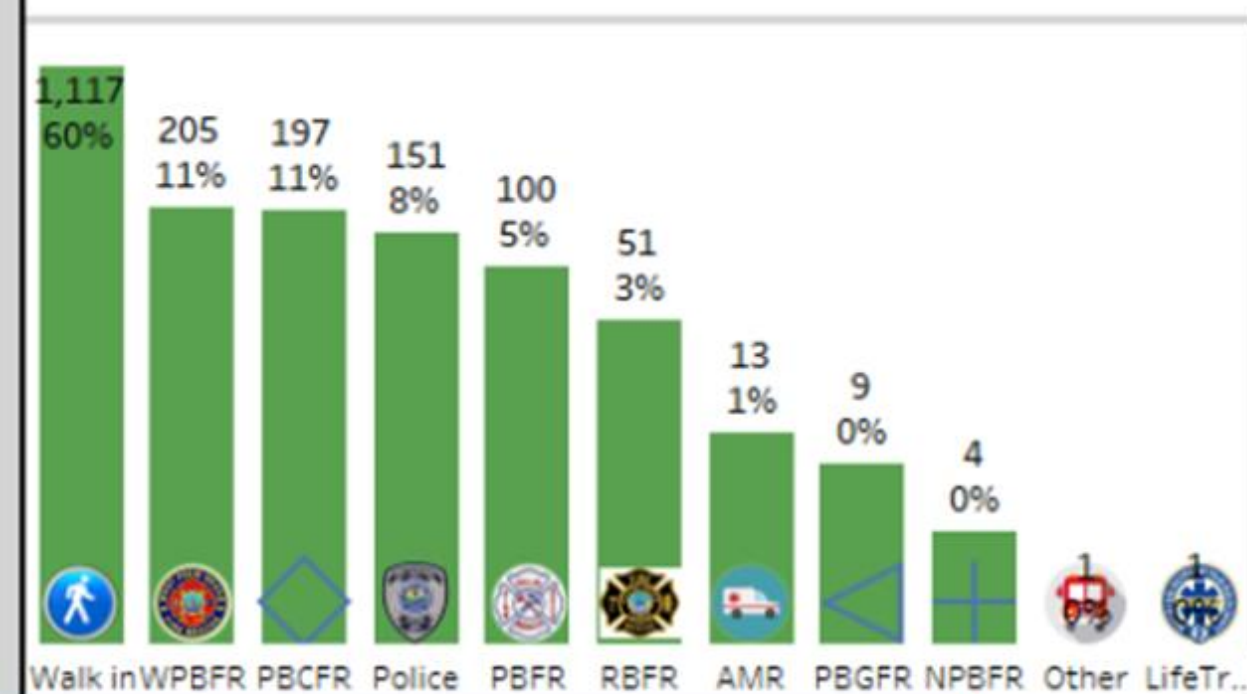
PATIENT VOLUME AND DEMOGRAPHICS



AGE

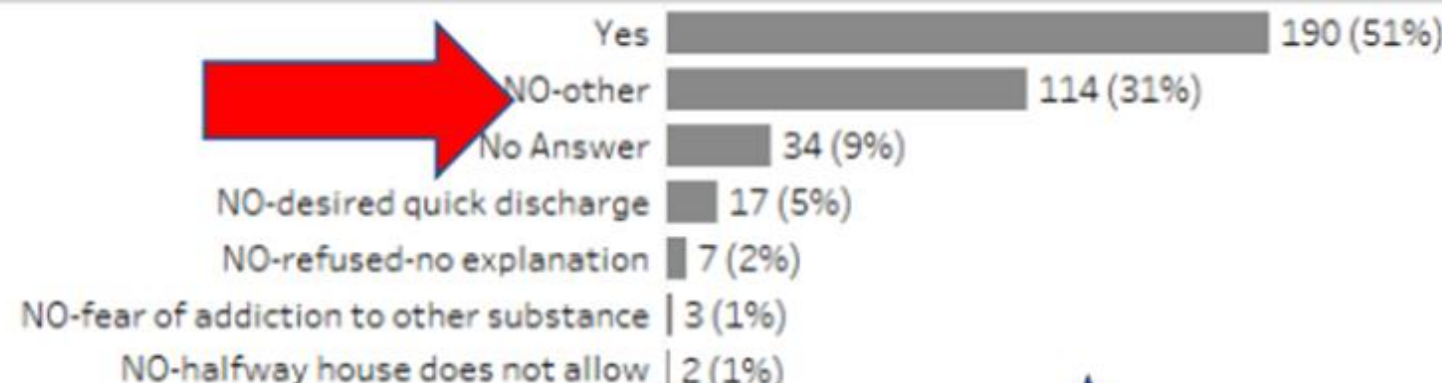


TRANSPORTATION MODE

