Health Care District of Palm Beach County

Dedicated to the health of our community

Addiction Treatment Model in Palm Beach County

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Board Certified Public Health/ Preventive Medicine

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Board Certified Addiction Psychiatry

Disclosures

Dr. Belma Andric

- Employee at HCD
- PBC EMS Council Voting Member
- Clinical Affiliate Associate Professor at Florida Atlantic University, College of Medicine

Dr. Courtney Phillips

- Employee at HCD
- Owner of C Psychiatric Solutions, PLLC
- Statewide Opioid Director of Recovery for DCF contracted through PLLC
- Adjunct Faculty at Florida Atlantic University

Presentation Overview

- How did an FQHC in Palm Beach County Get involved with Substance Use Care in the first place?
  - Local Factors in Palm Beach County
  - HRSA requirements; 340B pricing
- The Evolution of the program
  - The Pilot Program
  - Initial Model of Clinic in FQHC
  - The multiple adaptations of the early clinic
  - The “private-public partnership” in Palm Beach County
  - Adding the Addiction Stabilization Unit
  - Adapting during COVID
  - Fentanyl: A game changer
  - OOur current model: Sustainable Public Health Response
  - The future of our local program
- CORe: The statewide response
  - Initial Model of Clinic in FQHC
  - The multiple adaptations of the early clinic
  - Adding the Addiction Stabilization Unit
  - Adapting during COVID
  - Fentanyl: A game changer
  - Our current model for population health and sustainability
- Questions?

What is the Health Care District of Palm Beach County?

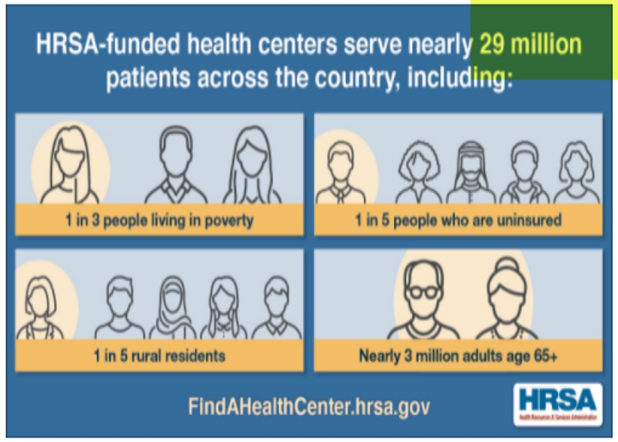
Our Mission: To be the health care safety net for Palm Beach County

- Independent special taxing district
- Governing Board has authority to levy property tax (appointed not elected) *Guided by the Palm Beach County Health Care Act 2003-326 FL Law (rev. from 1988)*
- 1300+ employees
- Services for the Community:
  - Provider: 10 **FQHC Clinics,** LMC Hospital, Long Term SNF, School Health Program, Aeromedical Program, Trauma Agency etc.
  - Payor: **District Care Specialty Network**, Trauma Services, Aeromedical program (2 “Trauma Hawk” helicopters), FL DOH Subsidy etc.

US: **1375** FQHCs
FL: **47** FQHCs

Health Center Program: Impact and Growth

For more than 55 years, health centers have delivered affordable, accessible, quality, and value-based primary health care to millions of people regardless of their ability to pay. Health centers serve 1 in 11 people across the country, and they lead the nation in driving quality improvement and reducing health care costs for America's taxpayers. Health centers provide high quality primary care services and support public health priorities such as the opioid crisis, the White House Ending the HIV Epidemic: A Plan for America initiative, and the response to COVID-19.



Providing Value-Based Care to Millions Across the Nation

HRSA's investments have advanced the nation's health by ensuring more patients and communities each year have access to high quality, comprehensive primary care. Today, HRSA funds nearly 1,400 health centers with more than 13,500 service delivery sites in every U.S. state, U.S. territory, and the District of Columbia. In 2020, more than 255,000 full-time staff served nearly 29 million patients. Health centers have nearly tripled the number of patients served since 2000.

