

**BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER PLAN 2024  
PUBLIC COMMENT PROCESS SHEET**

<b>Identifier</b>	<b>Individual / Entity (page #)</b>	<b>Category</b>	<b>Comment(s)</b>	<b>Disposition</b>
001M*	R. Whiteley	G	People of color disproportionately affected	
002M*	W. Freeman	G	Case management and peer support are important to recovery	
003M*	L. Franklin	G	Peer support and family support important to recovery.	
004M*	A. Ciancio	G	Delray offers peer support and case management	
005M*	M. Kielian	G	Grateful BCC has faith in people with lived experience to complete the task. Many experienced broken system. This plan remedies with evidence and research-based recommendations. Mitigates treat and street dehumanization failed outcomes. Moves from crisis focused to person oriented.	
006M*	J. VanArnam	S	Separate opioid document with specific percent for allocations. Including providers and first responders. Gaps need to be addressed. Neutral Care unclear; provide more pilot project detail. Focus on SAMHSA strategies related to crises response. Lack of medical perspective and attention to gaps. Role delineation consistency.	
007P*	S. Katz	G	ASU status	
008S*	J. Green	P	CSD after action review of ASU	
P009*	J. Makris	G	Break down siloes. System failed catastrophically. Adopt / implement plan including neutral care.	
010M*	A. Johnson	S	County responsible for planning. Clear silos. Consider FARR housing and planning. Transport critical.	

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011M*	A. Burns	G	Encourage black and brown residents to use mental health court.	
012P*	D. Jehele	S	Need housing for MH and SUD.	
013M*	C. Coyle	S	Elaborate on fire rescue services.	
014P*	S. Ramsey	S	Solution has to be bigger than siloes. Communicate MAT availability	
015P*	M. Robbins	P	Plan unique, puts people and recovery first. Input invited and opportunities open throughout process.	
016P*	B. Gerlock	S	Move youth interventions (upstream) to change trajectory. Resources for prevention.	
017P*	L. Pepper	G	Need more resources and mobile services.	
018P*	T. Glock	S	Neutral care is critical and needs to be unbiased. Let's focus on recovery care.	
020P*	L. Zuchman	G	Community has voice in planning; comprehensive plan, grow prevention input. Focus on wellness rather than illness.	
022P*	H. Howard	S	More collaboration. Plan brings evidence and practice. Need focus on strengthening families.	
023S*	C. Messer	S	Syndemic model HIV, BH/SUD, homelessness	
024P	BeWell PBC (pp. 37-39)	S	Additional PE strategies: engagement, partnership, accessibility, diversity, peer support and public awareness. Content resources (RALLY).	
025P	Alpert Jewish Family Svc. (pp. 40 – 45)	S	Mental Health First Aid Language broadened to include all faiths. Resources.	
026P	Harm Reduction Center (p. 46)	G	Support for plan	
027P	B. Gerlock (pp. 47 – 56)	S	Include reentry and senior housing. Resiliency skills	

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			education. Juvenile services generally CJ involved and aging out. SACs in schools. Health home, purpose, community, wellbeing should be integrated throughout plan and used as a framework. Develop prevention committee. ACE training.	
028P	S. Wilcox (p. 57)	G	Support for plan	
029P	S. Ramsey (p. 58)	G	Support for plan	
030P	G. Leahy (p. 60)	G	Support for plan	
31M	A. Wright (pp. 61 – 63)	S	SSP should be strengthened and unrestricted funds directed toward it. Incorporate buprenorphine provider and low barrier induction service.	
032P	NAMI PBC (pp. 64 – 68)	S	Broaden plan and membership to include SMI and related statistics and research. Oversight of mental health recovery residences by FARR. Mental health resources.	
033M	Health Care District (pp. 69 -75)	S	Separate opioid document with specific percent for allocations. Including providers and first responders. Gaps need to be addressed. Neutral Care unclear; provide more pilot project detail. Focus on SAMHSA strategies related to crises response. Lack of medical perspective and attention to gaps. Role delineation consistency. SAMHSA mental health continuum. Plan suited for county funded behavioral health services. Scope should be limited to these areas, remainder deferred to HCD and SEFBHN. Not appropriate for County to lead/support alignment/planning, modify	

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			<p>recommendation to limit County to support position of future planning efforts. Crises care integral. HCD working to expand crises care. Lacks recommendations to eliminate fragmentation. Support for priorities consistent with Settlement Agreement and NOFO. Periodic review strict data and reporting to respond to evolving needs. Opioid settlement strategy should include defined allocations for critical infrastructure. Government agencies should not be required to apply via NOFO. DOH, DCF, HCD should be consulted in establishing strategic priorities. Input should not be restricted to public comment through Advisory Board. \$1.5 million annual allocation request to maintain and expand HCD services. Additional funds to create and operate new ASU associated with central receiving facility.</p>	
034P	Recovery Community Hub (p. 76)	G	Support for plan	
035P	D. Sirios (p. 77)	G	Support for plan	
CYSD	Youth Services (pp. 78 – 93)	S	<p>Advisory Committee focus on SUD minimal reference to mental health. Inconsistency in terminology. Lack of emphasis on youth mental health and SUD treatment needs. Recovery Capital applicability to mental health and ROSC. Elaborate on HCD Crises Now. Content additions and edits. Resources.</p>	
CFR	Fire Rescue (pp. 94–125)	S	<p>Content additions and edits. Substance use and behavioral</p>	

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			health program presentation (PPt). Overdose impact. MIH services and data - OD2A grant. Tiered proposals. \$1.5million Tier 1; tier 2 7.5 million, Year 1 6.5 million year 2. Program evaluation.	
CCSD	Community Svc.	S	MH integration w/ HOT teams HIV, BH/SUD, Homelessness Syndemic model Add MEO data CHIP HCSEF presentation	

OBHSUD staff received public comments through Friday, March 29, 2024 at 5:00 pm on the draft Behavioral Health and Substance Use Disorder Plan 2024 publicly released for Advisory Committee on Behavioral Health Substance Use and Co-Occurring Disorders (BHSUCOD) review and discussion on March 14, 2024.

Public comments received were acknowledged and documented with an identifier. Public comment content was analyzed, sorted by category and incorporated into the public comment process sheet.

\* Member and Public comments at 03/14/24 BHSUCOD meeting, see pp. 6 – 36 for draft minutes

**Identifier**

- M / Member
- P / Public
- S / Staff

**Category**

- G / General
- P / Procedural
- S / Substantive
- O / Other

**Disposition**

- I / Incorporate
- NI / Not Incorporate



# PBC BEHAVIORAL HEALTH, SUBSTANCE USE AND



## CO-OCcurring DISORDERS - MEETING MINUTES

Date: 3/14/2024 | Time: 2:10pm

### Members/Staff Present

Rae Whitely, William Freeman, Brent Schillinger, MD., Charles Coyle, Patrick McNamara., Daniel Oria, Sandy Sisson; Lissa Franklin, Natalie Kenton, Angela Burns, Al Johnson, Esq., Jon Van Arnam (for B. Andric, MD), Ariana Ciancio, John Makris, Austin Wright, Maureen Kielian

Staff: John Hulick, Ellen Jones, James Green, Brunia Beaubrum,

### Members Absent

Sharon Burns Carter, Barbara Shafer

### Public Members

Approximately 100 members of the public were present. Members of the public were invited to sign in for the comment period.

### Call to Order

Chair Maureen Kielian called meeting to order at 2:10 pm. Members and staff were introduced. Palm Beach County Staff introduced themselves.

### Quorum

Yes

### Chairperson Comments

Chair Maureen Kielian provided comments beginning with an open invitation to the audience to sign up for the public comment period. She noted that we are here in solidarity and hope. She shared her lived experience as the parent of a son struggling with sobriety. She has been a longtime advocate for systems change. This plan represents contributions from a variety of sources and we are proud of that. One of the aims is to mitigate the “treat and street” reality of recovery in the County. (see attached for full comments)

### Agenda Approval

*Motion to approve the agenda by William Freeman. Second by Lissa Franklin. No additions, deletions, substitutions. Motion passed unanimously.*

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## Regular Business

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A. **Adoption of Regular Committee Meeting Minutes** – *Motion to approve by; Dr. Brent Schillinger; Second by Chief Charles Coyle. – Motion passed unanimously.*

A. **Presentation and Initial Review of Draft Substance Use and Mental Disorders Plan, 2024**

Dr James Green, Director of the Palm Beach County Community Services Department, presented comments about the plan. He stated that this Update is a starting point. There will, in addition to comments offered today, be a 2 week comment period open to all. The plane is intended to cover prevention to recovery. He stated that the community “owns” the plan. In context of the original (2022) plan, this Update provides priority subcommittee and opioid recommendations that are consistent with allowable use of settlement funds. (see attached power point presentation)

B. **Discussion of Opioid Settlement Recommendations**

Dr James Green and John Hulick presented a discussion of the recommendations via PowerPoint.

The group reviewed:

2024 Plan Update Overview

Overarching Priority Recommendations

2024 Priority Recommendation: the County serve as lead/ support for planning settlement approach

Prevention and Education - 4 recommendations

Justice System and Public Safety – 3 recommendations

Essential Services – 4 recommendations

Treatment and Recovery – 3 recommendations

Evaluation and Measurement – 3 recommendations

Faith-based – 3 recommendations

Addiction Stabilization Unit – 3 recommendations

There are specific allowable uses of funds included as a Plan Update Appendix.

C. **Member Comment on Plan Update** (during this period, the Chair called on select public members noted as PM)

Rae Whiteley recognized the diversity in community sectors represented in the room. Opioid is being handled differently than crack. We need to be aware that people of color are disproportionately affected. William Freeman explained he is a person with lived experience. He shared that a case manager and peer support is very important in the beginning of recovery. Initial outpatient experience should be connected with peer support and individuals who’ve “been there.”

Lissa Franklin agreed and added that peer support is important to long term recovery. We also need more family support.

Ariana Ciancio Delray provides both peer support and case management. Peers are also available after the fact of intervention.

Maureen Kielian we are now working on getting peer support in hospitals which is difficult due to Level II background check.

Jon Van Arnam thanked Subcommittee members and members of the public for participating. Other members of the HCD are at Strategic Planning or would be here. Leadership is reviewing the Master Plan Update and will provide comments. We need a separate opioid document. The process should be specific about the % of dollars allocated to priorities. We need an allocation for first responders and one for providers. The plan needs attention to behavioral health, mental health and co-occurring disorders. There are gaps in the current service delivery that need to be addressed. Neutral care is unclear. How did SEFBHN work? We need data. Focus on SAMHSA strategies. Needs are consistent with the HCD. Lissa Franklin Neutral care eliminates the gaps. Asked if the HCD submitted recommendations to the BCC already? Jon Van Arnam answered they have not.

Staci Katz (PM) shared that the ASU was there and given funds, no longer there. Why wasn't this public knowledge? The Healthcare District (Jon Van Arnam) responded that it is still proving addiction services.

Dr. James Green shared that the County will do an after action report on the ASU. The ASU is not currently receiving County funds. The Healthcare District does not support giving them more resources at this point. The original ASU model is not what is being provided now. No, it is services added to the ER.

Jon Van Arnam stated that the Healthcare District is not responsible for what JFK does. They are working toward 24/7 services.

John Makris contributed that we are still working in silos. He hopes the community can come together behind a plan. People are lost to this disease. Our current system contributes to deaths. WE have failed at a catastrophic level. We can adopt the "spirit" of the plan. A plan must be implemented to solve the problem.

Hon. Al Johnson Congratulated Mr. Hulick on the plan and shared that this is a great Draft. WE can learn from additional input. This is the responsibility of the County. We cannot work at odds and must clear the silos. We are currently identifying good resources for insurance. P. 37 A new mental health court is opening. The Healthcare District is helping. FARR has 9300 beds and is doing comprehensive planning. Include FARR in planning and consider them when looking at housing.

The rug was pulled out from the HCD feet when the ASU changed. 24/7 help is a must; crises happen in the middle of the night. We need a centralized, stable receiving facility. We need a government facility in addition. The Stockade is an option. Consider Fire Rescue - they need a 24/7 facility to transport to. PBSO as well. Transport is critical; JFK not getting requisite number of transfers. The amount of funding slide is unclear.

Councilwoman Burns Black and brown individuals are not using Mental Health Court (correction – it is not open yet). AL Johnson assured that MH Court will be included as a wrap-around service.

Diane Jehle (PM) We have a homeless crisis. There is no housing for mental health and substance use. Politicians are encouraging photos and arresting of the "unsightly." Nobody admits it exists. It is a disservice to people who live with these diseases. They can't afford to live anywhere. Of course they are using drugs!

Hon. Al Johnson Jennifer Jones in Riviera Beach is addressing this with success.

Chief Charles Coyle p 22 please elaborate the section of Fire Rescue adding services and Social Worker(s). This section needs data. He would love to give a presentation to this group or any other regarding Fire Rescue approach. We want to work with you and with families please consider us.

Susan Ramsey (PM) explained she is a person with lived experience and is General Council for FARR. She "dances" in the silos and the solution has to be bigger. There is a continuum of contributions to the Plan. MAT availability needs to be communicated.

#### D. Public Comment on Plan Update

Micah Robbins When we adopted the Advisory Committee as the governing body we invited input. We are unique in the US in that we have a plan that puts people and recovery first. We need the Update to put it all together based on evidence, research and community input. The opportunity is open for all to have input via Subcommittees.

Barbara Gerlock Juveniles are a unique population. We need to reach them through homes, schools, juvenile justice systems. All of the Prevention and Education priorities have been done before. We need to encourage and engage parents. We need to move the interventions upstream to change the trajectory of high school juniors and seniors. Right now the NOFO will go to agencies. We need resources for prevention.

Dr. Lina? Psychiatric NP and provider at Banyon. We need more telehealth for remote areas. We also provide IOP via telehealth. The precursors to drug abuse need to be addressed. Parents don't know what's going on. We need more mobile services and resources.

Tyler Due to the vicious Florida shuffle, those affected usually don't make it to rooms like this. A neutral care coordination entity is critical. The neutral care entity has to be unbiased. We are lucky to have this plan and John Hulick. We need less talk about medical care and more about recovery care.

Lauren Zuchman Commended the plan and stated that she is on 3 Subcommittees where she has a voice. The community has a voice in planning. It is a comprehensive plan. We can grow Prevention and Education by continuing to provide opportunities for input. We need to focus on wellness rather than illness. BeWell is a committed partner.

Dr Heather Howard FAU. We all need to ask "how can I collaborate more." Dr Howard stated she is glad she can bring evidence based research and practice to the plan and to efforts. Especially glad we have a focus on pregnant and parenting women and teens. We need to focus on preserving and strengthening families.

Thomas DeBartolo ASU and housing

Dr Lina Pepper we need to limit the stigma on methamphetamine use. We offer other medications. Please fund for-profits as well. We are a last resort for methadone and we cannot find sober living.

Cindy McOrdle Walking into treatment requires courage. Many never get to treatment. We silo by type of substance used as well. Addiction is addiction.

Patrick Day a person with lived experience. He has lost 2 children to addiction. The most recent was in 2024. He offered to contribute to the planning.

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#### Other Business

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##### A. Staff Updates:

**May 21 Board of County Commissioners Workshop will include 2024 Plan Update  
April 11, 2024, Advisory Committee will vote on adoption of Plan  
Public Comment Period through April 29; comments to [jhulick@pbcgov.org](mailto:jhulick@pbcgov.org)**

##### B. Member Updates on Non-Agenda Items

William Freeman shared there will be a People with Purpose event in Belle Glade

##### C. Additional Public Comment - none

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## Adjournment

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*Motion to adjourn the meeting by Lissa Franklin; Second by William Freeman. Motion passed unanimously.*  
Meeting adjourned at 5:05 pm.

Next Regular Meeting: Thursday, April 11, 2024 | Time: 2:00pm | Location: Mandala Healing Center,  
Community Room - 5408 East Avenue, West Palm Beach, FL. 33407

Maureen Kielian – Chairperson

I sit with you today in solidarity, as a person who has experienced our past systems, advocates to change our current systems, and as a person who remains forever hopeful about our future systems.

I sit here as the mother of a son who suffers from chronic relapsing addiction;

A mom who has experienced the damages of our broken, non-existent addiction/mental health systems

A mom who has experienced 1st hand the prejudicial medical decision-making causing harm rather than doing no harm.

I sit here as a community member who has advocated for well over two decades asking for system changes in our health care system, mental health system and justice system.

To that end, I am so very grateful to be leading this advisory board, and that the PBC BOCC had such faith in their constituents who have lived experience to complete this task at hand.

This advisory board has received recommendations from community members, people suffering addiction, people in recovery, their families, and the boots-on-the-ground advocates who experience the current system's gaps, silos and failures.

Sadly, many of those who have contributed to this plan over the years are no longer with us today. (Pause for a moment)

Not with us today due to the exact failures this plan recommends remedies.

Not here due to the ongoing failures of the medical community, law enforcement community, the separation of mental health and addiction from whole-person health care, the faulty alignment of mental health and substance use disorder under the social agency DCF rather than the healthcare agency DOH, the lack of long-term recovery supportive facilities, housing, and communities.

Today we will present recommendations to help mitigate:

1. The "treat and street" methodology of acute care currently plaguing our system, such as multiple acute care visits without appropriate discharge referrals and long-term care referrals.

2. The dehumanization of our most vulnerable patient population being transported with their only possessions in a trash bag.
3. Social services that are not person centered
4. Programs with failing patient outcomes

We are presenting today evidence based, and research-verified recommendations, all of which are recognized social determinants of health, that moves the focus on crisis treatment to a focus on a person-oriented system of care that includes recovery support systems and the necessary supportive infrastructures.

The recommendations will not only preserve lives and heal families in our community, but also preserve the lives and heal families of those traveling to our community for addiction care and support services.

Wholeheartedly, these recommendations to the Palm Beach County Board of County Commissioners are done respectfully honoring the lives of our sons, daughters, fathers, mothers, husbands, wives, aunts, uncles, grandparents and very, very dear friend lost to this public health emergency.

We all have hurting hearts today, but they will begin to heal through the adoption of these recommendations.

In summary:

Point 1. The plan is the continuation and culmination of the board of county commissioners and counties work on establishing a recovery ecosystem of community based supports.

Point 2. The recommendations contained within the plan including the use of opioid settlement funds align with the high priority goals of the advisory committee and Palm Beach County community members.

To conclude, as a gentle reminder – today is not an opportunity to present your programs or proposals. This meeting is to review the final plan that this Advisory Board was tasked with completing, and gain input on this specific plan before it is presented to the PBC BCC. All additional program proposals must go through the appropriate channels at the appropriate offices within Palm Beach County.

# Behavioral Health and Substance Use Disorder Plan 2024

*ADVANCING A RESILIENCE AND RECOVERY ECOSYSTEM OF CARE  
ONE INITIATIVE, ONE INDICATOR AT A TIME*

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

March 14, 2024



**Palm Beach County  
COMMUNITY  
SERVICES**

Helping People Build Better Communities





## OBJECTIVES

- Overview
- Review draft 2024 Plan priority and settlement fund recommendations.
- Guidelines for settlement funds.
- Process for allocation and distribution of ad valorem and settlement funds.





## OVERVIEW

- Past distinction: epi-center of overdose deaths in Florida and fraud and abuse in the treatment and recovery residence sector nationally.
- Current distinction: Palm Beach County looked to for leadership in person-centered, recovery-oriented, and crisis care
- Board of County Commissioners leadership through:
  - Approved 2017 Opioid Response Plan
  - Approved behavioral health and substance use disorder as a strategic priority since 2019
    - Major goal: establish person-centered, recovery-oriented system of care
  - Approved Behavioral Health and Substance Use Disorder Plan 2022
  - Established Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorders (BHSUCOD)
    - Declared expressed approval of a person-centered, recovery-oriented system of care.

***Clear system of care path set since 2019 that is person-centered and recovery-oriented which is focused on improved long-term recovery outcomes and increased resiliency***





## BHSUCOD OVERVIEW

- Operationalized as Steering Committee in 2019, developed 2022 Plan.
- Operationalized as Advisory Committee in January 2023.
- Enhance the County's capacity and effectiveness in formulating behavioral health and substance use disorder policies.
- Offer recommendations regarding the County's provision of services to its citizens.
- Make recommendations on responding to the opioid epidemic, as provided in section 17.42 of the Florida Statutes (2022).