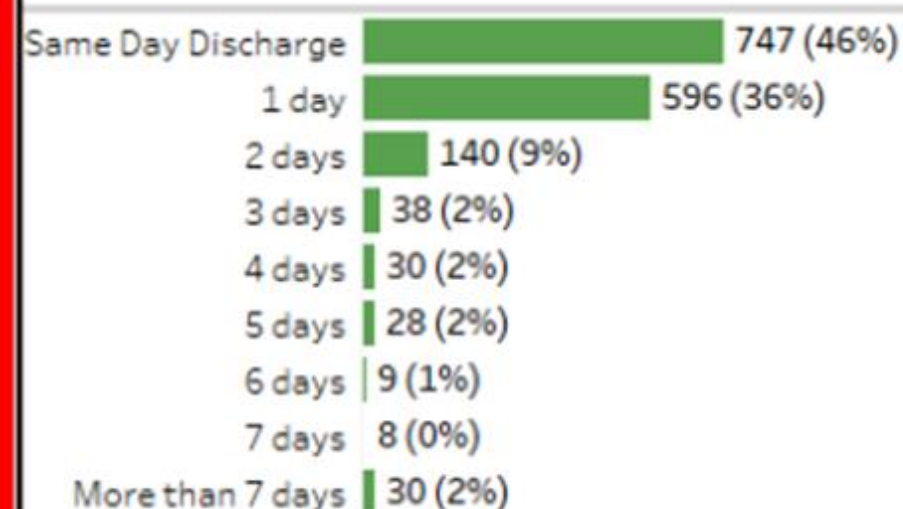


PATIENTS WITH SUBOXONE INDUCTION WHILE IN ASU

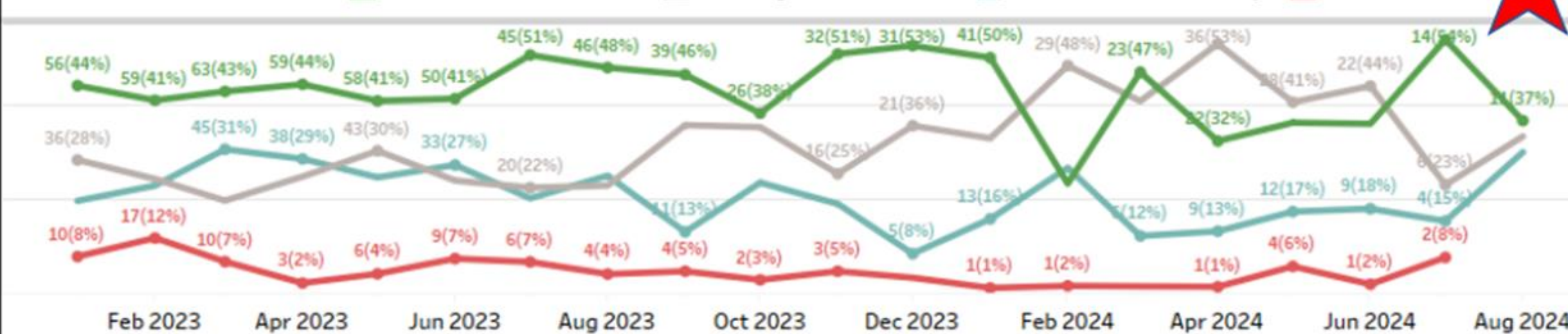
For patients with opioids in their system