Contact: Robin Kish, Director of Media Relations
561.804.5828

September 15, 2021

Health Care District's Brumback Clinics Receive Health Center Quality Leader and Pandemic Response Awards

West Palm Beach, FL – For the third year in a row, the Health Resources and Services Administration (HRSA) recognized the Health Care District of Palm Beach County's C. L. Brumback Primary Care Clinics as a gold-level "Health Center Quality Leader" for ranking among the top 10% of health centers nationally for clinical quality. HRSA also honored the Brumback Clinics for its contributions in responding to the COVID-19 public health emergency with countywide COVID-19 testing and vaccinations.

"These awards honor the work of our dedicated staff who provide quality care for our adult and pediatric patients, including the homeless and migrant populations, and who also go above and beyond for the entire community during the ongoing COVID-19 pandemic," said Belma Andrić, MD, MPH, Chief Medical Officer, VP and Executive Director of Clinical Services of the Health Care District of Palm Beach County.

HRSA's Community Health Quality Recognition (CHQR) badges recognize Health Center Program awardees and look-alikes (LALs) that have made notable quality improvement achievements in the areas of access, quality, health equity, and health information technology. HRSA introduced COVID-19 badges this year to recognize health centers' contributions to the public health emergency response. To date, the Brumback Clinics' team has provided over 170,000 COVID-19 tests and more than 219,000 COVID-19 vaccinations to those eligible throughout the community.

"Expanding access to quality primary care is core to our mission," said Darcy J. Davis, CEO of the Health Care District of Palm Beach County. "This recognition reflects our swift and unwavering crisis response that began with mobilizing and operating our mass COVID-19 vaccination and drive-through testing sites and continues today in our free-standing clinics and through our mobile clinic vaccination efforts."

The Brumback Clinics also received two additional awards:

- **Advancing Health Information Technology (HIT) for Quality**, which recognizes health centers that meet all criteria to optimize HIT services that advance telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care.
- **Patient Centered Medical Home**, which recognizes health centers that provide health care that is relationship-based with an orientation toward the whole person.

HRSA, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

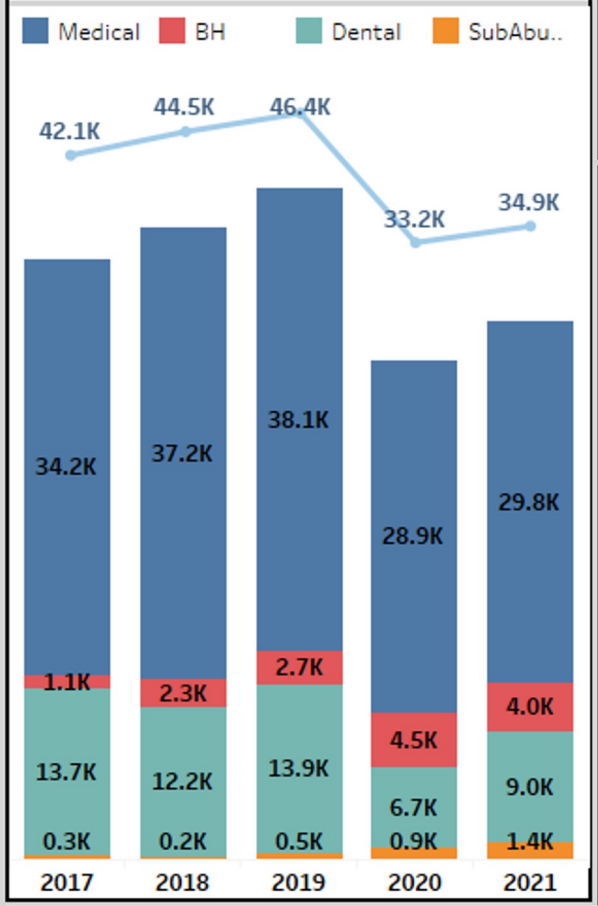
The C. L. Brumback Primary Care Clinics provide quality medical, dental, behavioral health, Medication Assisted Treatment and pharmacy services to adults and children with or without insurance. The nine clinic sites