## BHSUCOD OVERVIEW

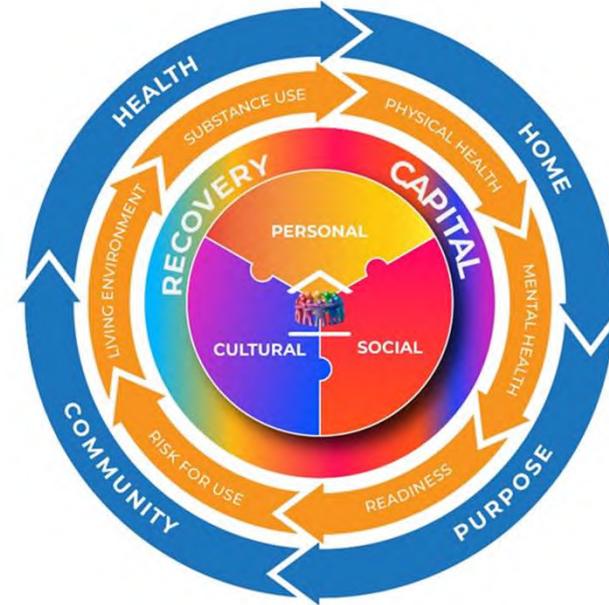
- Community Input Sessions
- Reviewed and Analyzed Data
- Subcommittee discussions
- Develop priority and settlement fund recommendations
- BHSUCOD
  - Discussion and public comment (Mar. 14)
  - Comment period through Mar. 29. at 5:00 pm
  - Approval (Apr. 11)
- Board of County Commissioners approval (date TBD)





# BHSUCOD OVERVIEW

Creating and Maintaining Palm Beach County's Opportunity, Resilience and Recovery Ecosystems



- Health and Human Services Element
- Citizens Advisory Committee on HHS
  - BHSUCOD





## PLAN 2024 OVERVIEW

- Details initiatives and outcomes to achieve BCC aim to establish person-centered, recovery-oriented system of care and resilience/recovery ecosystem that creates recovery-ready communities.
- Details recommendations regarding the County's provision of services.
- Details recommendations on responding to the opioid epidemic, as provided in section 17.42 of the Florida Statutes (2022).
  - Mindful settlement funds realized due to malfeasance resulted in untold loss, death and devastation wreaked upon individuals, families and communities.
- Recommendations through a recovery capital framework and ability to capture resilience, health, well-being, SDOH and risk factors.
  - Supported by county-based and national research and informed by direction set by the federal government.

### STRUCTURE

- Executive Summary (p. 1)
- Review of Progress (p. 3)
- Priority and Opioid Settlement Recommendations (p. 31)
- Foundational Plan Elements (p. 40)
- Theory of Action (p. 48)
- References (p. 64)
- Appendix (p. 68)





## Overarching Priority Recommendations (Continued from 2022)

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 longterm recovery outcomes.





## Overarching Priority Recommendations (2024)

1. Recommendation to BCC that the County (through the work of the BHSUDCD Advisory Board) 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.





## Prevention and Education Priority Recommendations (Continued from 2022)

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.

### 2024

1. Support integrated services in Palm Beach County schools.
2. Advocate for family trainings in and out of schools.
3. Education on Adverse Childhood Experiences (ACEs) the need for trauma-informed care.
4. Support behavioral health technician's curriculum for high school students and promote MH and SUD professional internships.





## Justice System & Public Safety Priority Recommendations (Continued from 2022)

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.

### 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.





## Treatment and Recovery Priority Recommendations (Continued from 2022)

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

### 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.





## Essential Services Priority Recommendations (Continued from 2022)

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).
2. Identify and disseminate resources to persons in recovery, providers and others related to technical and career training as well as employment services.
3. Establish an Ombudsman and processes to assist individuals removed from, or at risk of being removed, from their housing.

### 2024

1. Create an up to date list of 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.





## Evaluation and Monitoring Priority Recommendations (Continued from 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 Examiner's 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.

### 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.





## 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.





## Addiction Stabilization Unit Priority 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.





## Settlement Funds

- Recommendations are integrated into 2024 Plan's overarching and priority recommendations
- Foundation established for approved uses

### Interlocal Agreement with Municipalities

- Qualified County
- Qualified county must enter into an agreement with municipalities whose populations, taken together, contain more than 50% of the municipalities total population
- County must have an abatement plan and a task force that advises, plans and provides for programs relating to the abatement of opioid abuse and other substance abuse throughout PBC
- Opioid Settlement Funds must be expended in Palm Beach County
- County must provide legal services, contract management, program monitoring and reporting required by the Florida Plan

### No Direct Funds

Atlantis  
Belle Glade  
Briny Breezes  
Cloud Lake  
Glen Ridge  
Golf  
Haverhill  
Hypoluxo  
Juno Beach  
Jupiter Inlet Colony  
Lake Clarke Shores  
Lantana  
Manalapan  
Loxahatchee Groves  
North Palm Beach  
Mangonia Park  
Palm Beach Gardens  
Pahokee  
Palm Beach Shores  
Tequesta  
Westlake





## Settlement Funds

<u>CITY / COUNTY</u>	<u>REGIONAL / ABATEMENT</u>
1,252,081.64 (year 1)	14,575,999.21 (year 1)
2,814,714.93 (year 2)	6,882,120.16 (year 2)
4,066,796.57 (sub-total)	21,458,119.37 (sub-total)
24,791,658.48 (18 years)	97,694,428.99 (18 years)

TOTAL: 25,524,915.94 (To Date)





# Settlement Funds Approved Uses Summary

## Appendix F for Comprehensive List

### PART ONE: TREATMENT

- Treat Opioid Use Disorder
- Support People in Treatment and Recovery
- Connect People Who Need Help to the Help They Need (Connections to Care)
- Address the Needs of Criminal-Justice-Involved Persons
- Address the Needs of Pregnant Women and Their Families, Including Babies with Neo-Natal Abstinence Syndrome

### PART TWO: PREVENTION

- Prevent Over-prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- Prevent Misuse of Opioids
- Prevent Overdose Deaths and Other Harms (Harm Reduction)

### PART THREE: OTHER STRATEGIES

- First Responders
- Leadership, Planning and Coordination
- Training
- Research





## Settlement Funds Recommendations

- Provide sustainable resources (essential services) including housing, peer support, care coordination, and flex funds which mirrors the federal COSSUP program.
- Establish a housing initiative that is focused on stable placement as well as affordability and include transitional, recovery, supportive living and permanent opportunities for individuals with substance use and mental disorders.
- Establish a Housing Trust and/or Revolving Loan Fund to support expanding housing opportunities for individuals with substance use and mental disorders.
- 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.
- Expand Syringe Services Program capacity and opportunities.





## Settlement Funds Recommendations, cont'd.

- 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.
- Promote recovery-ready work environments and expand transportation and employment opportunities for individuals with SUD and co-occurring MH conditions.
- 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.
- 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.
- Expand County's MH/SUD research capacity and enhance its monitoring, surveillance, data collection, and evaluation capabilities.





## Ad Valorem and Settlement Funds Allocation Process

- Discuss Timeline with BHSUDCD Advisory Committee
- Host Meeting to Discuss the Notice of Funding Opportunity and to Highlight Strategic Priorities
- Issue NOFO
- Review Proposals (with selected review committee which usually includes 1 BHSUDCD board member, 1 Subject Matter Expert and 1 CSD staff member)
- Bring Recommendations to the BHSUDCD
- Bring Recommendations to the Board of County Commissioners for final approval

\* Only nonprofit organizations are eligible to apply for NOFO



## John Hulick

---

**From:** Lauren Zuchman <lzuchman@bewellpbc.org>  
**Sent:** Tuesday, March 26, 2024 3:25 PM  
**To:** John Hulick  
**Cc:** Tammy Fields K.; James Green; Elisa Cramer  
**Subject:** Plan and Settlement Comments  
**Attachments:** Suggestions for Prevention and Education section of Behavioral Health and Substance Use Disorder Plan 2024.docx; RALLY for Youth Mental Health Summary 8.2023.pdf

### This Message Is From an External Sender

This message came from outside your organization.

Hello John –

After conferring with Elisa Cramer, we have the attached recommendations for the **Prevention and Education section** of Behavioral Health and Substance Use Disorder Plan 2024.

In addition, I provided a paragraph each about two efforts: RALLY for Youth Mental Health and the Behavioral Health Technician Allied Health (Medical Academy) Programs in the schools for inclusion in the plan. I am also attaching the full RALLY for Youth Mental Health Summary to include as an attachment to the plan if desired.

Please let me know any questions you may have. Thank you.

**Be Well,**  
*Lauren*



**Lauren Zuchman, LCSW**  
**Executive Director for BeWellPBC**  
700 South Dixie Highway, Suite 103  
West Palm Beach, Florida 33401  
**C:** (561) 757-8990  
**E:** lzuchman@BeWellPBC.org



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**Suggestions for  
Prevention and Education section of  
Behavioral Health and Substance Use Disorder Plan 2024**

***Recommendations for additions/deletions/edits for strategies:***

Order of strategies has been changed from current plan for flow.

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. Provide 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 and out of 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 education 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.

***Recommendations for additions/deletions/edits for accountability:***

1. Track community engagement through trainings and activities provided and detail type, target audience, location of activity, number of participants, demographics of participants, and any outcomes achieved (including 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.

***Additional information for context to add to the Prevention and Education section:***

**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.

## John Hulick

---

**From:** Marc Hopin <Marc.Hopin@AlpertJFS.org>  
**Sent:** Thursday, March 28, 2024 12:12 PM  
**To:** John Hulick  
**Cc:** Tammy Fields K.; James Green  
**Subject:** 2024 Behavioral Health and Substance Use Disorder Plan for Palm Beach County  
**Attachments:** Opioid plan response and comments.pdf; Palm-Beach-County-CHIP-2022-2027-Annual-Update-June-2023.pdf; 2023.03.01\_MHFA\_Research-Summary\_infographic.pdf; How to Help Someone With Alcohol Use Disorder - Mental Health First Aid.pdf; How You Can Help Address the Opioid Epidemic - Mental Health First Aid.pdf; Managing Recovery and Substance Use Challenges During the Holidays - Mental Health First Aid.pdf

### This Message Is From an External Sender

This message came from outside your organization.

Dear Members of the Palm Beach County Behavioral Health and Substance Use Disorder Planning Committee:

Please find enclosed the comments and suggested amendments from Alpert Jewish Family Service (Alpert JFS) regarding the proposed 2024 Behavioral Health and Substance Use Disorder Plan for Palm Beach County.

As a leading provider of human services in Palm Beach County for the past 50 years, Alpert JFS has a vested interest in ensuring our community has a comprehensive and integrated approach to prevention, treatment, and recovery for mental health and substance use disorders.

Our primary recommendations focus on incorporating Mental Health First Aid (MHFA) training as a key prevention and education strategy throughout the plan. With our extensive experience implementing MHFA in Palm Beach County since 2014, we believe this evidence-based program is an invaluable tool for increasing mental health literacy, reducing stigma, and connecting people to care earlier.

We have outlined specific sections in the draft plan where MHFA could be effectively integrated, as well as broadening the faith-based language to be more inclusive of all religions and belief systems in our diverse community.

Thank you for your consideration of our input. We would welcome the opportunity to discuss these recommendations further and collaborate on implementing MHFA and other preventative measures as part of a comprehensive behavioral health strategy for Palm Beach County.

Sincerely,

Marc D. Hopin



## Marc Hopin

**Chief Executive Officer**

5841 Corporate Way Suite 200 | West Palm Beach, FL 33407

Main Office: 561-684-1991 | Direct: 561-713-1889 | Fax: 561-684-5366

Website: [www.AlpertJFS.org](http://www.AlpertJFS.org) [\[alpertjfs.org\]](http://alpertjfs.org)

[\[alpertjfs.org\]](http://alpertjfs.org)

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[\[twitter.com\]](https://twitter.com) [\[youtube.com\]](https://www.youtube.com) [\[instagram.com\]](https://www.instagram.com)

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## **Comments to 2024 Behavioral Health and Substance Use Disorder Plan**

Alpert Jewish Family Service (Alpert JFS) has provided comprehensive human services throughout Palm Beach County for 50 years. We were honored to be recognized as the 2023 Nonprofit Agency of the Year for large agencies by Nonprofits First. We offer over two dozen programs for individuals and families of all ages throughout our community. We are pleased to be offered the opportunity to provide input into the 2024 Behavioral Health and Substance Use Disorder Plan.

Our two main comments/amendments to the Plan are:

- a. The Plan should include and fund Mental Health First Aid as one of the recommended community activities, consistent with the Palm Beach County Community Health Improvement Plan created in 2021. (see attached)
- b. That faith-based language be broadened to clearly include all faiths.

In this document, we will briefly make the case for including Mental Health First Aid in this Plan and then cite specific sections of the Plan that might be amended. Note that Alpert JFS introduced Mental Health First Aid (MHFA) to Palm Beach County in 2014 and is the leading provider of MHFA in the County. We have helped train over 80 instructors in MHFA to over 12,000 people. Alpert JFS currently has six full-time MHFA trainers on its staff. We are uniquely qualified to offer this recommendation regarding MHFA.

### **The Case for Mental Health First Aid (MHFA)**

Since 2007, over 3 million people across the United States have been trained in MHFA by thousands of certified Instructors. The national goal of MHFA is to have 1 in 15 people certified as Mental Health First Aiders. Given the population of Palm Beach County, this equates to a goal of MHFA instruction to approximately 200,000 individuals, a reasonable goal with proper funding.

A total of 45 peer-reviewed articles have been published over the past ten years, verifying the efficacy of MHFA. Thirty-six were empirical research studies. Nine were scoping reviews, systematic reviews of meta-analysis. A summary of the results of these articles is attached.

Also attached are three articles from the MHFA website that are focused on MHFA and Substance Use:

- How to Help Someone With Alcohol Use Disorder
- How You Can Help Address the Opioid Epidemic
- Managing Recovery and Substance Use Challenges During the Holidays

### **What MHFA Covers**

- Common signs and symptoms of mental health challenges.
- Common 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's risk of substance use. More than 50% 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.

The cost per student for the MHFA class is approximately \$35.

### **The Palm Beach County Community Health Improvement Plan (CHIP)**

In 2021, The Florida Department of Health in Palm Beach County and the Health Care District of Palm Beach County initiated a comprehensive community health assessment to identify gaps in services, share perspectives of local public health representatives, and develop a plan to focus on those needs. The result was the 2022-2027 Palm Beach County Community Health Improvement Plan (CHIP.) The three identified priorities of that Plan are: 1. Chronic Disease Prevention and Self-Management; 2. Mental and Behavioral Health; and 3. Access and Linkages to Health and Human Services. The CHIP intends to guide community health planning and activities for the coming years, with a broad goal to enhance the health and wellness of residents of Palm Beach County. To the extent possible, the CHIP was developed strategically to maximize impact and minimize duplication of existing community efforts.

Alpert JFS is one of the more than 100 community organizations that partnered and provided input on the development of the CHIP. Alpert JFS is identified as a key partner in the CHIP, as the coordinator of the Palm Beach County Mental Health First Aid Coalition.

## Impact

To date, the Palm Beach County Mental Health First Aid Coalition has trained over 12,000 individuals and has the active participation of more than sixteen agencies/entities in the County. Outcome data has demonstrated that more than 90% of respondents have discussed the stigma often surrounding mental illness and substance use disorders since taking this course, and over 90% of class participants have made one or more referrals for services.

## **Suggested edits/amendments to the Behavioral Health and Substance Use Disorder Plan:**

- On page 31 of the Plan, it states that in November 2024, the County's BHSUCOD committee was established with a key goal of "enhancing 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." *We recommend that the MHFA program be referenced as a specific prevention strategy to educate the community and increase awareness of the need for help at the earliest stages of a potential illness before deep-end services are needed. MHFA will increase the likelihood of people recognizing the need for help sooner, help people not "fall through the cracks," and potentially minimize the need for more intensive services.*
- On page 34 of the Plan, it states: "This 2024 plan is intentionally substance agnostic and intended to serve as a roadmap for Palm Beach County to bring 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." *We recommend at this point to include the importance of utilizing MHFA training as both a way to de-stigmatize these issues, provide education about the high co-occurrence of mental illness and substance use disorders, and support efforts already made in our community to classify both as diseases that affect the brain.*
- On pages 35-36, beginning with section B on page 35, there is a list of "Opioid Settlement Recommendations" for 2024. *We recommend adding an 11<sup>th</sup> item to that list, explicitly calling to continue to expand and support the community's Mental Health First Aid Coalition, with the goal of 1 in 15 citizens in Palm Beach County taking Adult MHFA, Youth MHFA, or one of the other versions of MHFA.*
- On page 36 of The Plan, Section C. Prevention and Education Priority Recommendations, *we suggest adding a 5<sup>th</sup> item, specifically to "Support Mental Health First Aid classes throughout the county, with the targeted goal to train 1 in 15 adults."*

- On page 39 of The Plan, section I, there are the Faith-Based Priority Recommendations for 2024. *We suggest adding a 4<sup>th</sup> item to that list that says: “identify associations or agencies specific to other faith groups to take the lead in community education for said group.”*

Again, thank you so much for offering Alpert JFS the opportunity to provide input on this most important document. We look forward to working together and being an active resource, partner, and participant in its successful implementation.

## John Hulick

---

**From:** John Hulick  
**Sent:** Thursday, March 28, 2024 1:48 PM  
**To:** Ellen Jones S.  
**Subject:** PLAN COMMENT FW: BHSUCOD 2024 plan

**From:** Kevin Choi <kchoi@harmreductioncenter.com>  
**Sent:** Thursday, March 28, 2024 1:38 PM  
**To:** John Hulick <JHulick@pbcgov.org>  
**Subject:** BHSUCOD 2024 plan

### This Message Is From an External Sender

This message came from outside your organization.

John,  
Kevin Choi with the Harm Reduction Center. I reviewed the plan and it looks incredibly comprehensive and effective. I look forward to getting this work done! Let me know how I can be of support. Thank you

Best,  
Kevin Choi

--

Kevin Choi  
Chief Executive Officer  
Harm Reduction Center  
(561) 602-5224  
[kchoi@harmreductioncenter.com](mailto:kchoi@harmreductioncenter.com)  
4700 N Congress Ave  
STE 200  
West Palm Beach FL, 33407

#### CONFIDENTIALITY NOTICE:

This message is protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without written consent unless otherwise provided for in the regulations. The Federal rules prohibit any further disclosure of this information unless written consent is obtained from the person to whom it pertains. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. All information contained herein is to be considered confidential and proprietary to Harm Reduction Center. Any copying, forwarding, sharing, or use of this information in any manner without written permission from an authorized Harm Reduction Center representative is strictly prohibited.



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.

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.

## 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.
3. Establish a Housing Trust and/or Revolving Loan Fund to support expanding housing opportunities for individuals with substance use and mental 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

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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.

### **COMMENT:**

Housing services should include those returning to the community from justice placements, seniors who are under strict financial pressure due to increase costs but living on a fixed income.

Community-based education on living life on life's terms is essential in the development of resiliency skills and the ability to cope with challenges without resorting to medicating feelings.

<b>C. Prevention and Education Priority Recommendations</b>	
<b>2022</b>	<b>Status</b>
1. Educate the community regarding: <ul style="list-style-type: none"> <li>○ Impact of substance use on brain development.</li> <li>○ Narcan deployment, safe storage / disposal of prescription drugs (i.e. pill drops and drug take back programs)</li> <li>○ How to select providers, avoid unethical providers; and, navigate insurance coverage.</li> </ul>	1. IP
<b>2024</b>	
1. Support integrated services in Palm Beach County schools. 2. Advocate for family trainings in and out of schools. 3. Education on Adverse Childhood Experiences (ACEs) the the need for trauma-informed care. 4. Support behavioral health technician’s curriculum for high school students and promote MH and SUD professional internships.	

<b>E. Justice System and Public Safety Priority Recommendations</b>	
<b>2022</b>	<b>Status</b>
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
<b>2024</b>	
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.	

**COMMENT:**

I suggest these services be provided to juvenile in the general public, youth in the delinquency system and those returning to the community from out of community placements. I also suggest a program be established specifically for youth ageing out of the delinquency system with no “home” to return to. Support should also be provided to youth ageing out of the system, and/or returning to the community to continue his/her education and/or receive comprehensive career counseling and job training. This is an extremely high-risk population and it is estimated that 70% of youth in the delinquency system have mental health and substance use issues.

Additional services to every middle and high school to enable the placement of a student assistance counselor trained in dual diagnosis, co-occurring disorders. Additionally, develop focus groups of parents who have experience their children’s addiction to consult with needed prevention and intervention services not available to their children to expand the array of services in both the schools and community.

Fund evidence-based programming in all grades of the school district. Charter and private schools to teach healthy development, parenting, peer resistance skills and resiliency.

<b>G. Essential Services Priority Recommendations</b>	
<b>2022</b>	<b>Status</b>
<ol style="list-style-type: none"> <li>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).</li> <li>2. Identify and disseminate resources to persons in recovery, providers and others related to technical and career training as well as employment services.</li> <li>3. Establish an Ombudsman and processes to assist individuals removed from, or at risk of being removed, from their housing.</li> </ol>	<ol style="list-style-type: none"> <li>1. NYS</li> <li>2. IP</li> <li>3. NYS</li> </ol>
<b>2024</b>	
<ol style="list-style-type: none"> <li>1. Create an up to date list of recovery oriented care options in the County.</li> <li>2. Implement a housing pilot program.</li> </ol>	

<ol style="list-style-type: none"> <li>3. Support permanent affordable and supportive housing.</li> <li>4. Encourage medical providers to include social determinants of health in diagnosis.</li> </ol>	
--	--

**COMMENT:**

Housing is a critical need in the community for multiple subpopulations especially youth without a supportive family structure. As one of the basic needs for all the absence of this puts families, youth and adults at increased risk for mental health and substance use issues. Children in unstable housing situations who live in shelters, couch surf, change

**schools, live in crisis and fear are set-up for using drugs and alcohol to mediate their feelings. Food, clothing and shelter are the basic needs for healthy development.**

It outlines the Four Major Dimensions of Recovery as follows:

1. **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.
2. **Home** - Having a stable and safe place to live.
3. **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.
4. **Community** - Having relationships and social networks that provide support, friendship, love, and hope.