LENGTH OF STAY AT JFK



HOSPITAL DISPOSITION



Patients with 2 or more HCD Visits

Show Trend

57%

SERVING PALM BEACH COUNTY, FLORIDA

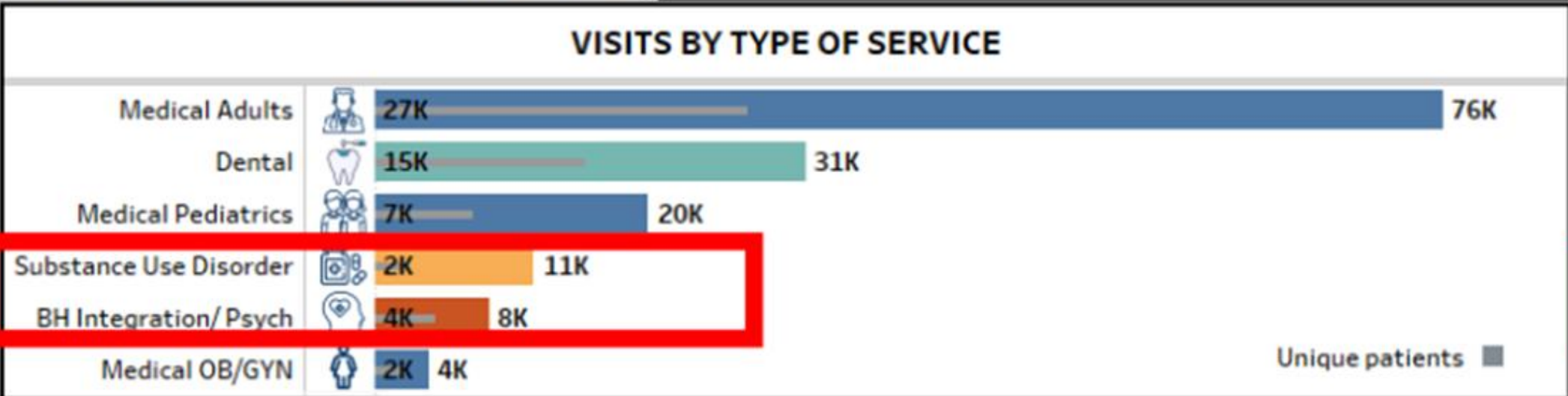
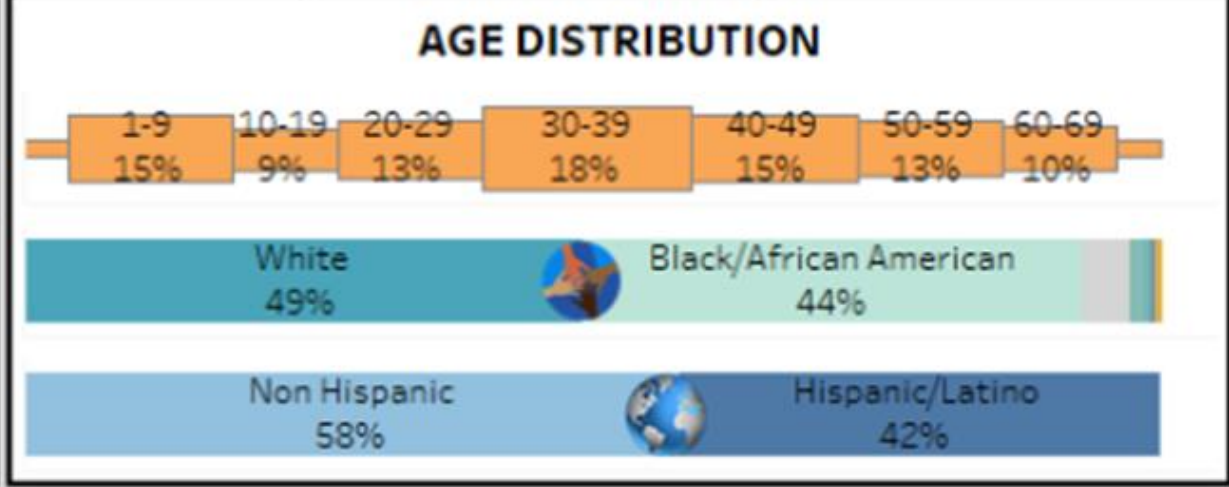
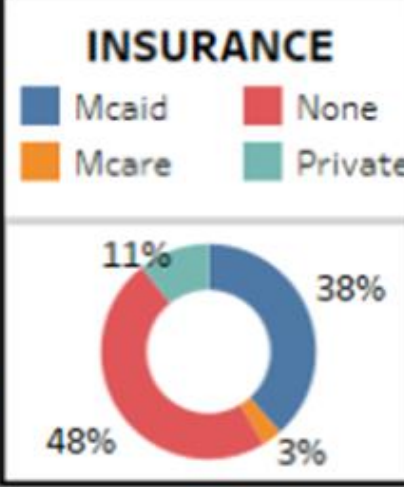