C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

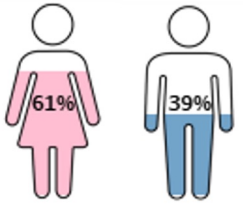
UDS REPORT SUMMARY

2021

UNIQUE PATIENTS OVER TIME

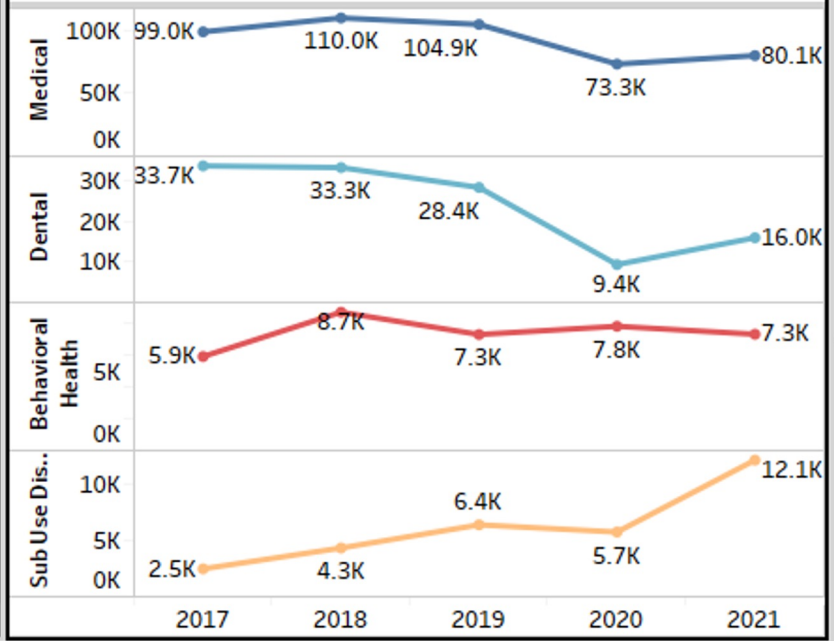


Unique Pts	Visits	Homeless	Agricultural	Below FPL	Telemedicine
34.8K	115.4K	17%	4%	75%	10%