**COMMENT:**

**These four components should be integrated into every facet of the plan for both young people, adults and seniors. There is an increased use of substances by both youth and seniors to “deal” with the issues of everyday living.**

**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.

<b>Issues – Prevention and Education</b>	
<ol style="list-style-type: none"> <li>1. Insufficient school-based prevention / education services or community engagement programs.</li> <li>2. Prevention programs are utilized yet these interventions are often not tailored to specific target populations.</li> <li>3. Data are not being used to assess community readiness.</li> <li>4. Lack of training of emergency personnel, healthcare professionals, and pharmacists in person-centered, recovery-oriented system of care model and the benefits of recovery capital indexing.</li> <li>5. Lack of community awareness related to supports available including law enforcement, prevention strategies and treatment options.</li> </ol>	

<b>Why</b>	
<ol style="list-style-type: none"> <li>1. Too many residents are overdosing or dying as a result of substance use disorders.</li> <li>2. Tailored education, prevention and interventions will provide residents with a better understanding of warning signs of mental and substance use disorders.</li> </ol>	
<b>How (strategies)</b>	
<b>2022</b>	<b>Status</b>
<ol style="list-style-type: none"> <li>1. Develop prevention programs at different levels (individual, family, school, faith-based organizations) that are tailored to specific target population needs.</li> <li>2. Develop, disseminate community readiness surveys and results to inform development of targeted interventions.</li> <li>3. Create dashboard reporting on current trends and mapping by zip code.</li> <li>4. Develop a Countywide Strategic Prevention Framework which targets specific community conditions to reduce opportunities for substance use and to enhance healthy lifestyle choices.</li> <li>5. Educate the community regarding: <ul style="list-style-type: none"> <li>o Impact of substance use on brain development.</li> <li>o Narcan deployment, safe storage / disposal of prescription drugs (i.e. pill drops and drug take back programs)</li> <li>o How to select providers, avoid unethical providers; and, navigate insurance coverage.</li> </ul> </li> <li>6. Train educators on early warning signs and symptoms of mental and substance use disorders and school nurses on evidence-based assessment screening tools.</li> <li>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.</li> <li>8. Develop a Good Samaritan Law public awareness campaign.</li> <li>9. Establish a media committee responsible for developing a communications plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. IP</li> <li>2. IP</li> <li>3. IP</li> <li>4. C</li> <li>5. IP</li> <li>6. IP</li> <li>7. IP</li> <li>8. C</li> <li>9. IP</li> </ol>
<b>2024</b>	
<ol style="list-style-type: none"> <li>1. Support integrated services in Palm Beach County schools.</li> <li>2. Advocate for family trainings in and out of schools.</li> <li>3. Education on Adverse Childhood Experiences (ACEs) and the need for trauma-informed care.</li> <li>4. Provide various outlets for youth to express their behavioral health needs including the arts, exercise, parks, etc.</li> <li>5. Emphasize the importance of coping and self-care plans in building resilience.</li> </ol>	

6. Support behavioral health technicians' curriculum for high school students and promote MH and SUD professional internships.	
<b>Accountability</b>	
<ol style="list-style-type: none"> <li>1. Track trainings and activities provided and detail type, target audience, number of participants, and outcomes achieved.</li> <li>2. Track community readiness activities and detail assessments conducted, target community, and any outcomes achieved.</li> <li>3. Track progress and completion of the Strategic Prevention Framework.</li> <li>4. Track progress and completion of other prevention and education strategic objectives.</li> </ol>	

**COMMENT:**

Develop a comprehensive communitywide prevention committee to develop, implement and evaluate prevention programming across the spectrum. Provide non-traditional activities for youth and adults to promote social interaction, healthy use of free time and peer support.

Train first responders, educators, therapists, community activists, law enforcement, medical professionals in trauma informed care.

Provide multiple vehicles for training the entire community in ACEs.

# The Pair of ACEs

## Adverse Childhood Experiences

### 10 ACEs

- Parental Divorce or Separation
- Caregiver in Jail or Prison
- Caregiver Depression, Mental Illness or Suicide Attempt
- Domestic Violence or Threats
- Emotional Abuse or Neglect
- Sexual Abuse or Exposure
- Food, Clothing or Housing Insecurity
- Physical Abuse, Hitting or Slapping
- Caregiver Problem with Drugs or Alcohol
- Felt Unsupported, Unloved and Unwanted

### ACEs Being Studied

- Placement in Foster Care
- Bullying or Harassment at School
- Parent or Guardian Died
- Separated from Caregiver through Deportation or Immigration
- Medical Procedure(s) or Life Threatening Illness
- Frequent School or Neighborhood Violence
- Treated Badly Because of Race, Sexual Orientation, Place of Birth, Disability or Religion

Public Health Institute, Transitions.com

University Center for Health Politics, ACE Questionnaire

## Adverse Community Environments

- Poor Housing Quality and Affordability
- Discrimination
- Deterioration of Physical Environment
- Lack of Access to Educational Opportunities
- Low Sense of Collective Political and Social Efficacy

- Intergenerational Poverty
- Lack of Opportunity and Economic Mobility
- Poor Transportation Services or System
- Community Disruption
- Damaged Social Networks and Trust
- Unhealthy Products
- Long-Term Unemployment

Adapted from: CDC & Kaiser Family Foundation (2015)

Thriving Culture & Environment

Quality of Environment

Community Engagement

Score for Civil Disobedience



# Promoting Child, Family, and Community Resilience

## Resiliency Building Experiences

Buffering Relationships

Feels Loved by Parent(s) or Primary Caregiver  
Supportive Family Relationships  
Supportive Community Relationships  
Parent(s) or Primary Caregiver Enjoy Playing with Child  
Relatives Provide Support When Sad or Worried  
Caring Neighbors or Family Friends  
Support from Teacher, Coach, Youth Leader, or Minister



Hope and Resilience

Family Cares about Child's School Work and Performance  
Family, Neighbors, and Friends Talk About Making Lives Better  
Rules, Structure, and Expectations in Household  
Someone Trusted to Talk to When Feeling Bad  
Adults Who Notice Child's Strengths and Accomplishments  
Sense of Independence  
Positive Outlook on Life

## Positive Community Environments

Available, Affordable Quality Housing  
Lack of Discrimination  
Clean and Safe Physical Environment  
Access to Educational Opportunities  
High Sense of Collective Political and Social Efficacy



Lots of Opportunity and Economic Mobility  
Quality Transportation Services or System  
Cohesive Social Networks and Trust  
Access to Healthy Products and Foods  
Employment Opportunities

Physical Environment

Economic Environment

Social/Cultural Environment

©Center for Child Coaching

## The Opioid Epidemic: How Wellbeing Can Help Bend the Curve

Individual aspects of wellbeing are also critically important to understanding what increases or decreases drug overdose rates in states. The following are the most important warning signs for individuals who are at the highest risk:

### Career Wellbeing:

- Does not have a leader in their life who creates enthusiasm about the future
- Does not like what they do every day
- Does not routinely learn or do interesting things

### Social Wellbeing:

- Does not have someone in their life who encourages good health
- Does not receive positive energy from friends and family

### Financial Wellbeing:

- Is not satisfied with standard of living compared with the people around them

### Physical Wellbeing (Physical Health/Pain):

Currently has or is being treated for asthma

- Currently has or is being treated for high cholesterol
- Disagrees that physical health is “near perfect”
- Has significant daily physical pain
- Has ever had a heart attack

### Physical Wellbeing (Physical Energy/Activity):

- Healthcare provider has limited their exercise
- Has not felt active and productive in prior seven days
- Poor health has prevented normal activity two or more days in the past month

### Physical Wellbeing (Mental Health):

- Does not feel good about physical appearance
- Has been clinically diagnosed with or is being treated for depression

### Community Wellbeing:

- Is not proud of the community where they live

Witters, D., June 20, 2023. *The Opioid Epidemic: How Wellbeing Can Help Bend the Curve*, GALLUP, <https://news.gallup.com/poll/507368/opioid-epidemic-wellbeing-help-bend-curve.aspx>.

## **COMMENT:**

**Ensure the aspects of well-being are integrated into all planning and program implementation. Use this as a framework for prevention planning and implementation.**

## **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.
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

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mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

## John Hulick

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**From:** John Hulick  
**Sent:** Friday, March 29, 2024 7:47 AM  
**To:** Ellen Jones S.  
**Subject:** PLAN COMMENT FW: Palm Beach County Opiate Settlement Plan  
  
**Importance:** High

**From:** Sam Wilcox <wilcoxs1992@gmail.com>  
**Sent:** Thursday, March 28, 2024 5:40 PM  
**To:** John Hulick <JHulick@pbcgov.org>  
**Subject:** Palm Beach County Opiate Settlement Plan

### **This Message Is From an External Sender**

This message came from outside your organization.

Mr. Hulick,

My name is Samuel Wilcox. I have spent the better part of a decade working in the behavioral health space as a professional and a peer. I had the chance to read through this plan. I am in full support of it. I look forward to accomplishing the goals outlined as a group and I am here to support this initiative. I thank you for your time and effort.

Respectfully,  
Samuel Wilcox

## John Hulick

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**From:** Susan Ramsey <SRamsey@mclaughlinstern.com>  
**Sent:** Friday, March 29, 2024 2:20 PM  
**To:** John Hulick  
**Subject:** Palm Beach County Opiate Response Plan

### This Message Is From an External Sender

This message came from outside your organization.

*Dear Mr. Hulick,*

*Please accept this note as my tremendous support for the Palm Beach County Opiate Response Plan and urge the Palm Beach County Commissioners to approve the plan in as it has been presented. As a member of Palm Beach County State Attorney's Addiction Recovery Task Force, General Counsel for The Florida Association of Recovery Residences, a voting member of Palm Beach County, this plan makes common sense. The plan addresses and supports the need for neutral care coordination, housing, transportation, food security, and access to other critical services in Palm Beach County. I hope that the Palm Beach County Commissioners approve the Opiate Response Plan, I see it as a path out for our community members who suffer from the disease of Substance Use Disorder.*

*Thank you.*

*Susan B. Ramsey*

Partner

McLAUGHLIN & STERN, PLLC

525 Okeechobee Boulevard, Suite 1700

West Palm Beach, FL 33401

Direct (561) 283-2204

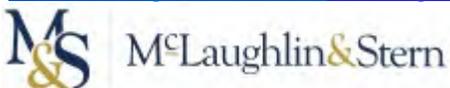
Main (561) 659-4020

Fax: (561) 659-4438

[sramsey@mclaughlinstern.com](mailto:sramsey@mclaughlinstern.com)

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## John Hulick

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**From:** Greg Leahy <captainregleahy@gmail.com>  
**Sent:** Friday, March 29, 2024 2:32 PM  
**To:** John Hulick  
**Subject:** Palm Beach county opiate response

### **This Message Is From an Untrusted Sender**

You have not previously corresponded with this sender.

*Dear Mr. Hulick,*

*Please note my support for the Palm Beach County Opiate Response Plan. I hope that the Palm Beach County Commissioners approve the Opiate Response Plan, my granddaughter lost her father to an overdose after being in treatment centers. I think this plan helps after that and we have all spent too much money on treatment that doesn't work. .*

*Thank you.*

*Greg Leahy  
Jupiter,FL*

## BHSUCOD Plan Draft Editing Recommendations

As outlined in the draft of the 2024 BHSUCOD Plan, presented on March 14th, expansion of the county's existing syringe service program is a crucial component of Palm Beach County's recovery-oriented system of care. As indicated by the data collected over the three years of SSP operations in PBC, as well as decades of data collected from SSPs around the country, the services offered through syringe exchange engagements not only provide important public health measures for the betterment of the community but serve as a pivotal entry point to recovery and recovery supportive services. Furthermore, the continuity and carrying out of these critical services are stifled by funding restrictions that prohibit the use of public dollars (taxpayer dollars). However, the funds allocated to PBC through the Opioid Settlement Dollars do not carry these restrictions. As such, it is strongly recommended that the syringe service program not be overlooked and that the expansion of Palm Beach County's SSP be strengthened and reinforced, as both a measure of public health as well as a critical component of a recovery-oriented system of care. Funds directed toward the SSP would allow for consistent provision of low-barrier healthcare services and essential items such as hygiene kits, used clothing, and non-perishable food items. More significantly, considering the BHSUCOD's plans to strengthen both the county's existing SSP, FLASH<sup>1</sup>, as well as implement MAT services for uninsured individuals, I suggest incorporating a Buprenorphine provider as an element to Palm Beach County's syringe services. With the county's syringe service program serving as a cornerstone of recovery engagement for people who use drugs, it is my recommendation that the county include in its plan the implementation, funding, and study of an on-site, low-barrier Buprenorphine induction service at the county's SSP with direct linkage to care and ongoing MAT services through community MAT providers. Additionally, to help aid in the success of this service and

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<sup>1</sup> Florida Access to Syringe and Health Services

to assist participants in adhering to the program, we also suggest establishing a medication locker for participants in Lake Worth Beach.

The implementation of low-barrier access to Buprenorphine in Palm Beach County (through outpatient programs like The Recovery Research Network and the Health Care District) has served as a component of the county's recovery-oriented system of care as well as an effective strategy of overdose prevention. However, new barriers have emerged, implying the need for new solutions to re-establish low-barrier access to this life-saving medication. One barrier is the rise of synthetic opioids in the drug supply, which complicates Buprenorphine induction by putting patients at increased risk of precipitated withdrawal<sup>2</sup> due to a longer half-life. Other barriers include loss of contact with the patient, particularly if the patient is from a marginalized population, as well as the lack of a centralized location for consistent, standardized Buprenorphine induction services for houseless and uninsured community members. A significant barrier for houseless community members in accessing and adhering to any medical intervention is the lack of safe and secure storage for medications such as Buprenorphine. A Buprenorphine induction service and a medication locker, both maintained and managed through the FLASH Exchange, would help to mitigate many of these barriers.

Buprenorphine access through a syringe services program has been implemented in other locations/contexts and has been shown to be beneficial for several reasons. Palm Beach County's SSP, FLASH, serves our community's most acute individuals in need of substance-related healthcare services, many of whom are houseless, uninsured, and hesitant to engage in mainstream health services. SSPs have been shown to serve as a place of consistent engagement

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<sup>2</sup> Substance Abuse and Mental Health Services Administration. (n.d.). *Buprenorphine Quick Start Guide*.

and trust for a population that is historically difficult to reach and maintain contact with<sup>3</sup>. A qualitative study conducted by the Albert Einstein College of Medicine identified that both medical providers and SSPs had barriers in providing buprenorphine services, however, the collaboration between the medical community and the harm reduction community promises an advantage over either working in isolation<sup>4</sup>. IDEA Miami has already begun to implement MOUD and PrEP services, with promising feedback from their participants based on participants' comfortability and ease of access to their SSP<sup>5</sup>. While research points to promising results for a Buprenorphine induction program through our SSP (particularly with the addition of a community medication locker), there is still more research to be done, positioning Palm Beach County as a potential leader in implementing a cutting-edge community program for participants and producing invaluable data for the recovery community along the way.

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<sup>3</sup> Perez-Correa, A., Abbas, B., Riback, L., Ghiroli, M., Norton, B., Murphy, S., Jakubowski, A., Hayes, B. T., Cunningham, C. O., & Fox, A. D. (2022). Onsite buprenorphine inductions at harm reduction agencies to increase treatment engagement and reduce HIV risk: Design and Rationale. *Contemporary Clinical Trials*, *114*, 106674. <https://doi.org/10.1016/j.cct.2021.106674>

<sup>4</sup> Jakubowski, A., Rath, C., Harocopos, A., Wright, M., Welch, A., Kattan, J., Behrends, C. N., Lopez-Castro, T., & Fox, A. D. (2021). *Implementation of Buprenorphine Services in NYC Syringe Services Programs: A Qualitative Process Evaluation*. <https://doi.org/10.21203/rs.3.rs-966790/v1>

<sup>5</sup> Bartholomew, T. S., Andraka-Cristou, B., Totaram, R. K., Harris, S., Doblecki-Lewis, S., Ostrer, L., Serota, D. P., Forrest, D. W., Chueng, T. A., Suarez, E., & Tookes, H. E. (2022). "we want everything in a one-stop shop": Acceptability and feasibility of prep and buprenorphine implementation with mobile syringe services for black people who inject drugs. *Harm Reduction Journal*, *19*(1). <https://doi.org/10.1186/s12954-022-00721-6>

## **Response to Behavioral Health and Substance Use Disorder Plan 2024**

Submitted by C. Marsha Martino on behalf of NAMI Palm Beach County

March 29, 2024

It has been a heartening step forward to have the county include behavioral health in the new county plan. Having been involved in the process for 7 + years, I am aware that this has been a long progressive process: from an opioid response plan, to a SUD plan, to including co-occurring issues, to now also being inclusive to include individuals with mental illness and no SUD (broadly, “behavioral health”). Being aware of that process helps me to recognize the structure and content of this plan. However, if I were not aware of the history, this would look like a SUD/co-occurring plan with the words “behavioral health” placed in a few locations in the document.

My suggestion would be to either treat this as a fully inclusive plan and give mental illness its acknowledgment in the areas of parallel history, issues, research, tools, and programs, or to write this report as the process unfolded chronologically and acknowledge at the end that “stand alone” behavioral health (ie: not SUD/co-occurring and inclusive of serious mental illness, SMI) is new to this process and still needs more work.

Either way, in the context of advocating for “stand alone” behavioral health inclusion, comments are as follows:

### **Executive Summary (p1-2)**

The summary describes the history, experiences, and issues with substance use in Palm Beach County but does not do so for mental illness. Our county has a strong history of incarceration and homelessness for people living with mental illness. Individuals with serious mental illness (SMI) have on average a 20-year shortened life span. Contrasting the proliferation of addiction treatment beds, beds for those with SMI have been chronically lacking, a situation that was exacerbated by the closing of the 44 bed Jerome Golden Center and the behavioral health inpatient unit at JFK in Atlantis.

Correction: bottom of page 2- *individual's* should not be possessive in this context

### **BHSUDCOD Membership (p5)**

In order to understand the needs of, and to develop of a comprehensive system of care for individuals with serious mental illness (SMI), these individuals must have representation on the county committee. Currently, this is what stands:

Public: No individuals or family members who have lived experience in SMI

Ex Officio: No Mental Health Advocacy organization included to represent those with SMI

### **Network of Recovery Community Centers and Organizations Expanded (p 7-10)**

If this is to be an inclusive document, it would make sense to include any info on RCC's (or similar type service's) value to the population of individuals with SMI (top of pg 8). How will an RCC serve someone with SMI who does not have a co-occurring SUD?

Consider keeping demographics/stats/research on individuals receiving RCC services who have SMI and/or co-occurring dx, in addition to, or separate from those with SUD

### **Comprehensive Opioid, Stimulant, and Substance Use Program Demonstrated Effective**

(pg 8) Because the concerns addressed by this grant are also paramount to the population of individuals living with SMI, it is important to distinguish that this grant was specific to finding/funding solutions to these issues for those living with SUD. Concurrently, were there developing resources (or grants) available to others who did not meet this criteria? If so, could those efforts be included?

### **Recovery Capital: Integrating and Measuring Resilience and Risk**

(pg 11) How does this collected data relate to someone with SMI (not co-occurring)? It was administered to those with SUD or co-occurring, not SMI alone. Is there a plan to include them going forward?

(pg 12) The RCI elements are very relevant to the outcomes of individuals living with SMI, and they have a significant impact on homelessness, hospitalization, incarceration and family burden. This population should be specifically identified and considered in the discussion, the plan, and outcome tracking.

(pg 12) Mental Health Recovery Residences would benefit from being included in FARR oversight and staff education. Residential staff from existing providers would benefit from education in mental illness and as well as co-occurring disorders. Currently, many individuals with SMI (not co-occurring) are being placed in recovery residences. Acknowledging this practice and including staff education in SMI would be beneficial.

### **Managing Entity: Looking Up to Patients as the Guiding Star to Client-centric Care (pg 14)**

The EMBARCC program, while highly successful for many individuals seeking treatment, does not take into consideration those who are living with *anosognosia*. *Anosognosia* is a biological condition that prevents some individuals with SMI from knowing that they are experiencing symptoms of a brain disorder. It is estimated that 60% of individuals with schizophrenia and 50% of those with bi-polar disorder have *anosognosia*. (Treatment Advocacy Center) For individuals with SMI, *anosognosia* is thought to be the most common reason for not seeking or maintaining treatment. Without treatment, these are the individuals who end up in "deep end services". The American Psychological Association estimates that 20-25% of the homeless population and 10-25% of those incarcerated have SMI, a significant number of whom have *anosognosia*.

Entrance into the EMBARCC program begins with an assessment. Individuals with *anosognosia* who are not able to recognize that they are ill routinely do not agree to the assessment. Although they would qualify for and benefit from the services provided through EMBARCC, they are not able to enter the system without the assessment.

Individuals who have SMI and experience *anosognosia* would absolutely benefit from this system as proposed: a system that includes an assessment of their level of need, referral and neutral care coordination, individualized service plans unique to their needs and consideration of their choices, and a care provider network comprised of treatment, social and recovery services and peer supports. But for this system to work for someone with *anosognosia*, another process needs to be developed that facilitates their entry into that system.