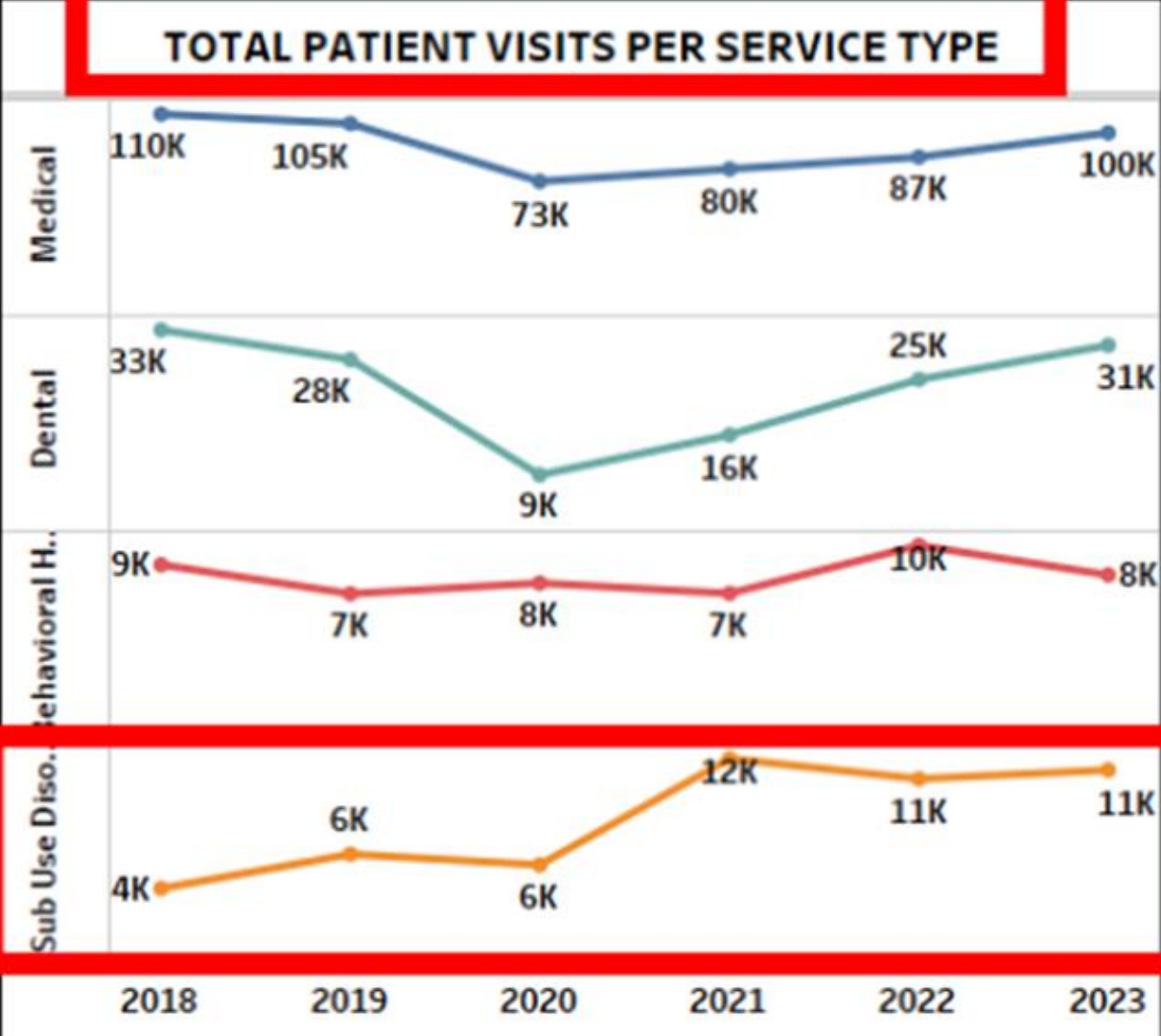
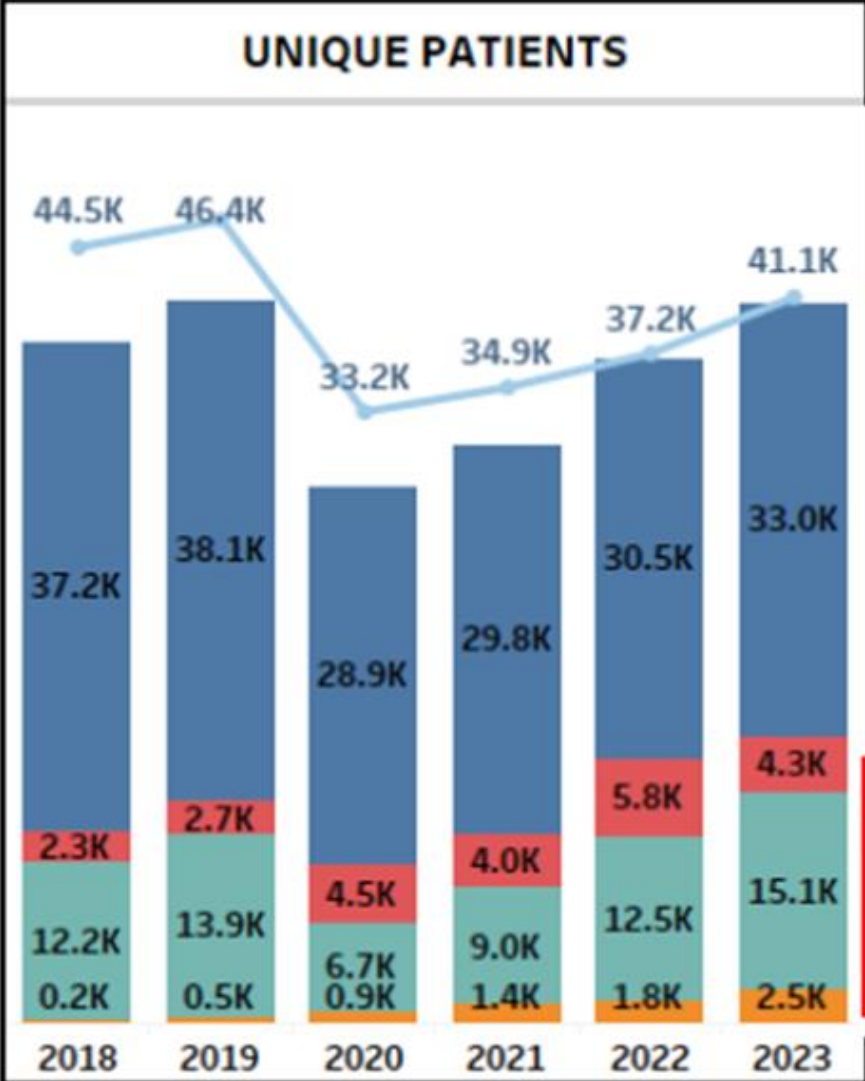
10 Primary Clinics
4 Dental Clinics
3 Mobile Clinics
238 Employees