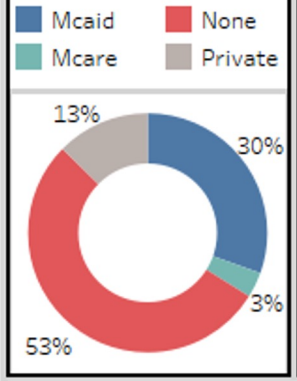


LANGUAGE

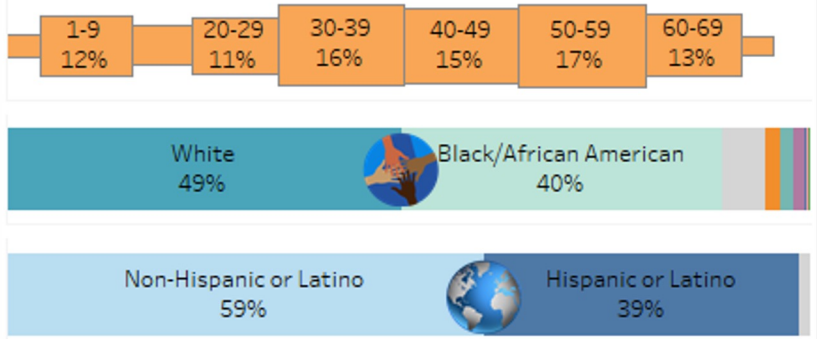
SERVICE TYPE TRENDED OVER TIME



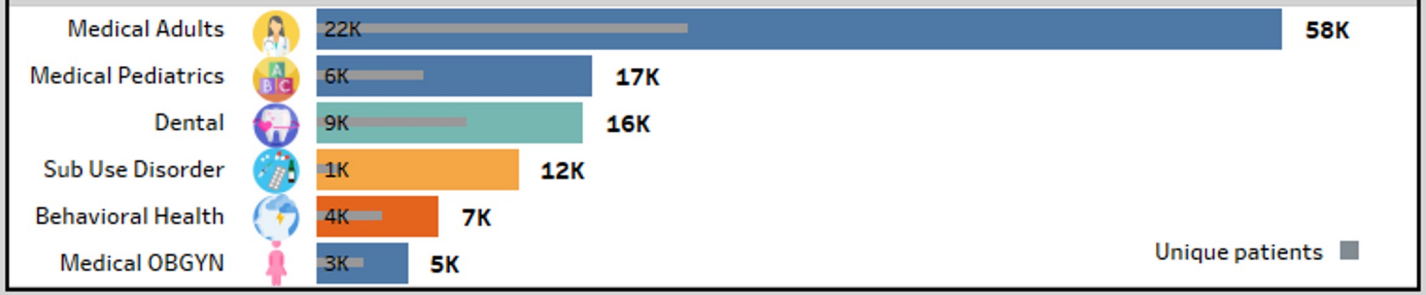
INSURANCE



AGE DISTRIBUTION



VISITS BY TYPE OF SERVICE



QUALITY MEASURES PERFORMANCE

Met | Not met | CLBPCC Goal

Measure	Pt Universe	
Adult Weight Screening and Follow Up	21.6K	77% 90%
Breast Cancer Screening	5.2K	60% 60%
Cervical Cancer Screening	11.5K	53% 65%
Childhood Immunization	0.5K	46% 60%
Colorectal Cancer Screening	9.5K	49% 82%
Coronary Artery Disease (CAD): Lipid Therapy (..	4.9K	84% 81%
Dental Sealants	1.0K	84% 75%
Depression Remission	0.4K	14% 14%
Diabetes: (HbA1c > 9%)	4.4K	69% 67%
HIV Screening	21.6K	36% 32%
Hypertension	8.7K	68% 80%
Ischemic Vascular Disease (IVD)	0.9K	82% 86%
Patients Screened for Depression and Follow-..	21.3K	97% 83%
Tobacco use Screening and Cessation Interven..	16.0K	92% 93%
Weight Screening and Counseling for children ..	3.4K	95% 90% 100%

The Pilot

Health Care District
PALM BEACH COUNTY

Addiction Treatment Program Development

- 2016 - PB County Fire Rescue/ Heroin Overdose Task Force

(PBC FR, PBC Sheriff Office, SEFBHN, State Attorney's Office/ Sober Home Task Force, DOH, DCF, county FQHCs, private for-profit treatment and recovery centers etc.)

- Southeast Florida Behavioral Health Network *(DCF Office of Substance Abuse and Mental Health)*
  - Contractor List: 24 In-patient non-for-profit beds in county
  - "Scholarship" in-patient beds from for-profit treatment centers
  - No available outpatient resources for MAT
- Should Medication (MAT) be Used in the Treatment of Addiction?