One way to facilitate entry into a system of care for individuals with anosognosia would be to include family involvement in the process. In SMI it is typically a parent or another family member who takes on the role of finding and managing resources for their loved one. Orchestrating entry into a system of care by coordinating with a family member makes sense for this population where approximately 50% of individuals with mental illness are receiving no services at all.

#### **Data to Action, Social Determinants of Health (p 17-18)**

In “utilizing the data to drive real, sustainable change”, a process that included data from the Mobile Response Teams would be very beneficial. The nature of the requests for assistance and the deployment of response staff would provide valuable insight into the nature of SMI resources and the critical role of the family in trying to maintain stability in the lives of those who need support and their caregivers. What was the nature of the request for help? Diagnostic and subsequent admission statistics would be helpful to ascertain. Information on referrals (and subsequent use of those resources) would help to understand why, despite contact with crisis services, so much of this population remains unserved and utilizes deep end services again and again.

Regarding insurance and access to care, it would be helpful to look at the number of uninsured individuals in the county who have SMI and are uninsured. Theoretically, they would be eligible for Medicaid and/or Medicare, thus bringing in federal dollars to help fund services.

In talking to families of this population, there are several barriers to an individual with SMI applying for/receiving Medicare/Medicaid. Again, we find that *anosognosia* is an obstacle. An individual who does not believe they are ill will often refuse to see a healthcare professional and therefore there is no supporting documentation to substantiate the illness and its impact. An emergency hospitalization sometimes produces the necessary paperwork for the application. However, the individual with SMI must sign/endorse the application and many refuse to do so because they do not acknowledge their illness. In some cases, a requirement to obtain and/or continue benefits is participation in treatment and following doctor’s recommendations, which is an issue with this population. Also compounding the issue of getting the documentation to apply for disability is the cost of and actual access to mental health services. There is a long wait for many services, particularly psychiatry which often has at least a 2 month wait for an initial appointment.

## **White House Social Determinants of Health Playbook and Building a Recovery-Ready Nation (p 19-21)**

This county plan provided interesting and relevant information regarding the federal government's analysis/stand on substance use. The White House has issued similar information/documents on mental health in America. It would be appropriate to have some of that information included:

*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)*

*Reducing the Economic Burden of Unmet Mental Health Needs (May 2022)*

## **Community in Action (p 21)**

End of first paragraph: The correct name of the organization is **Our2Sons**

Third paragraph, second sentence is missing a word: *The next month, PBSO announced a ????? for all deputies and corrections officers to carry Narcan.*

## **Leading the Way in Person-centered, Recovery-oriented Care, One Overdose Death is One Overdose Death Too Many (p 22-34)**

These sections of the report begin with a discussion of the history of, research behind, and examples of person-centered care for the population of those living with substance use disorder. Person centered care was actually first developed for the population of those with mental illness in the 1940s. It may have taken until the 2000s for it to reach the world of substance use treatment, but it was utilized first with mental illness, then to developmental disabilities, then to brain injury rehabilitation. If this is meant to be a plan inclusive of mental health and substance use, this section is another example of one that would benefit from incorporating the history and examples from mental health treatment.

This section includes a lot of information about the ASAM and its relevance to individuals with substance use and co-occurring mental health issues. What tool will be used to determine need/level for individuals with serious mental illness who do not have co-occurring issues? This seems to be a rather major issue that should be addressed and described in this document. How does the list of tools on p 44 coordinate with this process?

And again, all examples of existing systems, statistics, etc. are SUD or co-occurring. This leaves one feeling like the needs of those with SMI are not being considered. It is not one size fits all.

## Foundational Plan Elements (p 40-47)

### D. Utilization of Valid Tools to Identify Appropriate Levels of Care

(p 44) It is not clear how these tools relate to the lengthy description of the use of the ASAM on page 24-25. Will some/all be used for assessment/determining level of care?

(p 45) What is the role of the RCO and RCCs in the lives of those with SMI, not co-occurring with SUD? This really should be addressed, not merely as an afterthought of “they would be welcomed”.

*“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.”*

And again, the remainder of the discussion about the concept of RCI totally relates to someone with an addiction history. How this relates to SMI needs to be included.

(p 45) *The RCI has also been validated through research and is used to guide treatment and assess recovery.* Has it been validated with the SMI population? Or any population outside of SUD? It certainly seems quite relevant. If it has not, then perhaps show other validated measures that are similar and promote the use of a single tool.

(p 45-47) Nice inclusive descriptions

### Plan

(pg 52) What happened to #4??

The plan's goals are broad-based and inclusive enough to at least in theory, cover many of the needs of individuals with SMI. How they are addressed and modified over time will depend in part on who is included in the committee. Again, the need to include individuals, family members, and organizations to advocate for the needs of those with SMI is critical.

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER PLAN UPDATE 2024  
Comments to BHSUCOD Advisory Committee, March 14, 2024

- It's evident that a considerable amount of work has gone into this plan update. The history is detailed and the description and backup related to the recovery-oriented system of care is very thorough. From the Health Care District's perspective, however, the plan needs additional work to be an effective and useful roadmap to achievement of a comprehensive system of behavioral health care and recovery in our community.
- My comments today on behalf of the Health Care District will be brief and somewhat general. Our intention is to submit written comments to County staff and meet if necessary during the upcoming review period to provide input and suggestions. We do consider this report and this meeting to be very important. We would have additional representation here including Dr. Andric, however, today is the annual strategic planning session for the Health Care District Board, scheduled several months in advance. Darcy Davis, CEO of the Health Care District, Dr. Andric, Chief Medical Officer of the District, and the VP for Behavioral Health, Dr. Courtney Phillips, are all engaged in the review of this report.
- First, I want to address the opioid settlement recommendations which are described in Sections III and VI of the report. There are 10 recommended strategies included in these sections. We would like to see these recommendations broken out and described more fully in a stand-alone opioid settlement proceeds program document. This document should include specific recommendations on how the funding would be allocated or distributed, not just the strategic priorities. The County should consider establishing funding categories with allocation percentages, defined distributions for critical response infrastructure and operations, as well as grant-based opportunities for non-profit community providers to apply for and receive contracts for services that would further the adopted strategies. The County plan should be flexible and responsive to local needs and priorities which will undoubtedly change over the multi-year program duration.

- With regard to the plan itself, we acknowledge that what we are looking at today is an update to a plan that has been in place for approximately two years. However, if this plan is intended to reflect a unified community vision addressing the behavioral health needs for our community, it does not yet achieve that objective. Here are a few of our concerns:
  - The plan is drafted from a substance use and addiction recovery perspective rather than the needed broad perspective on the entire continuum of treatment and care required to address mental health, substance use, and co-occurring disorders. There is a lack of discussion of behavioral health issues from a medical perspective.
  - Insufficient attention is paid to the gaps and deficiencies in the current system, as well as to the projects that are underway or planned to address those needs.
  - As in the original plan, there is a strong emphasis on the establishment of a neutral care coordination entity. In a local care continuum that includes multiple government pay sources, and a variety of institutional, for-profit and non-profit providers, it is difficult to understand how this new entity would function in Palm Beach. We would recommend that County staff provide more detail and data from the pilot project initiated with SEFBHN and explain how a neutral care coordination entity as described in the report would function in Palm Beach County.
  - Better access to care, expanded behavioral health services, crisis response and call centers that meet SAMHSA guidelines, and expanded care coordination are recurring needs identified for Palm Beach County. The report needs more focus on these critical areas.
  - Finally, we recommend further review of the scope and content in the plan to ensure that the descriptions and recommendations included in the plan are consistent with the current and future roles and responsibilities of the County and the Health Care District.



March 29, 2024

Dr. James Green, Director  
PBC Department of Community Services  
810 Datura St.  
West Palm Beach, FL 33401

SUBJECT: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER PLAN UPDATE AND  
OPIOID SETTLEMENT RECOMMENDATIONS

Dear James:

This letter is provided in response to the Department of Community Services (Department) request for comments on the Behavioral Health and Substance Use Disorder Plan, including the recommendations for allocation of opioid settlement funds. The Health Care District (District) as the County's health care safety-net provider and a significant contributor to the behavioral health system of care, is a significant stakeholder in this process.

In furtherance of the District's role and mission, we have been engaged for over two years in high-level discussions with County Administration about expansion of the District's behavioral health care service offerings and strategies. Our desire is to bring evidence-based best-practices and nationally recommended behavioral health service models to Palm Beach County. Towards that end, the District recently completed a comprehensive study examining the components of the present system for behavioral health crisis care as compared to the Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care and the "Crisis Now" model and we have initiated a planning process and community discussions to begin implementation of projects to advance the study recommendations.

Our comments are organized in two sections. The first section addresses the plan update minus the included opioid settlement recommendations. The second section covers the opioid settlement recommendations included in the plan and the additional recommendations outlined in the March 14, 2024 staff presentation to the BHSUCOD Advisory Committee.

#### The Plan Update – General Comments

1. The current plan and the update are drafted from a substance use and addiction recovery perspective, describing in detail the Department approach to a person-centered, recovery-oriented system of care. This approach reflects an accepted, evidenced-based best practice that is consistent with SAMHSA guiding principles and is an important component of the system of care. It should not, however, be confused with or described as, a plan that represents a full and comprehensive continuum of behavioral health services, one that would include mental health promotion and early intervention, crisis care, suicide prevention, treatment, and recovery support services.

The plan does not address mental health, substance use, and co-occurring disorders across the full continuum of care, and maybe it shouldn't. Perhaps the County's plan should be limited to the current and future areas of Board of County Commissioners responsibility. The SAMHSA strategic plan for 2023-2026, provides an excellent description of the Mental Health Continuum. The Continuum (Figure 3) is divided into three central elements or components, with each element containing 5-6 primary services.

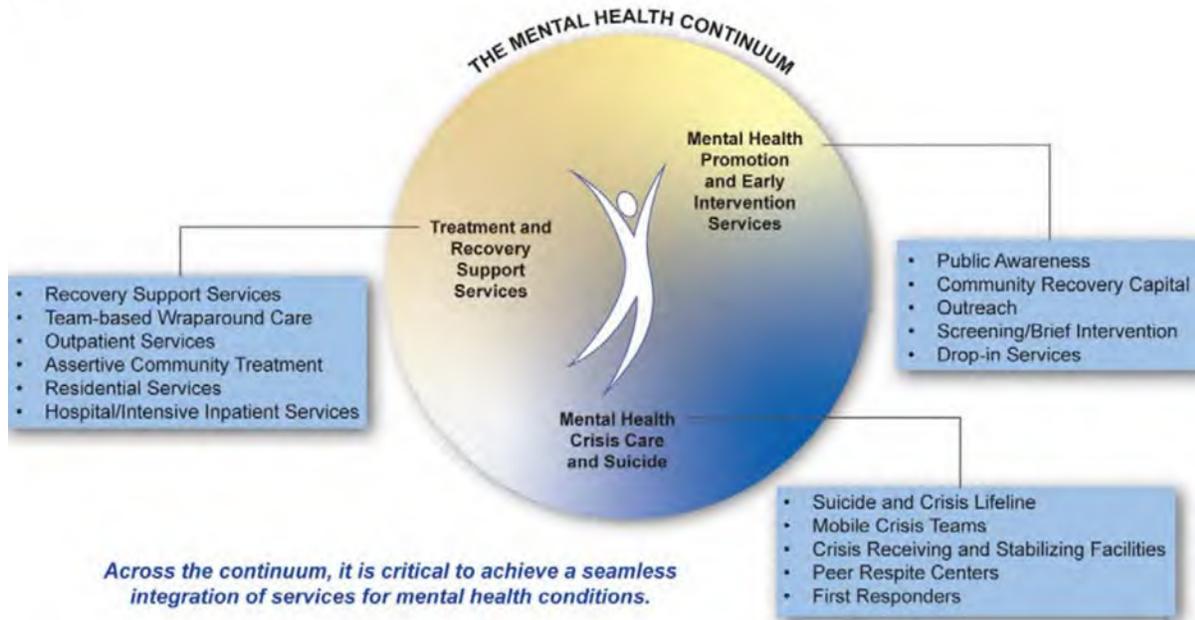


Figure 3. The Mental Health Continuum

The primary services described in this continuum that are offered in Palm Beach County are provided by various governmental, non-profit and for-profit agencies. Due to changing conditions and evolving needs, we are seeing the service mix and agency roles evolve, with some entities expanding and other agencies contracting their services. Behavioral health-related services provided by Palm Beach County government, more specifically, those that are led by the Department, are a critical part of the continuum, but they are just one piece of the comprehensive continuum of care. The master plan as currently written, is being presented as a master plan for the full continuum but it seems more suited as a roadmap and guiding principles for County-funded behavioral health services. Section V. A. of the report states that the BHSUCOD affirms the 2019 Behavioral Health Assessment conclusion that the Department focus its funding allocations on support services and care coordination. The District agrees that County funding should be focused on support services. The County funding should also support a care coordination approach that best serves the needs of local residents. A successful and efficient care coordination program will require a committed partnership between the County, other state and local funders and community providers. Arguably, the scope of

this plan should be limited to these areas and the remainder of the mental health continuum be deferred to the appropriate local and state entities including the District and the Southeast Florida Behavioral Health Network functioning as the State's managing entity.

2. The plan update lacks discussion of mental health issues from a medical perspective. Timely access to care is an issue in Palm Beach County. The report provides no meaningful observations, data, discussions, or recommendations around this issue. The plan has little mention of treatment methodologies and the recognized gaps in behavioral health services.
3. Insufficient attention is paid to the gaps and deficiencies in the current system, as well as to the projects that are underway or planned to address those needs.
4. Crisis care is an integral part of the behavioral health infrastructure. Comparing the crisis care system in Palm Beach County to national standards reveals serious shortcomings locally and gaps in crisis care. As previously mentioned, the District has completed a feasibility study that discusses all aspects of crisis care. The District is currently working on multiple projects to expand crisis care including plans for a central receiving facility, a pilot program to expand mobile crisis response capabilities utilizing a co-responder model with local law enforcement, and expansion of addiction stabilization services in our health centers. There is no mention of this important work in the plan.
5. Although the plan acknowledges that our current system is fragmented and the fragmentation results in challenges in transitioning from one level of care to another, the plan does not provide practical recommendations that can be implemented at the local level to eliminate or reduce the fragmentation.
6. As in the original plan, there is a strong emphasis on the establishment of a neutral care coordination entity. In a local care continuum that includes multiple government pay sources, and a variety of institutional, for-profit and non-profit providers, it is difficult to understand how this new entity would function in Palm Beach. We would recommend that County staff provide more detail and data from the pilot project initiated with SEFBHN and explain how a neutral care coordination entity as described in the report would function in Palm Beach County.
7. Better access to care, expanded behavioral health services, crisis response and call centers that meet SAMHSA guidelines, and expanded care coordination are recurring needs identified for Palm Beach County. The report needs more focus on these critical areas.
8. The plan would be easier to read if the 2022 recommendations were consolidated into a separate section rather than distributed and repeated throughout the document.
9. Further review of the scope and content in the plan should be conducted to ensure that the descriptions and recommendations included in the plan are consistent with

the current and future roles and responsibilities of the County and the Health Care District. The plan includes a priority recommendation that the County lead and/or support a comprehensive planning process between the managing entity and the District to drive alignment. The District is in regular discussions with the managing entity in an attempt to align services and is prepared to continue or expand those discussions in whatever manner is most productive. Considering the respective responsibilities of all parties involved, it would not be appropriate or beneficial to have County staff lead that effort. For this reason, it is requested that the recommendation be modified and limited to a County support position of future planning efforts.

#### The Plan Update – Opioid Settlement Recommendations

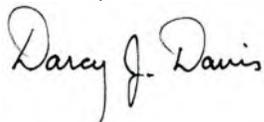
1. The importance of these recommendations and the need for clarity and transparency suggest that the recommendations would be better placed in a stand-alone document rather than included in this master plan. As a stand-alone document, the approval process for the recommendations and the periodic revisions that will be necessary will be easier to manage and the allocations can be presented with more detail and clarity.
2. Allocations and/or a distribution process are not included in the plan as written. For this reason, it is impossible for stakeholders and the general public to understand the approach and what is envisioned by County staff. There needs to be a more comprehensive and complete version of the recommendations released and made available for public review and comment. Additional information related to the recommendations that was shared with the public at the most recent BHSUCOD Advisory Committee meeting should be published and distributed and sufficient time allotted for public review and comment before these recommendations are voted on by the Advisory Committee and presented to the Board of County Commissioners.
3. Funding categories with allocation percentages that could be adjusted on an annual or grant cycle basis should be considered. The City of Jacksonville recently utilized this approach with allocation percentages recommended by a grants committee. The committee also evaluated proposals submitted by community organizations.
4. The District supports the adoption of priorities consistent with the State of Florida settlement agreement and the utilization of a NOFO process that allows for participation and support of non-profit community providers according to priorities recommended by the Advisory Committee and adopted by the Board of County Commissioners. The strategic priorities should be reviewed and updated periodically to be responsive to evolving community needs. Strict data collection and reporting requirements should be included in funding agreements to monitor performance and establish accountability.
5. The identified opioid settlement strategy should include defined allocations for critical infrastructure and services that are integral to the substance use and addiction system of care. Services provided by governmental agencies should be supported, supplemented or expanded with these funds, and the respective agencies should not be required to respond or apply through a NOFO process. Governmental agencies with primary responsibilities in health care

including the Florida Department of Health Palm Beach County, the Department of Children & Families represented by the managing entity, and the District should be consulted with or engaged by the County in establishing strategic priorities. These agencies should be treated as partners and their input should not be restricted to public comment through an advisory board process.

6. The Health Care District 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, opening a health center (Mangonia Park Clinic) specifically designed to provide substance use services and support of the Addiction Stabilization Unit. This stand-alone clinic has treated over 1976 unique patients since its inception in 2021. Over 1500 of those patients were treated with Suboxone in the District's MAT program. For those patients and others, 24,437 MAT prescriptions were written. Sixty-three percent of those prescriptions 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. Nearly 65% of the patients seen at the Mangonia Park Clinic identified as being homeless. The annual cost of operating this program exceeded \$3 million for the last fiscal year. The District is currently in the planning stage for an expansion of hours at this location 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 that location. The program costs will increase significantly as hours are expanded.
7. To further Recommendation 6 in the County's proposed plan, we are requesting an annual allocation of \$1.5 million from the opioid settlement funds to maintain and expand critical MAT programs and associated clinical and recovery services provided within or coordinated by the Mangonia Park Clinic and Delray Beach Clinic, and that additional funds be considered in the future for creation and operation of a new addiction stabilization unit associated with a central receiving facility currently in the planning stages.

Thank you for the opportunity to provide comments on this plan. If you have any questions concerning this review or District operations, please do not hesitate to contact me.

Sincerely,



Darcy J. Davis  
Chief Executive Officer

dd:jva

Cc: John Hulick, Program Manager, Community Services

The Recovery Community HUB of Palm Beach County overwhelmingly supports the Palm Beach County Opiate Response Plan and urges the Palm Beach County Commissioners to approve the plan in its entirety,

The plan addresses and supports the need for mental care coordination, housing, transportation, food security, and access to other critical services in Palm Beach County.

In closing, we implore the Palm Beach County Commissioners to approve the Opiate Response Plan, a beacon of hope for those who suffer from the disease of Substance Use Disorder. Your affirmative action will echo as a commitment to health, safety, and recovery in our community.

Sincerely,

Cindy Singer, President

On behalf of the Recovery Community HUB of Palm Beach County

March 29, 2024

Dawn Sirois  
426 9<sup>th</sup> Street, Apt 5  
West Palm Beach, FL 33401

Dear Palm Beach County Commissioners:

I am writing as a resident of Palm Beach County to show my support for the Palm Beach County Opiate Response Plan and urge the Palm Beach County Commissioners to approve the plan in its entirety. The plan is crucially important for care coordination, housing, transportation, food security, and access to other critical services in Palm Beach County for individuals suffering from Substance Use Disorder.

I am requesting that the Palm Beach County Commissioners to approve the Opiate Response Plan, that can save many lives of individuals who suffer from the disease of Substance Use Disorder.

Thank you for your consideration of this matter.

Yours sincerely,

*Dawn Sirois*



March 28, 2024

John Hulick  
Senior Program Manager  
Community Services

Dear Mr. Hulick,

Thank you for you and your team's outstanding work on "The Plan Update." It was an informative and thorough overview of extensive work completed thus far. Please accept the following notes, questions, and suggestions from the Youth Services Department. As the Plan was in a PDF, we decided that it might make the most sense to use a word document for our edits. We attempted to be specific and use page numbers and highlighting to help indicate suggested changes and/or comments and questions to the team. I look forward to seeing more focus on mental health and developmental considerations of youth, teens, and young adults be incorporated into this plan update. Due to the short turnaround time, we apologize in advance for the "note like" way our feedback is written. Please do not hesitate to reach out with any questions or if you need clarification on any suggestions/questions. Thank you once again.

#### Overall comments

Although the BCC adopted a name change to include mental health and/or behavioral health, the Plan remains focused on substance use and recovery. The original mission was exclusively focused on opioid addictions and deaths, was then broadened to include other substances and related disorders. In 2019 when the Cross Department Team's focus was widened to include mental health, the Advisory Committee was also renamed to be more in line with the BCC's strategic priorities. *"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....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."* (Page 8). However, the same advisory/steering committee members were kept and it seems that no new members with a focus on mental health were added. It stands to reason therefore that the Advisory Committee's focus has remained fixated on substance use disorders with minimal reference to mental health. A suggestion would be that for a committee to truly be both substance use and



mental health focused it would be to have an equal representation of mental health advocates on the committee as there are those focused on substance use.