20 MD/DO
 14 APRNs/PAs
 9 Dentists; 6 Hygienists
 3 Psychiatrists
 16 LCSW/LMHC/Psy.D
 15 FM Residents
 8 Psych Residents

Unique Pts 41K	Visits 150K	Homeless 29%	Agricultural 5%	Below FPL 77%	Telemedicine 3%
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60% Female
40% Male

Spanish 33%
Creole 17%
English 44%
Other 6%



QUALITY MEASURES PERFORMANCE

Pt Universe

Category	Measure	Pt Universe	Met (%)	Not met (%)	Goal (%)
Heart Health	Coronary Artery Disease (CAD): ...	5.3K	84%		81%
	Hypertension	6.8K	71%		80%
	Ischemic Vascular Disease (IVD)	1.0K	77%		86%
	Tobacco use Screening and Cess..	19.1K	96%		93%
Diabetes	Adult Weight Screening and Fol..	24.5K	90%		90%
	Diabetes: (HbA1c > 9%)	4.1K	73%		67%
Cancer Prevention	Breast Cancer Screening	4.3K	58%		60%
	Cervical Cancer Screening	12.1K	61%		65%
	Colorectal Cancer Screening	10.5K	45%		82%
Childhood Measures	Childhood Immunization	0.5K	41%		60%
	Weight Screening/Counseling f..	4.8K	93%		90%
	Dental Sealants	0.7K	96%		75%
Behavioral Health	Depression Remission	0.7K	40%	14%	
	Patients Screened for Depressi..	21.5K	94%		83%
HIV Preve..	HIV Screening	23.4K	53%		32%

*The **Health Care District** emphasized the need for medical stabilization and integrated housing solutions. They believe peers are critical and recovery capital and medical care are “equally important and necessary for better outcomes.*

Short-term/Mid-term - HCD has created a voucher with DCF for housing that accepts Medications for Opioid Use Disorder (MOUD), and works with a HUT team on Tuesdays and Thursdays at the clinic to find stable housing .

Long-term - Integrate housing with healthcare.

CSD Contracted with HCD Initially then with HCA JFK North

Fiscal Year	Agency	Total Contract Amount	Total Amount Paid	# Claims
FY20	HCD	1,000,000	877,333	493
FY21	HCD	1,000,000	928,125	869
FY22	JFK	500,000	482,603	596
FY23	JFK	500,000	500,000	538

Themes were organized due to the volume of interviews at HCA JFK NORTH

The themes have been organized into six categories, providing a comprehensive framework for analysis and exploration.

MODEL IMPLEMENTATION IN RELATION TO THE VISION	EXPECTATION OF THE MODEL IMPLEMENTATION	LOCATION AND LOGISTICS	SOCIAL DETERMINANTS AND ENVIRONMENTAL FACTORS	GAPS IN SERVICE DELIVERY	GAPS IN ENGAGING PATIENTS	SHIFTS FROM ROSC MODEL
Awareness	Abundant Resources	JFK North is the only site.	Housing	Transfer of Patients	Patient Awareness	Crisis Now
Knowledge	Overdose Reduction	Geographical location	Employment	Cost and Conflict	Stakeholder Confusion of Roles/Tasks	Longevity
Clarity on Expectations	Professional Investment	Service Delivery	Access to Substances	Resources	Responsibility	Resources
Communication	New employees' post-implementation	Accountability	Health Insurance	Health Care District	Staff Burnout	Logistics
Financial Obligation		Confusion on operational status and location.	Lack of Reporting to Behavioral Health	Accountability		
Realism-vs-Criticism			COVID-19			

HCA JFK North

HCA JFK North noted that they were initially aligned; however, due to various circumstances (i.e., COVID-19, Need for Isolation, Staff Changes), they faced operational and resource challenges.