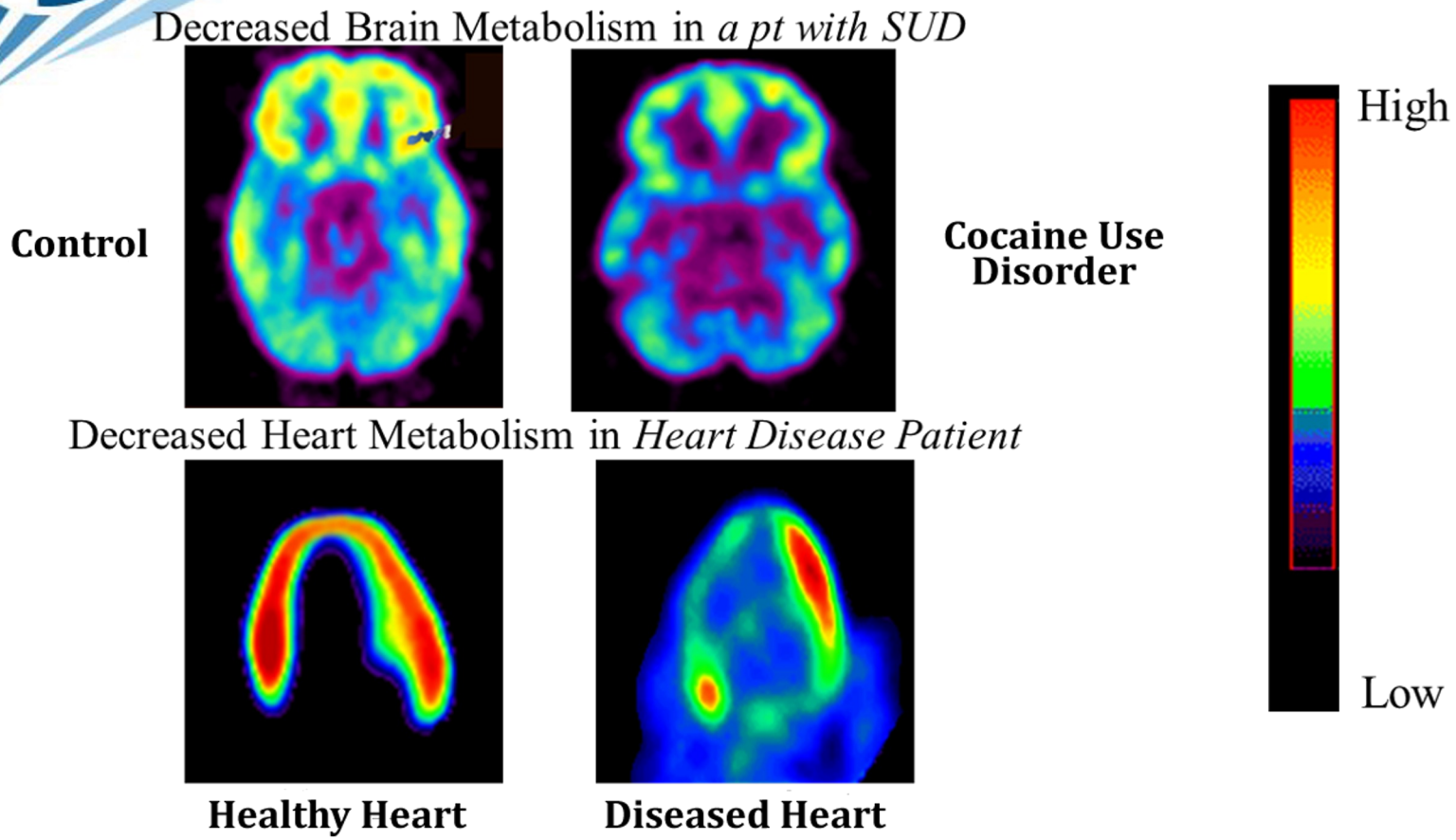
  Rationale for Medication:
  - Impact the physiology of addiction and dependence
  - Improves outcomes including retention and opioid use
  - Protect against lapses, which should be expected
  - Reduce high rates of relapse (without medication >80% of heroin addicts relapse within 30d after detoxification)
- In US majority of MAT treatment provided in outpatient setting; in PBC no available resources for uninsured patients who run out of options

Health Care District PALM BEACH COUNTY

The Pilot with the FQHC and fire rescue

- **Fire Rescue** Pilot Project based on ED initiation of MAT than transferred to outpatient treatment (30 patients pilot)
- Flow of the pilot
- Results of the pilot:
  - 26/30 patients were still engaged in outpatient clinic after 2 years
  - These patient had reduced utilization of EMS and Emergency Services
- Next steps: Modified FR Model to be implemented in HCD clinics (sustainable)