Throughout the Plan there seems to be a lack of consistency when referring to mental health disorders. There are numerous instances where the phrase “mental and substance use disorders” is used. The terminology ‘mental disorder’ versus ‘mental health disorder’ is needlessly pejorative and does not reduce the stigma surrounding mental health issues, and may in fact increase the stigma of being referred to as “mental” or a “mental case”.

Additionally, there is an overall lack of emphasis on the mental health and substance use treatment needs of youth in Palm Beach County throughout the various phases of the plan. A one size fits all approach does not take into account the differing developmental stages physically, emotionally and socially and is therefore not as effective, particularly for adolescents and young adults. Children and adolescents have to navigate a variety of life transitions in a relatively short period of time on their way to being young adults, necessitating different supports during these vulnerable periods.

More specific questions/edits with associated page numbers.

Please note that purple text indicates a comment/question to the Plan developers and red text is a suggested insert

Network of Recovery Community Centers and Organizations Expanded with the help of 1.25 million dollars. The network of RCOs and RCCs are specific to substance use/misuse and do not list 211 in their resources. There are a total of 3 mentions of mental health resources that are under family support and 1 under Other Community Resources. A suggestion would be for mental health resources to have their own tab. Palm Beach County’s Cross Department Team has a list of mental health and substance use resources that one could easily pull from. Additionally, a link to 211 would be helpful on the resource pages. [Community Recovery HUB of Palm Beach County | Behavioral Health | Palm Beach County \(pbchub.org\)](#)

The recovery oriented system of care seems to have been specifically developed for substance use disorders. It remains unclear whether the RCI is valid for use with the mental health population and whether this measure is required for only substance use and/or co-occurring disorders, thereby excluding the use of the RCI for programs with a mental health focus. Have the ROSC and RCI have been used for mental health concerns or for co-occurring mental health and substance use disorders and how successfully implemented is it? Has the RCI been validated for use with those experiencing mental health issues? It is unclear how the RCI addresses mental health questions or if it is validated for use with those experiencing mental health or co-occurring disorders. Although the RCI questions are not part of the addendums included in the plan, questions found online that are based off the RCI do not address mental health concerns. <https://michaelwalsh.com/admin/resources/recovery-capital-worksheet.pdf>



“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.**” ... “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.” (Page 15) Furthermore, 60 k was authorized to train recovery residences...

Page 15 “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.**” (Page 15) As it relates to this new outcome measure for FAA contracts of clients transitioning to an RCC, does this apply to primarily mental health focused programs as well? If the client does not have substance use issues, would this still be an appropriate referral?

Page 16. The CSD partnered with BeWell PBC and the Recovery Community Hub of Palm Beach County “county residents complete an anonymous wellness survey in order to identify the strengths and needs of communities county-wide” How is the survey being distributed to those with mental health concerns? Will it adequately capture the voices of those struggling with mental health issues?

Page 16 HCD outlines the Crisis Now model which offers the most focus on mental health needs of our community. This consisted of 5 paragraphs on ½ page and could be largely expanded on.

Page 17 “Managing Entity: Looking Up to Patients as the Guiding Star to Client-centric Care

Palm Beach County had four Baker Act receiving facilities as of 2022. 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).” **However, there remains only one out of the five Baker Act receiving locations in Palm Beach County that accept youth.**

Page 17 “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.” A suggestion that much more data be shared around this program especially as it relates to mental health since EMBARCC seems primarily focused on a substance use model.

Page 17 Data to Action, Social Determinants of Health section. Mental health is mentioned in the stats for 211. However, all subsequent data and information is specific to substance use and



the OD2A grant. Please add in data and information that is specific to mental health and co-occurring disorders.

Page 18 Social Determinants of Health (SDOH) are focused on – All references to the DOH’s 2022 Annual Report are specific to substance use. Please add in mental health references.

Page 20 The White House Domestic Policy Council (DPC) released The U.S. Playbook to Address Social Determinants of Health (Playbook) in November 2023. This focus seems promising as it discusses social services and overall wellbeing. However, the focus quickly shifts to the White House Office of National Drug Control Policy (ONDCP) in release of its 2022 National Drug Control Strategy (Strategy) which emphasized recovery-oriented and harm reduction strategies in three of its seven drug control priorities. This is the first mention of prevention of substance use in youth. As stated in the overall comments, youth at various stages of development need to be considered in this plan. Adverse Childhood Experiences (ACEs) and early screening, diagnosis and treatment of mental health should be included.

Page 21 Community in Action – Sole focus is on substance use and police and school having Narcan available. This may be the section to add Sanctuary certification and YSD services.

Page 22...White is solely focused on substance use *“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).”* Once again, this begs the question of whether this can be reliably and validly applied to mental health. Where is the data that supports the generalization of the ROSC and RCI to mental health?

Page 23. *“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.”* It appears the incorporation of mental health is in name only as evidenced by using addiction medicine criteria and addiction treatment models. *“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.”*

Page 25. If the assessment system is based on ASAM criteria, how does this address the mental health population? Concern that the backbone organization is primarily focused on substance use population.

*“The primary goals of the ecosystem are to:*

*o 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.”

Page 30. It would be helpful to break out those under 18 in all the stats

Page 38. G. Essential Services Priority Recommendations for 2024 (insert red text) “Create an up to date list of *mental health, substance use and co-occurring* recovery oriented care options in the County.”

- 2024 ADD BULLET “Continue to increase behavioral and mental health supports in the community and in schools.”

Page 39. Evaluation and Monitoring Priority Recommendations for 2024. If there is research identifying that the RCI adequately addresses mental health concerns, then add a bullet similar to 2022 “Deploy RCI specifically with *mental health and co-occurring disorder* 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.”

Faith based priority recommendations. “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 *for those with substance use, mental health and co-occurring disorders* as well as overall community wellness.” There also seems to be a general issue with the terminology of recovery. Some would argue that “recovery” is widely used and associated with substance use. Whereas, “recovery” from a mental health disorder is much less used and often times described as “managed”, “stable”, or “in remission.”

Page 41. The 2019 Behavioral Health Assessment (Assessment). This assessment clearly acknowledges that behavioral health issues have been left out of this plan, yet there is no clear update on the progress with these issues since 2019. Please add in any updates based on this assessment.

Page 43. “Recovery is a journey, regardless of substance used or pathway taken.” This seems to only refer to SU. **Rephrase this to incorporate mental health and co-occurring disorders.**

Page 44. 1<sup>st</sup> paragraph, last sentence. “This model is utilized for chronic medical conditions, so substance use disorders, which are chronic health conditions, should be handled in the same manner.” **Rephrase this to incorporate mental health and co-occurring disorders.**

Page 44 under Utilization of Valid Tools to Identify Appropriate Levels of Care “American Society of Addiction Medicine (ASAM) criteria or Level of Care Utilization System (LOCUS) *or Child and Adolescent Level of Care Utilization System (CALOCUS)* to determine appropriate levels of care”

Page 45 top bullet point- there is an opportunity to include mental health EBPs here. **What programs are using trauma-informed care, trauma-focused CBT, Parent-Child Interaction**



Therapy, Multi-systemic Therapy, Brief Strategic Family Therapy, etc.? There are lists of evidence based programs and models in the California Clearinghouse <https://www.cebc4cw.org/>

Page 45 *"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."* Need to add in the type of supports that focus on youth with SUMHCODs and adults with MH or co-occurring disorders. What peer supports do they have? NAMI for peer support, maybe the behavioral/mental health clubs in schools? YSD offers supports through the Summer Camp Scholarship program that provides free summer camp for eligible youth.

Page 46. ***Under Contractual Relationships.*** *"This includes co-occurring conditions and complex cases."* This sentence implies that Neutral Care Coordinators would not be working with those with only mental health disorders. Rephrase to include those with mental health issues. Complex cases/issues should be defined, especially since it is again referred to in a following bullet point.

Page 46 - 2nd section 3rd bullet- outcome measures- opportunity to include examples of specific outcomes for both substance use and mental health, decreased depressive symptoms as well as decreased substance use

Page 47 bottom of first paragraph- add mental health disorders so the sentence reads "This model is utilized for chronic medical conditions, so **mental health and** substance use disorders, which are chronic health conditions, should be handled in the same manner."

Page 48 After looking at questions similar to the questions on the RCI instrument, there is nothing on there about mental health. Although there are questions about having an active plan to manage lingering or potential health problems, and one about insurance to receive help for major health problems, there is nothing about mental health. A 'holistic' approach that emphasizes personalized care, yet neglects mental health may not be the best measure.

Page 50. Evidence-based prevention programs can dramatically reduce rates of substance use and SUD. Where is the research statement on mental health prevention programs? Can this be rephrased to include mental health? Early screening for ACEs and early intervention and education on building resiliency and coping skills can also improve outcomes.

Page 51. Under 2022 Strategies... *"Develop a Countywide Strategic Prevention Framework which targets specific community conditions to reduce opportunities for substance use and to enhance healthy lifestyle choices.... 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.”*

*Again...these strategies did not take mental health into account. This should therefore be a focus for 2024.*

Page 53 # 9. Currently reads- “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 conditions which builds resilience, recognizes adverse child experiences and is trauma-informed.” *Mental health is rarely mentioned on its own, but only as a co-occurring condition. Is this a plan that only includes mental health issues if they are co-occurring along with substance use?*

*- Should include increasing awareness and ability to recognize warning signs at different ages for both mental health and substance use issues.*

B. Prevention and ED- evidence based programs can reduce mental health symptoms too and should be included. They state that substance use prevention programs focused on early childhood can reduce drug use and mental health problems, but addressing trauma and mental health issues earlier in youth’s lives can also prevent substance use. This is not just a one-way street and both directions should be addressed.

p. 54 How

*#4. In order to be trauma informed and culturally responsive, add resilience and mental health*

*#5. Add impact of untreated mental health disorders on brain development*

*#7- change mental illness to mental health*

p. 57 How #8- Florida Opioid Abatement Task Force- *include representative from an organization that works specifically with children and adolescents with mental health, substance use and/or co-occurring disorders, as a separate representative from one who works with adults. It’s not just mental health that is underrepresented, but also children and adolescents and they have very different needs.*

p. 58 # 2 *Add the re-entry programs thru the Criminal Justice Commission since they are on the CDT too? Also, as part of these resources for individuals re-entering the community, the inclusion of periodic brief risk assessment measures that address the changing dynamic factors related to re-offending would allow for the targeted provision of support services. For example, knowing the individual has lost a job, housing, treatment provider, etc. can allow for intervention before the difficulties are compounded and contribute to re-offending.*

p. 59 Issues # 7- *overcoming hurdles such as transportation... child care is another hurdle interferes with access to care*



why #2- this leaves individuals vulnerable to adverse impact from less ethical/competent treatment providers

p.60 How #5 The community could benefit from education regarding other EBTs besides MAT

p. 61 F. Essential Services- access to quality child care, after school care and/or summer camps are also social determinant of health that should be included in the subcommittees purview.

p. 62. Issues #1 youth aging out of foster care also lack housing and job assistance

How #7- What constitutes a recovery high school program and is there an equivalent one for mental health?

p. 63 Evaluation and Monitoring focuses on implantation of the RCI, a measure that does not include any mental health factors. How will mental health needs and outcomes be monitored? The RCI runs throughout all areas in this section, limiting the importance of mental health in achieving long-term recovery and community wellness and limiting the identification of mental health needs

p. 64 #1 the examples of DOH data that can be shared do not include any mental health data, not even suicides or baker act admissions. **Please add in this data.**

p. 65 How

#2 deploying RCI only excludes mental health; **add mental health measures**

#3 **educate church leaders about mental illness, warning signs, role of resiliency, etc.**

**Please add in the following (perhaps under Community in Action section?)**

The Palm Beach County Youth Services Department was certified in September of 2022 in the Sanctuary Model of Trauma-Informed Care by the Andrus Sanctuary Institute.

The Sanctuary Model, originally developed by psychiatrist Dr. Sandra Bloom, 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.

YSD as a whole worked towards this certification for three years, building from the certification of the Highridge Family Center in 2019. Staff at all levels embraced the organizational change model. The certification symbolizes the Youth Services Department'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.



Implementing the Sanctuary Model of Trauma Informed Care at Youth Services aligns with the Palm Beach County Board of County Commissioners' strategic priorities and the objectives in the Birth to 22 United for Brighter Futures Youth Master Plan. The implementation of the model also increases measurable levels of hope, safety, trust, emotional intelligence, and problem-solving skills in both staff and clients. Palm Beach County Youth Services is the fourth government agency in the nation, and first in the State of Florida to receive this certification.

**Please add in the following (perhaps under Community in Action section?)**

YSD has demonstrated a long standing commitment of over 30 years 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 (5) different office locations (North, 2 @ Central, South, and West) 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.

**Please add in where appropriate**

Palm Beach County's Cross Department Team for Substance Use and Behavior Disorders created a Roadmap to Resources that maps out both substance use and mental health programs and the bus routes needed to get there. The creation of this map helps remove barriers and ease



access points to intervention for those with substance use and mental health disorders. This CDT also has taken on community outreach by cross sharing events and creating a Mental Health and Substance Use Link tree. (<https://linktr.ee/pbcmentalhealth>) This site has a compilation of mental health and substance use resources ([https://drive.google.com/file/d/17nRVAtXRG5Anc2BR60P3dlGM07CL\\_k9F/view](https://drive.google.com/file/d/17nRVAtXRG5Anc2BR60P3dlGM07CL_k9F/view)) as well as links to relevant County Departments such as Youth Services, Parks and Recreation, Public Safety, Community Services, Fire Rescue, Libraries, Palm Tran and the Criminal Justice Commission.

## John Hulick

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**From:** Elisa Cramer  
**Sent:** Friday, March 29, 2024 10:31 AM  
**To:** John Hulick; James Green; Taruna Malhotra  
**Cc:** Tammy Fields K.; Ike Powell; Twila Taylor  
**Subject:** Additional language from Youth Services for BHSUCOD Plan (B22 and YSD CBAs)

Good morning!

Thank you for the opportunity to add language to the Behavioral Health Plan.

In addition to the document Twila shared with you (thank you, Twila, for forwarding it!), please include the information below specifically regarding the Birth to 22: United for Brighter Futures alliance and the Community Based Agencies funded by the Board of County Commissioners and administered by the Youth Services Department:

The Youth Services Department (YSD) 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 & 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.

Please let me know if additional information is needed.

Thank you,  
Elisa

**Elisa Cramer** | *Interim Director*  
Palm Beach County Youth Services Department



50 S. Military Trail, Suite 203

West Palm Beach, FL 33415

Office: (561) 242-5715

Fax: (561) 242-5708

[www.pbcgov.com/youthservices](http://www.pbcgov.com/youthservices)





## Children's Services Council Investments in Behavioral Health

September 2023

Children's Services Council of Palm Beach County (CSC) funds a continuum of services aimed at promoting social-emotional well-being and mental health for children and families, targeting the prenatal period through 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 assuring fidelity to the various program models.

In addition to funding direct services, CSC supports broader initiatives to support behavioral health in Palm Beach County. These are referenced in the second section.

### Mental and Behavioral Health Investments for Direct Services

#### Child First

An intensive home-visiting intervention targeting the most vulnerable young children (prenatal to age 6) and their families who have social-emotional, behavioral, developmental, or learning needs, or come from a family with high psycho-social risk. Child First serves families who have experienced trauma or demonstrate significant risk factors including parental substance abuse, severe parental mental illness, foster care, homelessness, and undocumented status.

#### Providers:

Center for Child Counseling and Families First of Palm Beach County

Total Clients Served by Child First in 21/22: 242

Program Contract Amount for 22/23 (includes both providers): \$3,065,395.00

#### Counseling for Parents and Young Children

Counseling services promote positive mental health and social-emotional outcomes for children birth to five and their families in Palm Beach County. Services address issues such as depression, stress and trauma, parent/child bonding, attachment, relationships, anxiety, parenting concerns, grief and loss, and social-emotional competence. Evidence-based counseling models are used to target the child, child-parent-dyad, or parent/caregiver.

Providers:

Center for Family Services, Center for Child Counseling, and Families First

Total Clients Served by Counseling for Parents and Young Children in 21/22: 325

Total Contract Amount for 22/23 (for all 3 providers): \$1,191,667.00

**Prenatal Plus /Mental Health Services**

The Prenatal Plus program is a voluntary program that provides case management, nutrition counseling, and psychosocial services to pregnant women who are at risk of having a low birth weight baby or other poor birth outcomes. Prenatal Plus services are in addition to a woman's regular prenatal care. Counseling services for Prenatal Plus include a mental health assessment and ongoing mental health counseling, as needed.

Provider:

Center for Family Services

Clients Served 21/22: 136

Program Contract Amount for 22/23: \$526,105.00

**Primary Project**

Primary Project is a school-based early detection and prevention program for Kindergarten and 1st Grade children designed to prevent school adjustment difficulties and foster children's social and emotional well-being. Primary Project is an evidence based program developed by the Children's Institute in Rochester, New York. Primary Project is located in 12 elementary schools in Palm Beach County.

Provider

Boys Town South Florida

Total Clients Served by Primary Project in 21/22: 453

Total Contract Amount for 22/23: \$960,839.00

**Triple P**

Triple P is a multi-level, parenting and family support strategy that aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.

Providers:

Center for Family Services and Community Partners of South Florida

Clients Served 21/22: 836

Total Contract Amount for 22/23 (includes both providers): \$1709,103.00

**Teen Triple P**

Teen Triple P is a multi-level system of parenting and family support interventions for parents of children 12 to 18 years of age. Teen Triple P promotes positive, caring relationships between parents and their teenagers, and helps parents develop effective management strategies for dealing with a variety of adolescent behaviors and common developmental issues.

Providers:

Center for Family Services and Community Partners of South Florida

Total Clients Served 21/22: 349

Total Contract Amount for 22/23 (includes both providers): \$976,164.00

**Wyman's Teen Outreach Program (TOP)**

Wyman's evidence-based Teen Outreach Program® (TOP®) is a positive youth development program designed to build teens' educational success, life and leadership skills, and healthy behaviors and relationships. TOP is designed to meet the developmental needs of middle and high school teens in a variety of settings, including in school, after-school, through community organizations or in systems and institutional settings. TOP® seeks to develop healthy problem-solving behaviors and to encourage responsible management of personal conduct. The program is provided in a club-setting and offers weekly meetings covering at least 12 lessons from TOP® Curriculum during the club program cycle. Clubs engage youth in a minimum of 20 hours of meaningful Community Service Learning (CSL).

Providers:

Children's Home Society of Florida, Community Partners of South Florida, Urban League of PBC, Inc.

Total Clients Served by TOP in 21/22: 677

Program Contract Amount for 22/23 (includes all 3 providers): \$1,213,354.00

**Behavioral Health Broader Initiatives**

**BeWellPBC**

**<https://www.bewellpbc.org/>**

BeWellPBC is a countywide, collective impact initiative to advance and transform behavioral health for children and families. The focus is on increasing and improving interagency coordination and alignment of behavioral health services in Palm Beach County and more widely engaging community members in innovative solutions to improve the health and wellness of residents. With intent to create a community in which every person in Palm Beach County feels hopeful, supported, connected and empowered, BeWellPBC is engaging residents to direct its work with a focus on health equity.

CSC has been involved in this initiative since its inception, after the completion of a county-wide behavioral health needs assessment in 2017 and a series of community summits in 2018. CSC is a member of the Stewardship Council, a blend of 50% providers, professionals, system partners, funders and elected officials and 50% residents who have been directly impacted by behavioral health issues or are leaders or influencers in their communities and neighborhoods. Palm Health Foundation serves as the fiscal agent for this initiative.

In 2023, CSC began to fund a specific project through BeWellPBC. This new proposal was initiated by the current Community Connectors and is community-driven through BeWellPBC's active resident engagement efforts. The project expands and deepens the role of Community Connectors. The BeWellPBC Community Connectors, like traditional outreach and navigation workers, use their insights and knowledge of cultural norms to educate and empower residents in their individual neighborhoods. They are trusted people in their own communities serving as a bridge to formal systems of care. Community Connectors will train on various behavioral health and related topics, meet with providers to gain firsthand knowledge of resources available to their communities, create awareness of their new role as a Connector, meet with residents, and offer help as needed, and meet on an ongoing basis to build a support network among the Connectors.

### [Conscious Discipline](#)

Conscious Discipline® (CD) is a research-based comprehensive self-regulation program that combines social and emotional learning with discipline and guidance. Built on a foundation of current brain research, Conscious Discipline's goal is to promote changes in teachers and administrators first. The adults, in turn instill the same skills in children through daily modeling as well as direct instruction.

This infusion is aimed at changing the school culture, discipline strategies and self-regulation skills of all including the teachers, children and parents. The entire school becomes a school family. The school family is based on safety, connection and problem solving instead of external rewards and punishment. This allows administrators, teachers, and staff to continually move forward in meeting needs of all children. This program is being currently being piloted in 12 high quality child care sites.