Staff members' comments reflect their understanding that while the Crisis Now model is more longitudinal in its approach, an acute care hospital like JFK North might not find it suitable due to its focus on continuous crisis management rather than immediate stabilization. This perceived misalignment with the hospital's acute care framework contributed to the belief that Crisis Now would not be an appropriate addition to their current services.

Discussion of Themes

- Model Implementation in relation to vision
- Expectations of the model Implementation
- Location and Logistics
- Social Determinants and Environmental Factors
- Gaps in Service Delivery
- Shifts from ROSC Model

Fire and Rescue Overarching Theme

Fire Rescue emphasized the importance of early involvement. They also stressed the need for clear communication, training and resource coordination.

Fire & Rescue continues to operate a Mobile Integrated Healthcare program (MIHP) and believes this service can fill critical gaps in the system of care.

The following are our FAU recommendations:

Collaborative Review Meetings: Convene stakeholders from all involved entities, including doctors, administrators, the Health Care District, Fire and Rescue, non-profit organizations, and other relevant parties, for comprehensive review meetings. These sessions should focus on revisiting and aligning the purpose, vision, objectives, goals, tasks, financial obligations, location, and desired outcomes.

Mandatory Workshops and Training: Implement mandatory workshops and training sessions for all stakeholders including EMS, especially those who were employed or involved after the model's initial implementation. These sessions should provide a thorough understanding of the model's principles, objectives, and practical applications. Review and training sessions on the ROSC and eco-systems framework.

Clear Communication Channels: Establish clear communication channels and protocols to ensure that all stakeholders are informed and engaged in the ongoing development and execution of the model. Regular updates and feedback loops should be integrated into the operational framework.

Defined Roles and Responsibilities: Clearly define and document each stakeholder group's roles and responsibilities. Ensure that all parties understand their specific tasks and contributions to the model's overall success.

Financial Clarity and Commitment: Reassess and clarify each stakeholder's financial obligations, ensuring transparency and commitment to the funding and resources required for the model's success.

Outcome Monitoring and Evaluation: Regularly assess the impact of awareness initiatives through metrics such as community engagement, referral rates, and utilization of ASU services. Monitor changes in community perceptions, knowledge levels, and help-seeking behaviors to gain valuable insights into the effectiveness of awareness efforts and inform future planning.

Capacity and Accessibility: Address potential capacity constraints to ensure timely access to stabilization services.

Aftercare Support: Strengthen aftercare support mechanisms to bolster long-term recovery outcomes and reduce the risk of relapse.

Educational Campaigns: Launch targeted educational campaigns to raise community awareness about the ASU, dispel myths, and correct misconceptions about addiction.

Accessible Information: Ensure information about the ASU is readily available and easily accessible through online platforms, community resource directories, hotline services, and healthcare provider referrals.

Conclusions

- The ASU saved lives. It did provide stabilization and treatment for thousands of individuals, however; there were some logistical challenges. These challenges included leadership changes and issues related to the COVID-19 pandemic.
- There were issues related to communication, coordination, patient engagement, community awareness, and gaps in service delivery.
- The lack of stable housing, employment and other Social Determinants of Health (SDOH) were barriers to the successful recovery of patients.
- The ASU (now addiction services) was effective in some areas. For better outcomes, it would require improvements in coordination, resources, and addressing social determinants.

Conclusions

- Addiction services are still provided by HCA JFK North without county funding and warm handoffs are being made to the HCD.
- The District has been garnering community support to invest and operate in a Central Receiving Facility.
- Through the successes and challenges with the ASU, the District can and has been using this knowledge to drive continuous improvement and to produce excellent treatment outcomes.
- In addition to the CRF, the Board of County Commissioners expressed a desire to explore other smaller facilities throughout the county.

Conclusions

The ASU Subcommittee should consider putting measures in place to support and enhance capacity to operationalize the recommendations from the After Action Review and explore ways to support the Board of County Commissioners request to enhance access to addiction stabilization services.

Conclusions

The 2024 Master Plan discusses the Addiction Stabilization Unit Recommendations

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.



Questions and Answers