### [Infant Mental Health Professional Development](#)

CSC offers comprehensive training in infant mental health in order to build the capacity in providers to promote positive behavioral health. The goals of the training are for participants to increase their knowledge of Infant Mental Health and begin to build skills and competencies used in the Infant Mental Health field, including, but not limited to: prenatal development and threats to brain development, attachment and family relationships, psychodynamic relationships, Sensory Integration, and reflection.

### [Healthy Beginnings \(HB\) Workforce Capacity Scholarship](#)

The Healthy Beginnings (HB) Workforce Capacity scholarship offering is designed to build the capacity of the HB System to offer culturally and linguistically appropriate mental health services. Scholarships are available to practitioners in the HB system for mental health degree programs, certification in specific therapeutic modalities, supervision necessary for licensure, and license testing.

## John Hulick

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**From:** Charles Coyle  
**Sent:** Tuesday, March 19, 2024 3:26 PM  
**To:** John Hulick  
**Cc:** James Green; Tammy Fields K.; Reginald Duren; Patrick Kennedy  
**Subject:** Re: MEMBER NOTICE: BHSUCOD Special Meeting, 03/14/2024  
**Attachments:** Substance Use and Behavioral Health Plan 2024 .pdf

Mr. Hulick,

Thank you for the excellent presentation last regarding the BHSUCOD draft plan. I understand there is an open period of two weeks where recommendations can be made before the final version is published.

Please review the suggested edits listed below for page #22:

### **Current language:**

At the forefront of care is Palm Beach County Fire Rescue, meeting the needs of patients and families when experiencing a substance or alcohol-related medical emergency or a mental health emergency. To expand Fire Rescue's reach beyond the 911 scene, its Mobile Integrated Health Team supports patients and families after their 911 call through a specialized team of community paramedics and medical social workers. Florida's first, the Mobile Integrated Health Team serves as a bridge to both County and community resources to ensure warm transitions of care to address the unique needs of individuals.

### **Proposal for the new language:**

At the forefront 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.

Florida's first, Mobile Integrated Health (MIH) team 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 Hub, 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.

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I have also included the PDF version of our PowerPoint presentation for a possible appendix to the document.

Please let me know if we can do anything else to assist with the mission.

Sincerely,

Charles Coyle, Division Chief  
Medical Services Division  
Palm Beach County Fire Rescue  
405 Pike Road, West Palm Beach, Florida 33411  
561-373-6005 | Cell  
[ccoyle@pbcgov.org](mailto:ccoyle@pbcgov.org)

---

**From:** John Hulick <JHulick@pbcgov.org>  
**Date:** Tuesday, March 12, 2024 at 10:13 AM  
**To:** John Hulick <JHulick@pbcgov.org>  
**Subject:** MEMBER NOTICE: BHSUCOD Special Meeting, 03/14/2024

BHSUCOD Members,

Please note a Special Meeting of the Palm Beach County Advisory Committee on Behavioral Health Substance Use and Co-Occurring Disorders (BHSUCOD) has been called to discuss the draft Behavioral Health and Substance Use Disorder Plan 2024 and draft Opioid Settlement Recommendations. The meeting is scheduled for **Thursday, March 14, 2024 at 2:00 pm**. This is an in-person meeting to be held at: **Mandala Healing Center, Community Room, 5404 East Avenue, West Palm Beach, 33407**. This is a public meeting. All are welcome to attend.

Attached are an Amended Agenda and Public Notice. Also attached is the draft Behavioral Health and Substance Use Disorder Plan 2024 and draft Opioid Settlement Recommendations contained within the 2024 Plan.

Attached are the following documents:

- BHSUCOD Special Meeting Agenda (March 14, 2023)
- BHSUCOD Meeting Minutes (December 14, 2023)
- BHSUCOD Public Notice
- Draft Behavioral Health and Substance Use Disorder Plan 2024 and draft Opioid Settlement Recommendations

Please note initial discussion on the draft Behavioral Health and Substance Use Disorder Plan 2024 and draft Opioid Settlement Recommendations will take place at the March 14, 2024 BHSUCOD Special meeting. In addition to the scheduled public comment, a comment period is established to submit comments on the draft 2024 Plan and draft Settlement recommendations. Comments must be submitted by Friday, March 29, 2024 no later than 5:00 pm and directed to John Hulick, MS at [jhulick@pbcgov.org](mailto:jhulick@pbcgov.org) with the subject header: Plan and Settlement Comments.

Please also note draft Plan Update 2024 will be released prior to the March 14, 2024 meeting and a revised Public Notice released. A comment period on the Plan Update 2024 will be open through Friday,

March 29, 2024. Adoption of the Plan Update 2024 is scheduled for the next Regular Meeting to be held Thursday, April 11, 2024, 2:00 PM at the Mandala Healing Center, Community Room.

Additional information may be provided prior to or at the meeting. Should you have any questions, please don't hesitate to contact me.

With regard,

John L. Hulick, MS - Senior Program Manager  
Palm Beach County Community Services Department  
Office of Behavioral Health and Substance Use Disorders  
o: 561-355-9915 | f: 561-242-6996 | [jhulick@pbcgov.org](mailto:jhulick@pbcgov.org)

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**EXCELLENCE TODAY**



**IMPROVING TOMORROW**

# **Substance Use and Behavioral Health Program 2024**

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# Mission

**EXCELLENCE TODAY**



**IMPROVING TOMORROW**

-  **PBCFR is committed to providing safe and secure communities by mitigating all hazards through excellence in public service.**
-  **A Whole Person, Whole Government Approach to Addressing Substance Use Disorder Through Aligned Funding Streams and Coordinated Outcomes (Georgetown, 2023).**

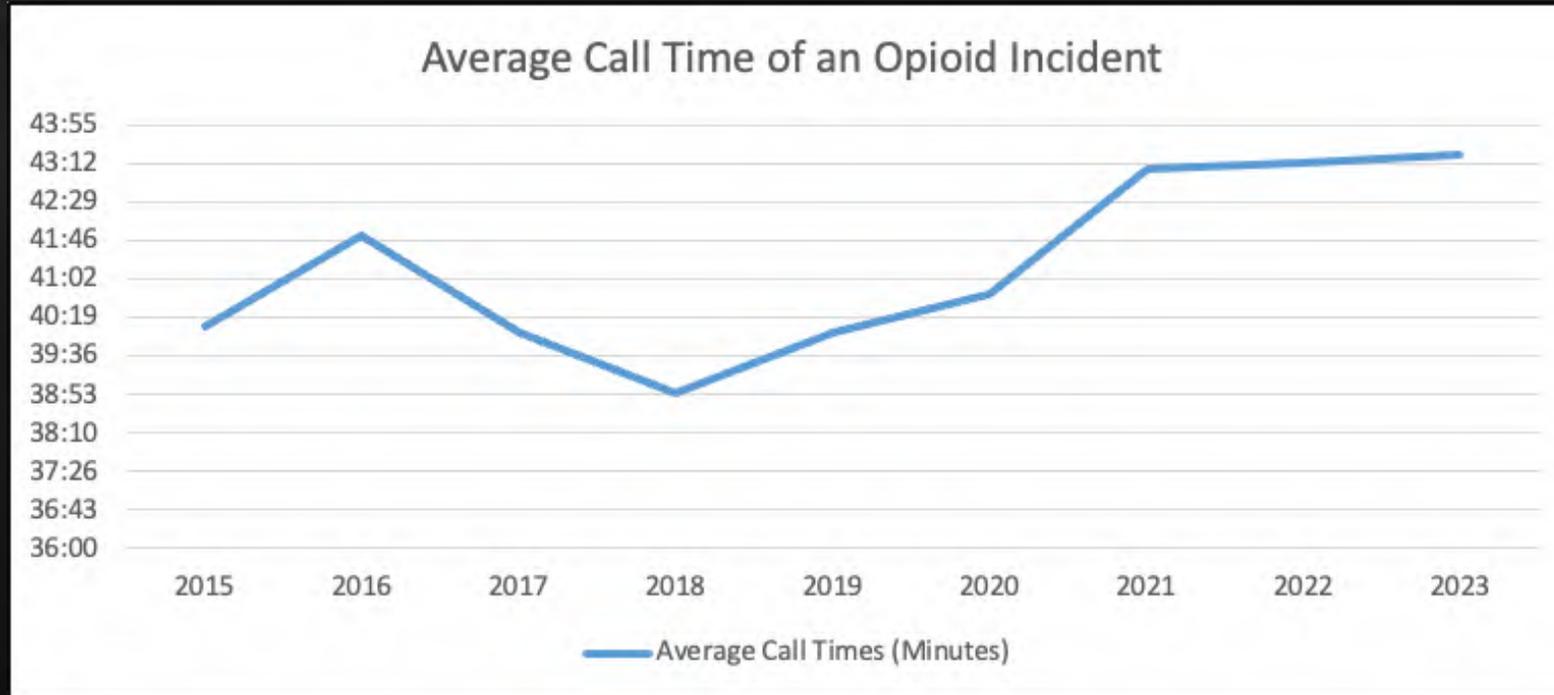
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# Operational Impact

- From May 1, 2015, to August 31, 2023, PBCFR faced a multitude of challenges secondary to the Opioid Epidemic. We responded to an astonishing 15,018 opioid-related incidents.
  - 95% of these cases (14,317 incidents) required transport to the hospital.
- The average response and transport time for an opioid-related incident is approximately 41 minutes. Over the course of eight years, this resulted in a total of 9,544 hours or 397 days where rescues were unavailable for immediate response—a significant burden in a field where minutes can mean the difference between life and death.

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# Operational Impact (Times)



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# Current Program Funding and Staffing

- **Funded by the Overdose to Action (OD2A) grant. PBCFR received approximately 425k during the 2022/2023 cycle**
  - **2023/2024 funding will be reduced to approximately 200k**
- **Current staffing model:**
  - **11 paramedics = 88 hours per week (Firefighter/Paramedic, Lieutenant or Captain)**
  - **1 part-time Medical Social Worker (MSW)**

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# Current Program Operations (Telehealth)

- **Our Mobile Integrated Health (MIH) team receives a daily report of patients who experienced a substance use-related incident such as:**
  - **Alcohol**
  - **Opioid**
  - **Cocaine**
  - **Benzodiazepine etc.**
- **MIH contacts these patients via telephone**
  - **However, our crews only obtain patient phone numbers on approximately 35% of these incidents**
  - **Furthermore, approximately 35% of the patients answer our phone calls**

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# Current Program Operations (Home Visits)

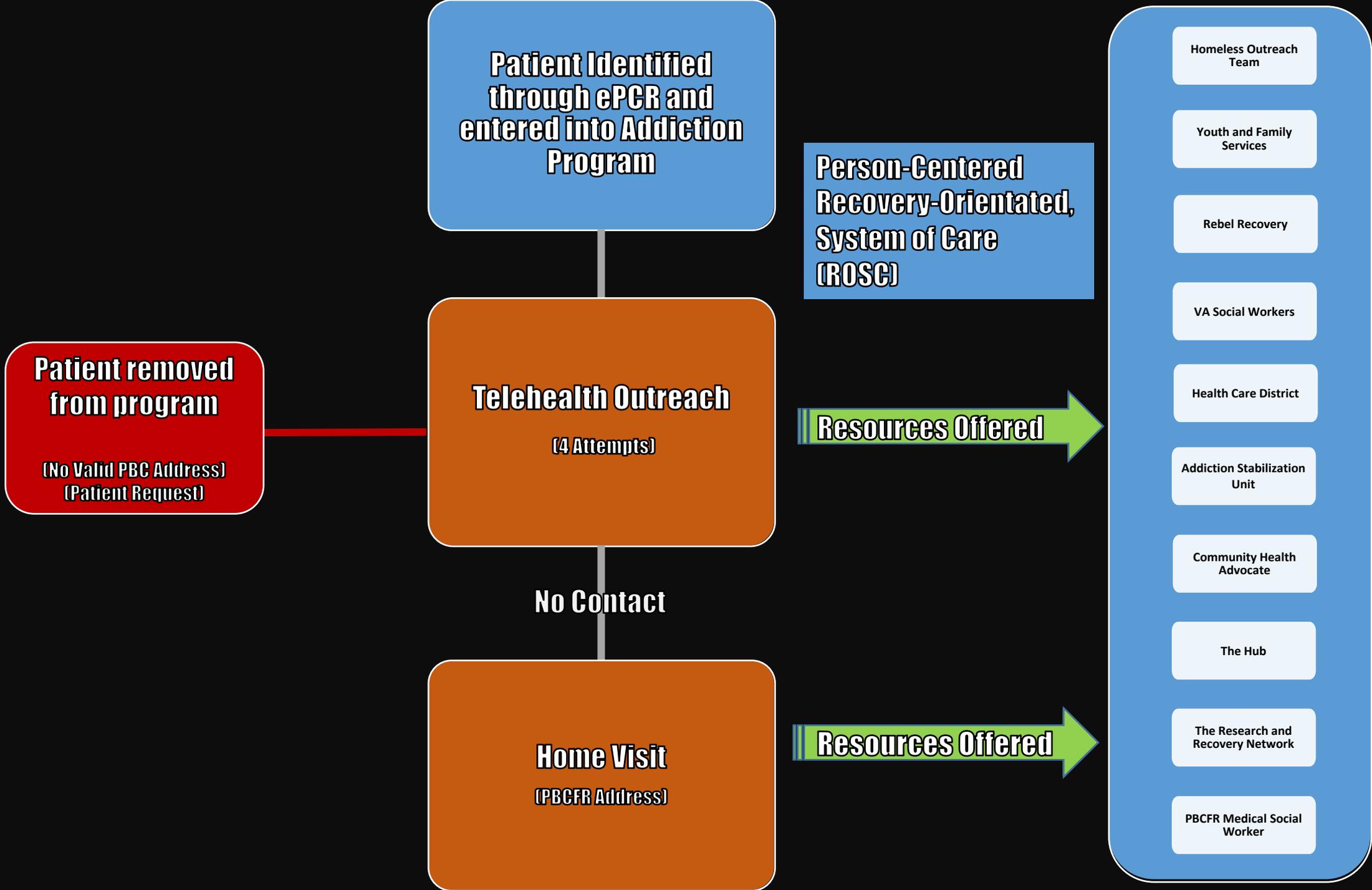
- **Patients who have had an opioid incident receive a home visit from the MIH team**
  - **If the patient is not home, a phone contact is attempted**
  - **MIH teams achieve approximately 7-10 home visits per day (twice a week)**
  - **The goal is to connect the patient to a recovery oriented system of care**
- **Our MIH teams provide emotional support, disease education, and guidance to resources available within the county to assist in recovery. The MSW connects with the patient to offer support and services related to basic needs, stability, and mental health**

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# Importance of MIH Intergradation

-  **MIH provides care coordination for patients living with complex medical and substance use disorder co-morbidities.**
-  **By offering expertise in medical social work and paramedicine, MIH is able to partner with patients who often have challenges self managing care coordination across their entire cross-section of co-morbidities.**
-  **MIH is often able to identify and create care plans for unrecognized medical co-morbidities that may be impacting success with recovery and mental health care goals.**

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**Patient Identified through ePCR and entered into Addiction Program**

**Person-Centered Recovery-Orientated, System of Care (ROSC)**

**Patient removed from program**  
(No Valid PBC Address)  
(Patient Request)

**Telehealth Outreach**  
(4 Attempts)

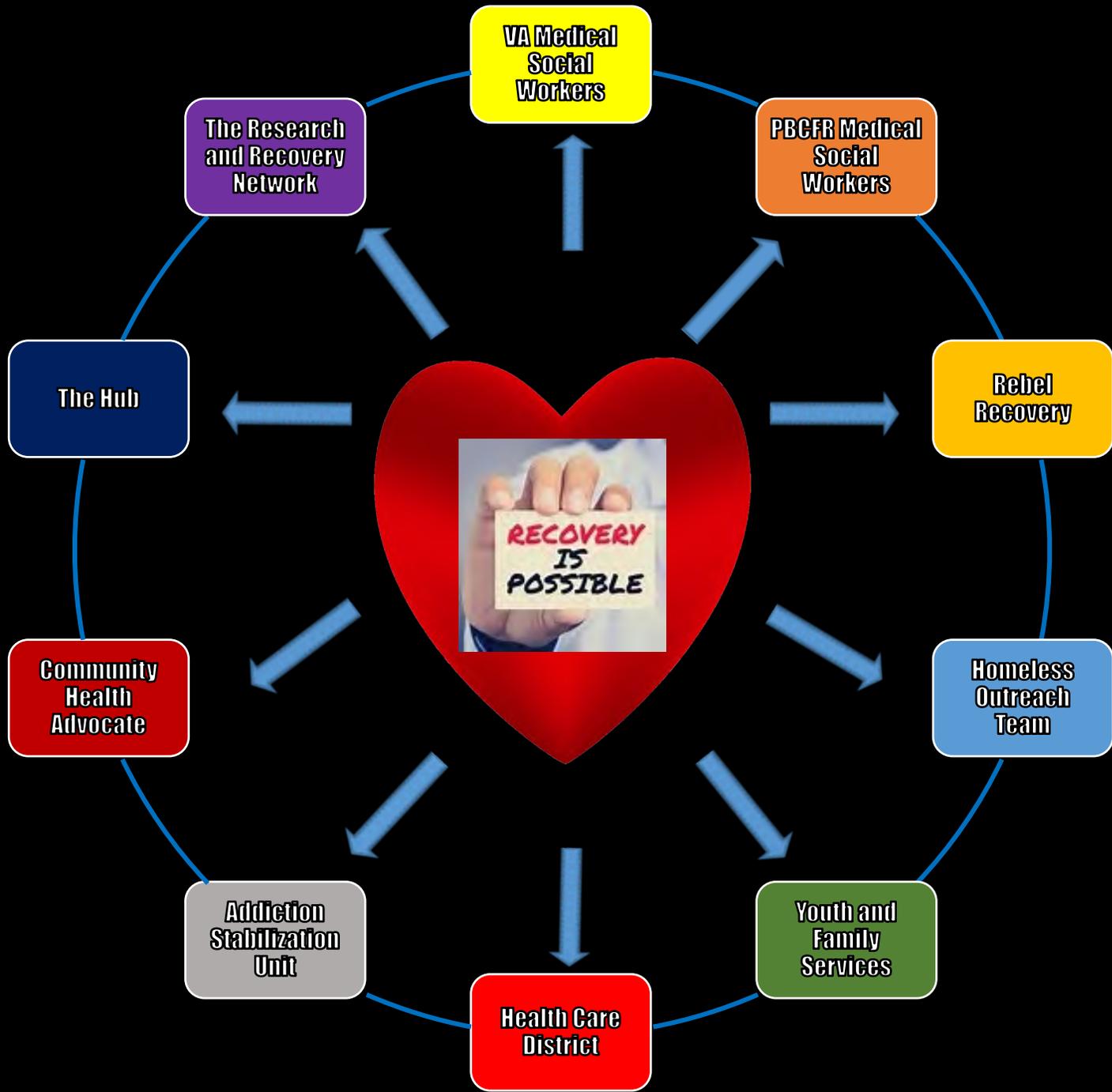
**Resources Offered**

**No Contact**

**Home Visit**  
(PBCFR Address)

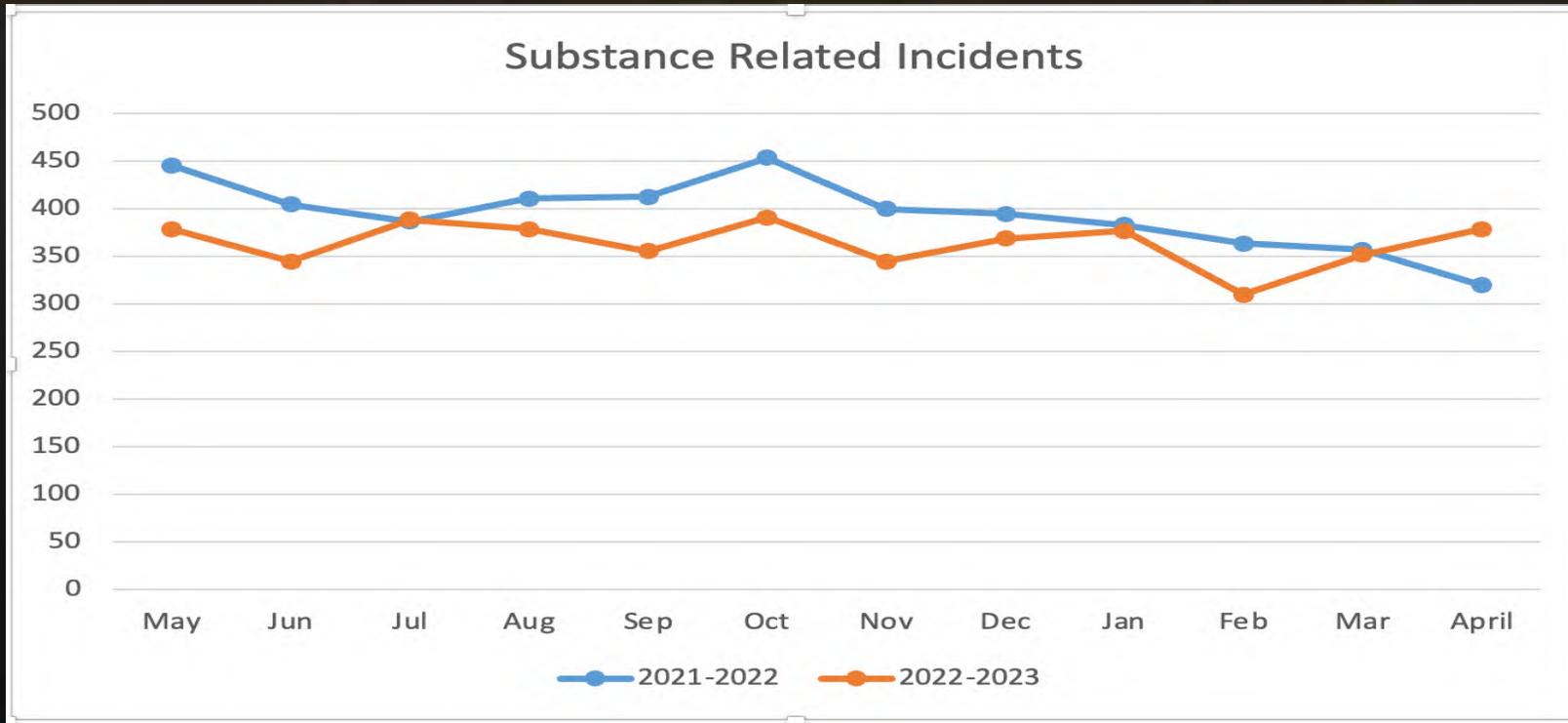
**Resources Offered**

- Homeless Outreach Team
- Youth and Family Services
- Rebel Recovery
- VA Social Workers
- Health Care District
- Addiction Stabilization Unit
- Community Health Advocate
- The Hub
- The Research and Recovery Network
- PBCFR Medical Social Worker



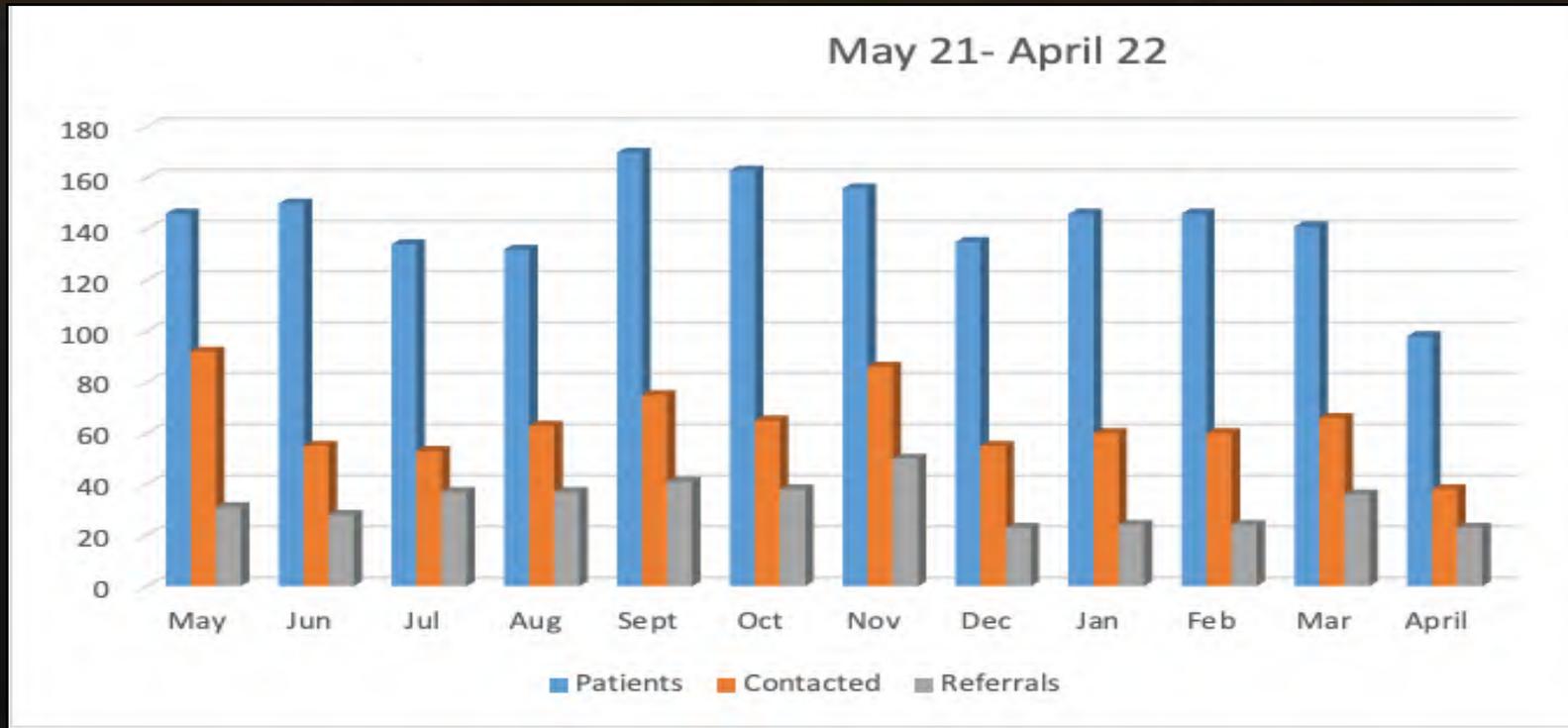
**Person Centered,  
Recovery-Oriented  
System of Care  
(ROSC)**

# Current Program Data



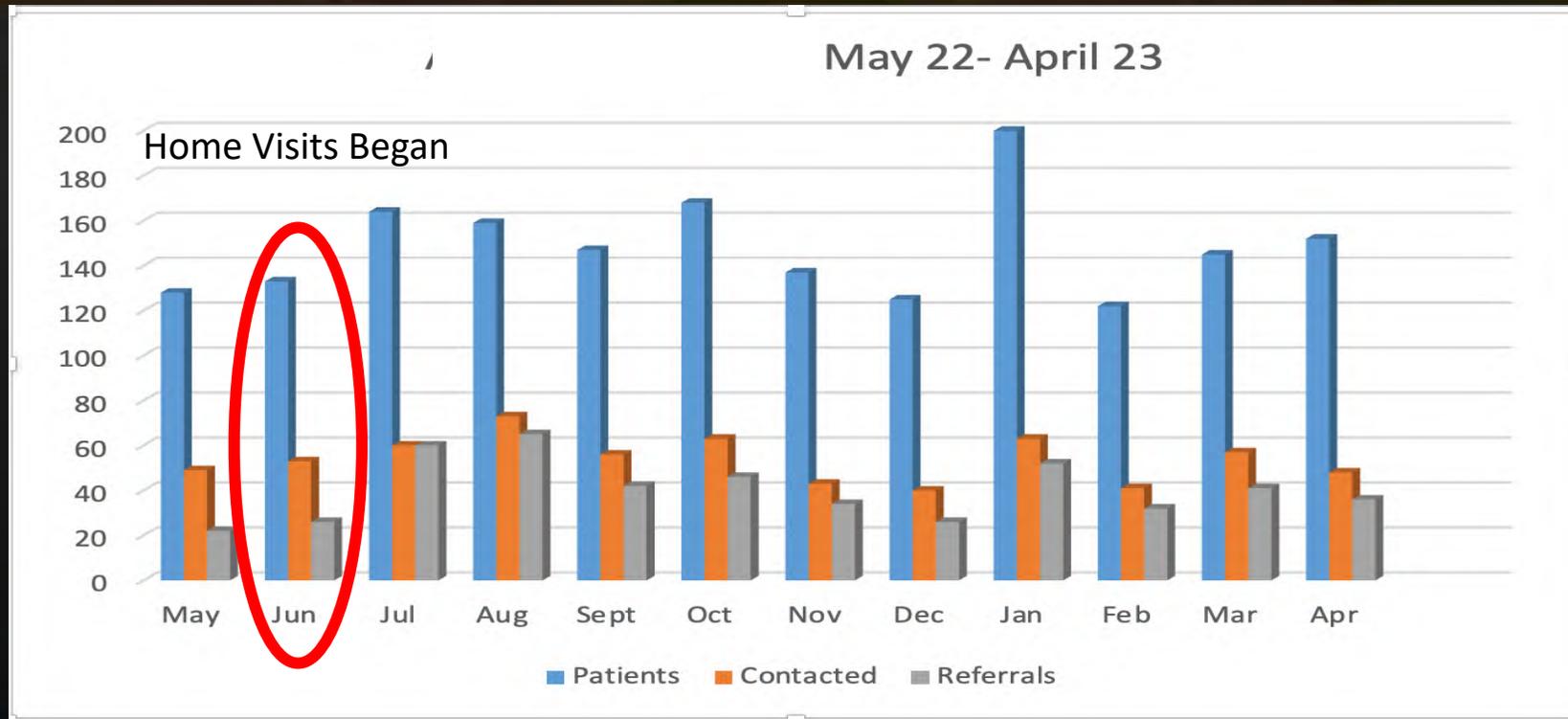
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# Current Program Data



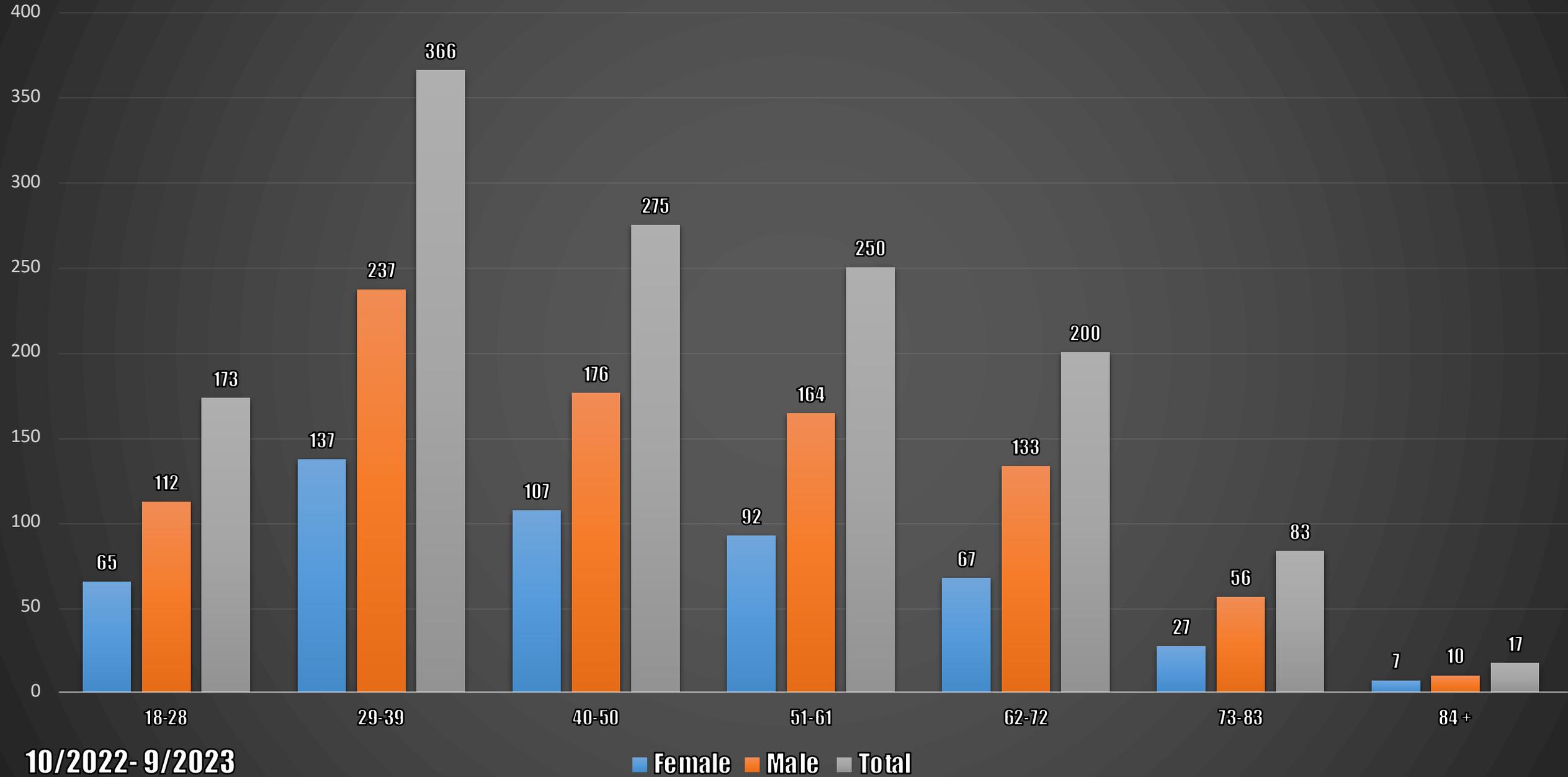
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# Current Program Data

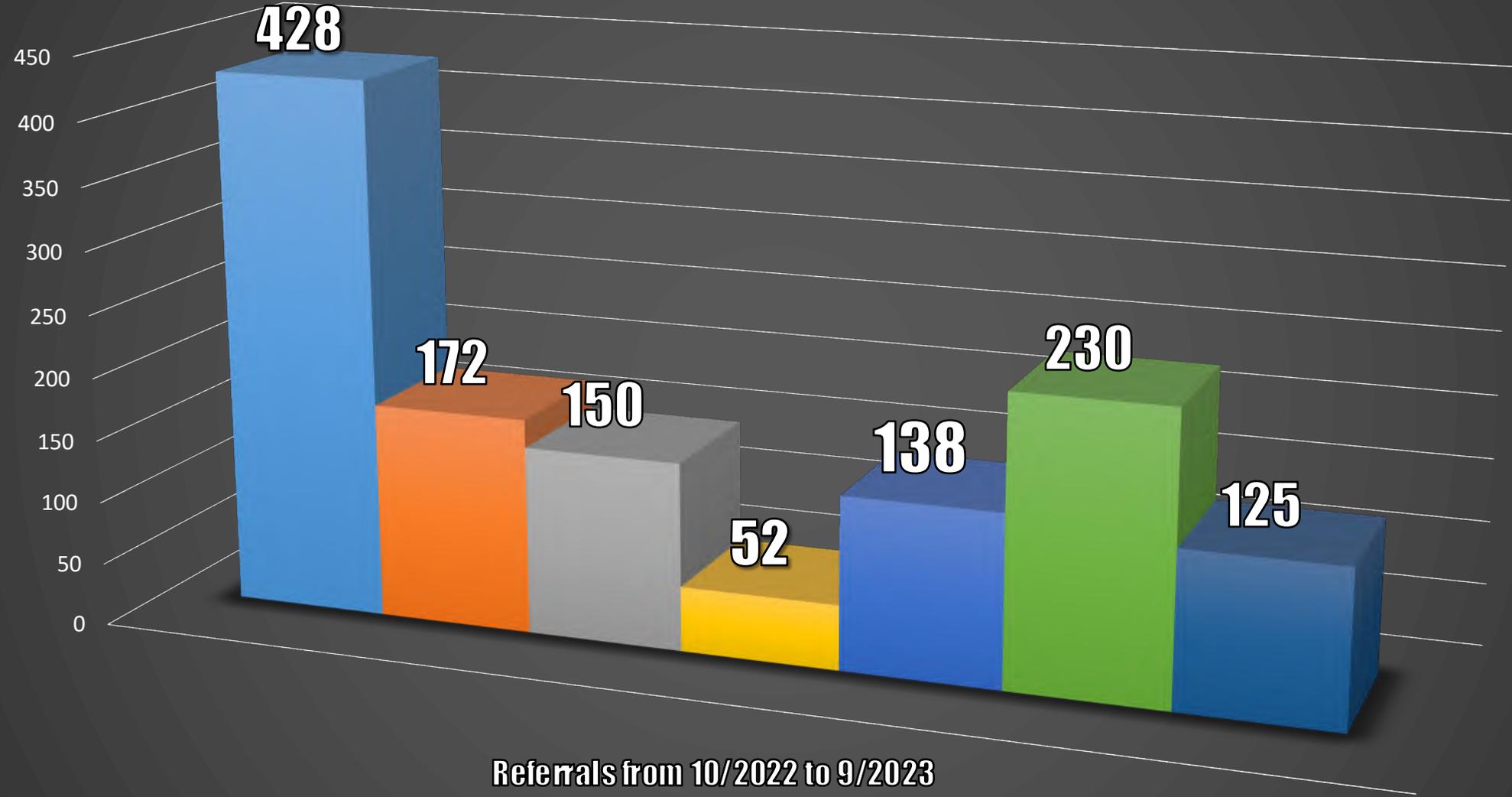


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# Program Demographics



# Accepted Referrals to PBC Partners



Referrals from 10/2022 to 9/2023

■ 211 ■ Health Care District ■ Research and Recovery Network ■ Homeless Outreach Team ■ Addiction Stabilization Unit ■ Rebel Recovery ■ Community Health Advocate

\*Patients may receive multiple referrals \*

# Program Enhancement Proposal

-  **Digital communication app linked to the ePCR allowing for real-time notification to patient referral services**
-  **This will also allow for a longitudinal tracking process of patient care and progression**
-  **Currently the connection rate and patient progression is elusive and not consistently documented**

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# Program Enhancement Proposal

-  **Home and Hospital Visits will include:**
  -  **Challenge coin with 211/988 referral services**
  -  **Narcan, harm reduction tools, and resource information for each client contact**
  -  **Real-time telehealth connection to county services and Health Care District (HCD)**
  -  **Suboxone treatment and connection to HCD**
  -  **Immediate transport to the HCD clinic if applicable**

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# Old Strategy with a New Approach



Annals of Emergency Medicine  
Volume 81, Issue 2, February 2023, Pages 165-175

Emergency medical services/original research

## Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services

Gerard Carroll MD <sup>a</sup>, Keisha T. Solomon PhD <sup>c</sup>, Jessica Heil MS <sup>b</sup>,  
Brendan Saloner PhD <sup>c</sup>, Elizabeth A. Stuart PhD <sup>c</sup>, Esita Y. Patel PhD <sup>c</sup>, Noah Greifer PhD <sup>d</sup>,  
Matthew Salzman MD <sup>a</sup>, Emily Murphy MD <sup>a</sup>, Kaitlan Baston MD <sup>b</sup>, Rachel Haroz MD <sup>a</sup>

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<https://doi.org/10.1016/j.annemergmed.2022.07.006> [Get rights and content](#)

## Conclusion

Patients who encountered paramedics trained to administer buprenorphine and able to arrange prompt substance use disorder treatment after an acute opioid overdose demonstrated a decrease in opioid withdrawal symptoms, an increase in outpatient addiction follow-up care, and showed no difference in repeat overdose. Patients receiving buprenorphine in the out-of-hospital setting did not experience precipitated withdrawal. Expanded out-of-hospital treatment of opiate use disorder is a promising model for rapid access to buprenorphine after an overdose in a patient population that often has limited contact with the health care system.

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# Tier 1 Proposal \$1,500,000



## Staffing:

-  232 hours per week for MIH specially trained paramedics
-  Two Sport Utility Vehicles (SUV) – Staffed with two MIH paramedics
-  3 days per week during peak hours (12-hour shifts)
-  30 hours per week for the MSW with expertise in substance abuse
-  Data Analyst



## Projections for patient care:

-  MIH paramedics will treat approximately 40 patients per week
-  MSW will treat approximately 10 patients per week
-  20 Patient Interactions while patients are still in the hospital
-  Add digital communication app subscription

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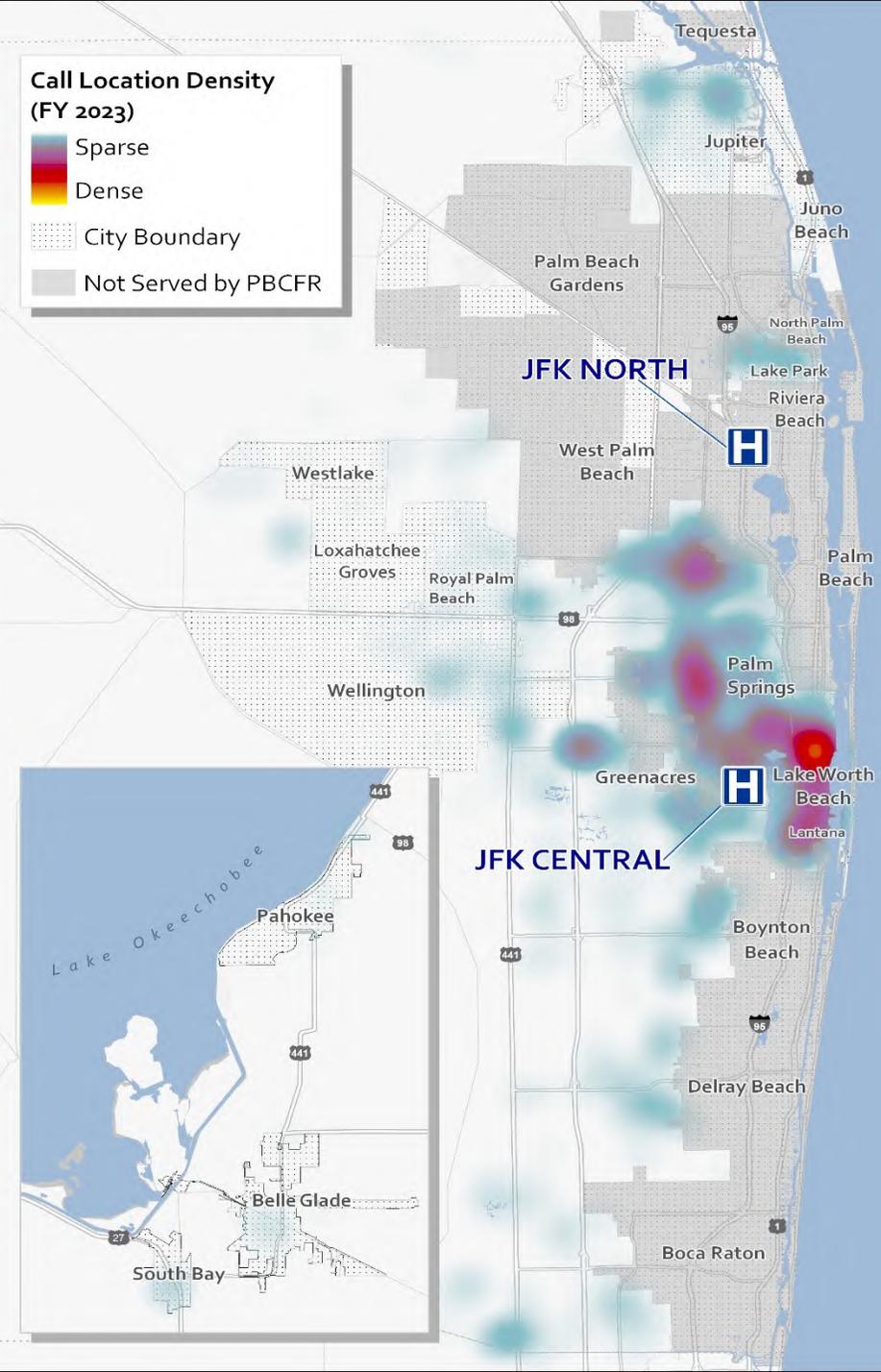


# Palm Beach County Fire Rescue

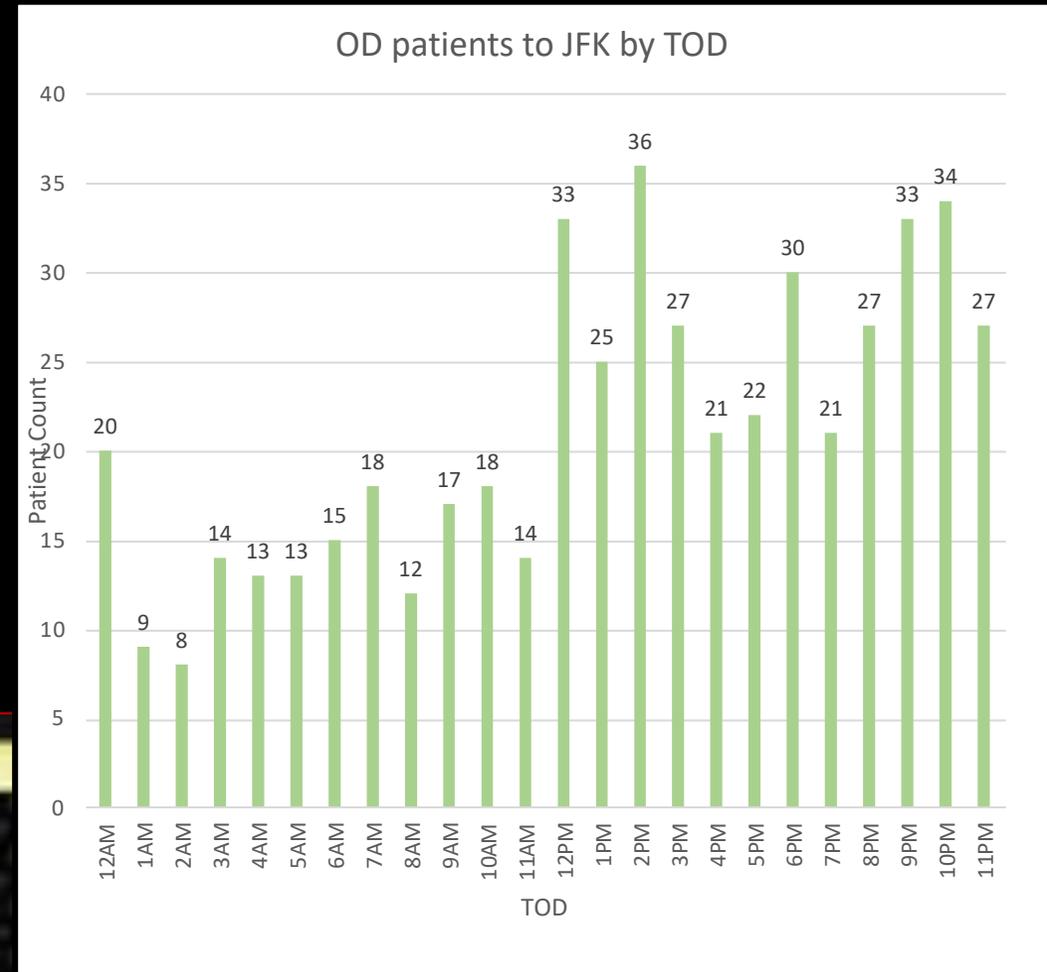
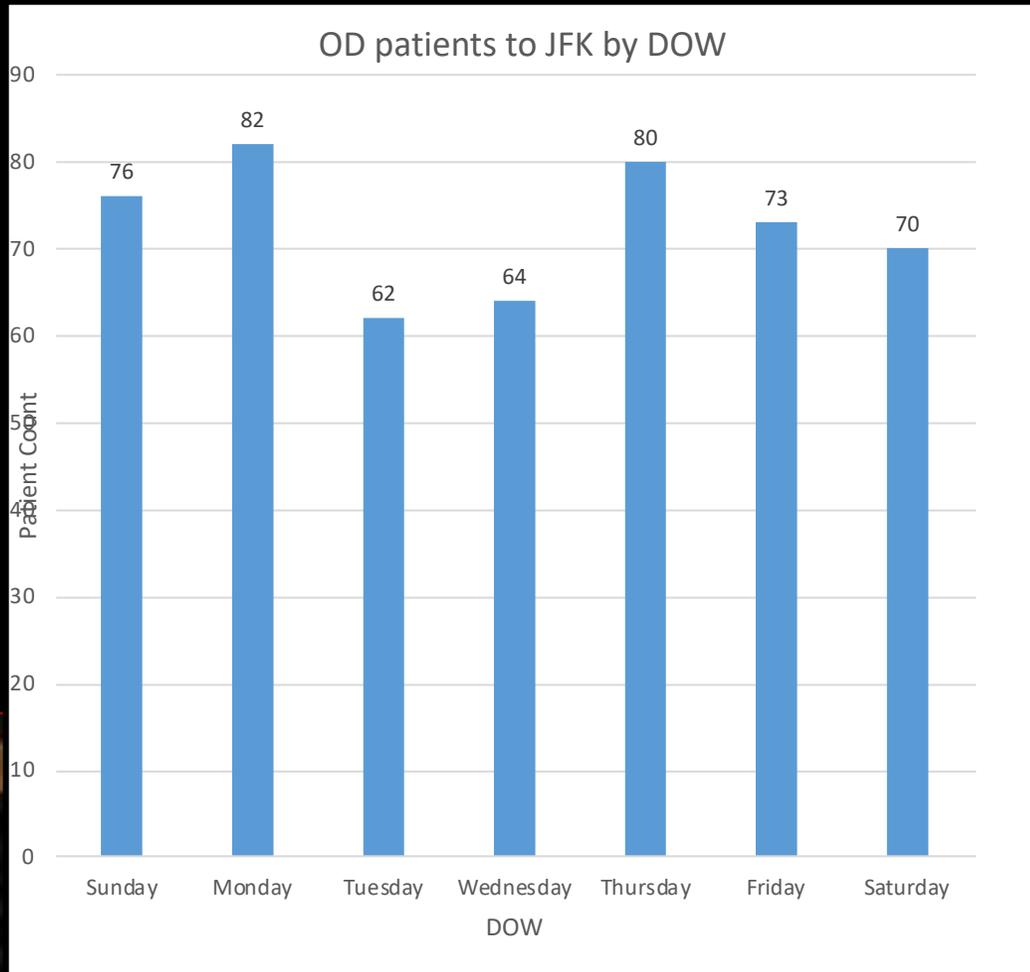
## Calls / Patients - Narcan Given? to Opioid Related

(primary or secondary)  
FISCAL YEARS

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Total
<b>FY2017</b>													
Opioid Related Disorder	309	199	194	165	137	331	243	440	375	181	206	185	2965
Narcan Administered	339	199	215	148	148	342	240	361	281	161	170	148	2752
<b>FY2018</b>													
Opioid Related Disorder	193	144	147	146	132	110	133	127	188	154	132	117	1723
Narcan Administered	165	125	137	124	108	110	126	173	192	142	135	121	1658
<b>FY2019</b>													
Opioid Related Disorder	142	103	80	102	108	103	107	144	116	128	135	132	1400
Narcan Administered	119	73	54	82	70	59	55	86	49	42	46	57	792
<b>FY2020</b>													
Opioid Related Disorder	164	133	163	183	147	147	143	151	148	144	141	183	1847
Narcan Administered	69	57	65	87	62	64	65	67	60	48	67	81	792
<b>FY2021</b>													
Opioid Related Disorder	147	119	118	129	121	156	144	159	130	122	150	154	1649
Narcan Administered	61	50	43	57	49	56	45	70	51	50	51	66	649
<b>FY2022</b>													
Opioid Related Disorder	185	134	159	144	150	130	103	127	104	137	140	118	1631
Narcan Administered	86	45	75	65	60	51	41	49	30	57	53	37	649
<b>FY2023</b>													
Opioid Related Disorder	119	96	103	98	83	116	114	115	132	113	105	104	1298
Narcan Administered	41	35	41	47	28	37	46	38	48	41	39	34	475
<b>FY2024</b>													
Opioid Related Disorder	114	115	98	91	97								515
Narcan Administered	43	42	36	26	38								185



# Projected Staffing Times



**2** Event Name

**3** Type and Location

**4** Schedule

Schedule:  Start Now  Schedule

Start:

End:

Cooper, Daniel - No Reminder Set

**5** SMART Charts (Contact & Consent)

Contact & Consent  Referral  Addition Program Progress Update

MIH Program Progress Update  AHC HRSN Screening  Clinical Opiate Withdrawal Scale (COWS)

**6** Visibility and Users

Group:

Assigned Care Team:

Assigned User:

Review When Complete:  Yes  No

Choose Yes to be prompted to review this task when it has been completed.

**7** This is Daniel's first time seeking treatment

**8**

**9**

**Palm Beach County Fire & Rescue**

Encounter: Test, AP

Generate Encounter Report

Jump To...

+ Add Custom Task

Schedule SMART Chart

Task Information [Edit](#)

Name: Clinic Visit - Referral, Contact & Consent

Tags:

Priority: Med-Low

Scheduled Date: 03/06/2024 2:00 PM EST

Description Referral **0/1** Contact & Consent **0/1** Notes

Referral

Referral Recommendation

Acknowledge Referral:  Yes  No

+ Add Note

Previous Answers

- 02/07/2024: Yes
- 01/29/2024: Yes

**Palm Beach County Fire & Rescue**

Encounter: Test, AP

Generate Encounter Report

Jump To...

+ Add Custom Task

Schedule SMART Chart

Task Information [Edit](#)

Name: Clinic Visit - Referral, Contact & Consent

Tags:

Priority: Med-Low

Scheduled Date: 03/06/2024 2:00 PM EST

Patient Information [Edit](#)

Patient Name: AP Test

Description Referral **0/1** Contact & Consent **0/1** Notes

Contact & Consent

Contact & Consent

Have you been able to make contact with this individual?  Yes  No

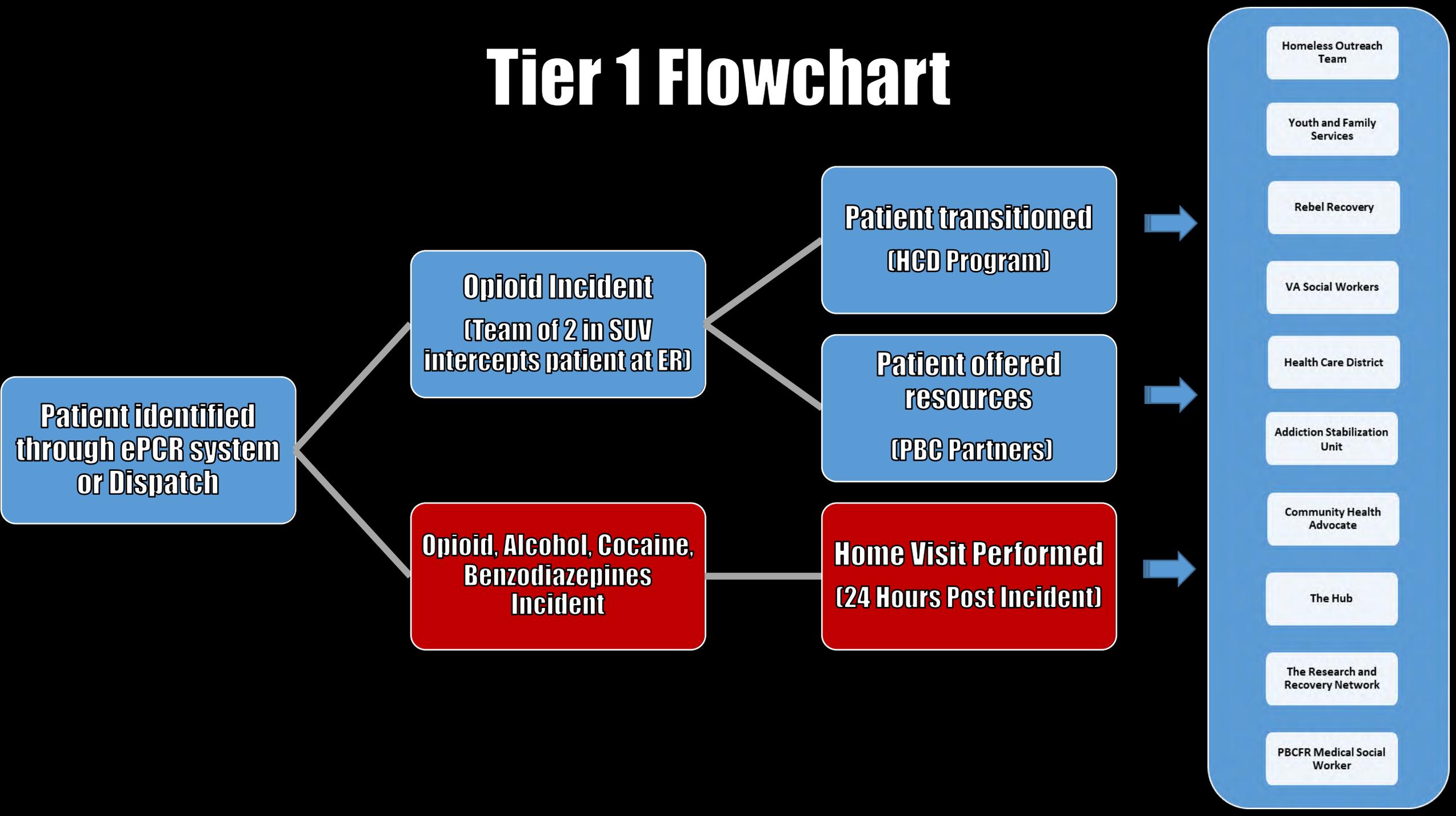
+ Add Note

Question: Have you been able to make contact with this individual? Note: yes MAT - 2024-02-21 13:57:26

Previous Answers

- 02/21/2024: Yes

# Tier 1 Flowchart



**Patient identified through ePCR system or Dispatch**

**Opioid Incident (Team of 2 in SUV intercepts patient at ER)**

**Opioid, Alcohol, Cocaine, Benzodiazepines Incident**

**Patient transitioned (HCD Program)**

**Patient offered resources (PBC Partners)**

**Home Visit Performed (24 Hours Post Incident)**

Homeless Outreach Team

Youth and Family Services

Rebel Recovery

VA Social Workers

Health Care District

Addiction Stabilization Unit

Community Health Advocate

The Hub

The Research and Recovery Network

PBCFR Medical Social Worker

# **Tier 2 Proposal \$ 7,500,000 (Year 1 ) \$ 6,500,000 (Year 2)**



## **Staffing:**



**All features from Tier 1**



**12-hour shifts 7 days a week for MIH specially trained paramedics (3 people)**



**Two front-line rescues will be purchased for these teams**



## **Projections for patient care:**



**Both (3-person) teams will act as a front-line response for addiction calls**



**Transport directly to the HCD clinic or the appropriate site**



**Telehealth equipment for real-time consults with psychiatry services specialized in addiction care**

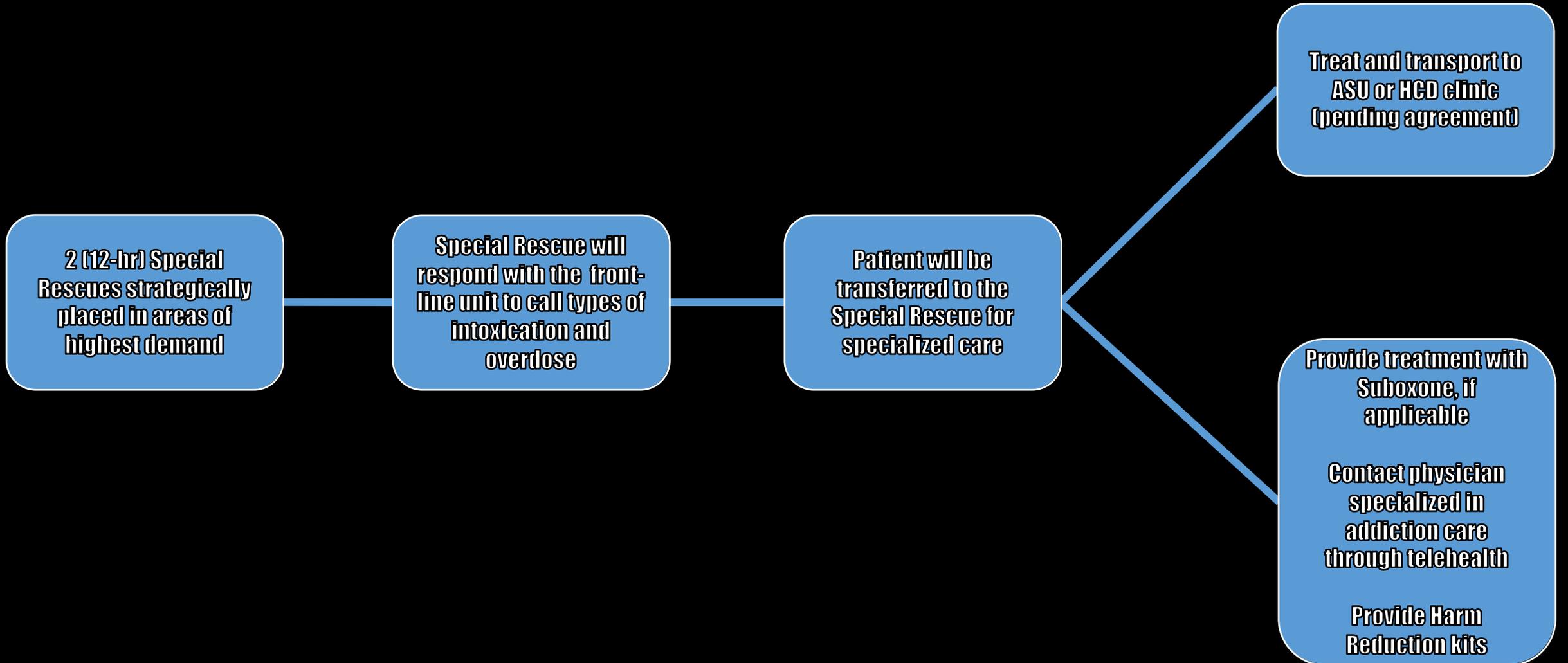


**All team members will be trained to administer Suboxone**

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# Tier 2 Flowchart

**Person-Centered  
Recovery-Orientated,  
System of Care  
(ROSC)**



# Program Evaluation

-  **Patient outcomes will be linked to the MIH intervention through the digital communication app**
-  **Weekly reports will be generated identifying the county services offered by the MIH teams**
-  **A Continuous Quality Improvement (CQI) process will be created by the MIH paramedic coordinator to reeducate and enhance our services**
-  **A Special survey will be created and implemented through the Baldrige group for the patients, hospitals and community partners**
-  **Cross sectional meetings and measurement tools will be created and utilized**

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# Mission

**EXCELLENCE TODAY**



**IMPROVING TOMORROW**

-  **PBCFR is committed to providing safe and secure communities by mitigating all hazards through excellence in public service.**
-  **A Whole Person, Whole Government Approach to Addressing Substance Use Disorder Through Aligned Funding Streams and Coordinated Outcomes (Georgetown, 2023).**

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# Conclusion



**If this funding is received, health equity will be further promoted through our MIH program, ensuring all individuals have equal access to high-quality care and support regardless of their background or circumstances. By investing in these critical initiatives, PBCFR can elevate our healthcare services, making a profound difference in countless individuals' lives and strengthening the community's overall health and well-being.**

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**IMPROVING TOMORROW**

# Questions???

3/6/24

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