Initial Clinic Model Adaptations

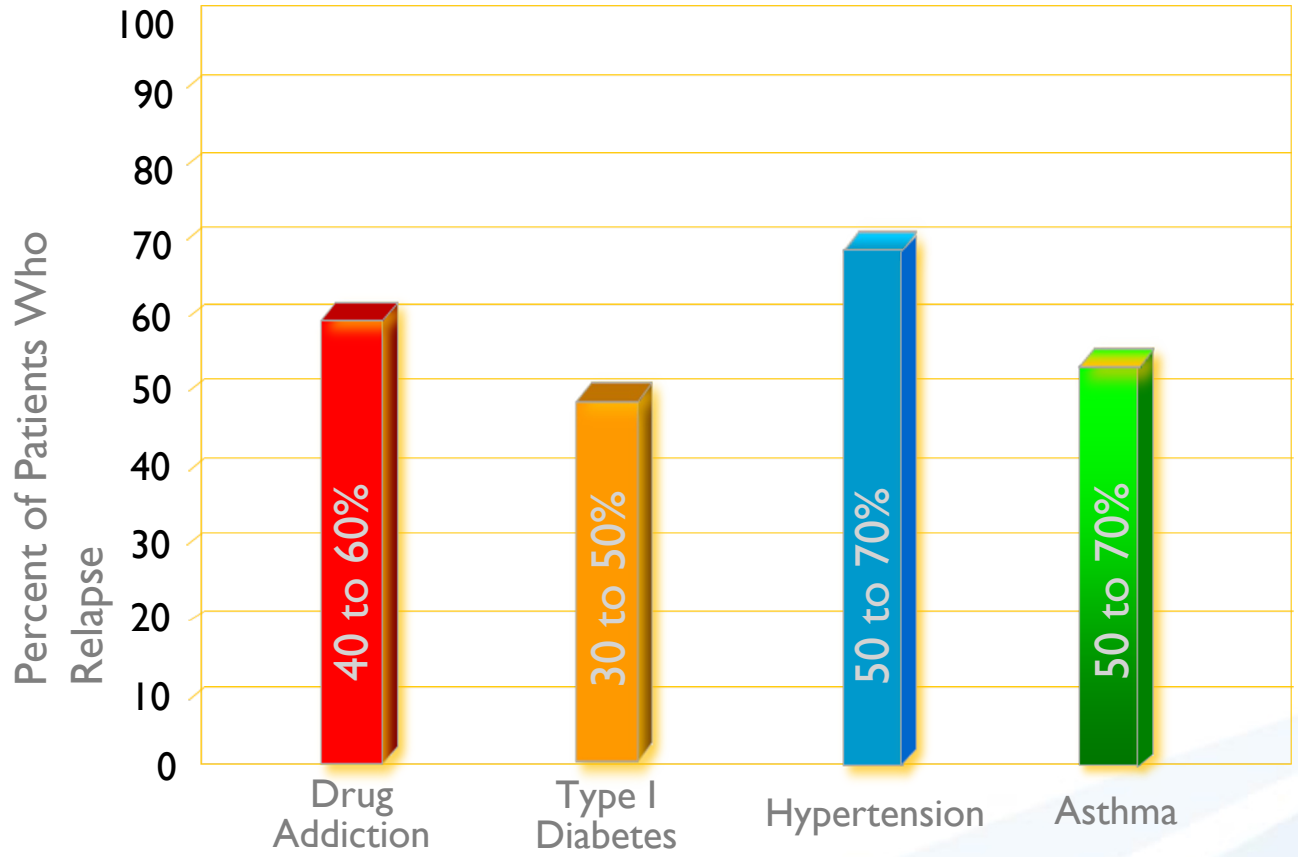


ADDICTION IS A BRAIN DISEASE

Just like other diseases, it affects function

Sources: From the laboratories of Drs. N. Volkow and H. Schelbert

Relapse Rates Are Similar for Drug Addiction & Other Chronic Illnesses



Source: McLellan et al., JAMA, 2000

Original clinic and staff

- Worked with 1 FTE physician between 2 physicians, 1 admin (registration and care coordination), 1 social worker, 1 LPN
- Worked out of 2 rooms and a picnic table
- Traditional individual appointments with social worker and provider
- Took all referrals but….the demand grew

Health Care District
PALM BEACH COUNTY

We kept tweaking the clinic

- We added more staff (social workers mostly) and got a few more rooms
- Started a “shared space model” where patient’s were seen by therapist, and provider moved around 4 rooms to do meds.
- Started using group therapy increase support to patients and increase efficiency
- In 2/2018, started collecting outcomes data: Brief Addiction Monitor at intake and every 3 months with treatment plan in addition to other data

The “private-public partnership” in Palm Beach County

Health Care District
PALM BEACH COUNTY

Addiction Treatment Program in Palm Beach County

- **FQHCs** – outpatient, PCMH model, treatment to everyone regardless of patient ability to pay, MAT treatment incorporated in primary care; HRSA requirement for screending for SUD and SBIRT
- Palm Beach County - 19 ERs - lack of meaningful evidence based addiction treatment (beyond stabilization).
- **2020** Public-private partnership developed in The Health Care District, JFK North Hospital, and Palm Beach County - 24/7 readily available access to comprehensive addiction treatment
- Innovative model - Fire Rescue teams bypass the closest ER and transfer patients to JFK north directly (*Trauma, Stroke, Cardiac, Burns etc. Model*)
- ASU Services: **medical, psychosocial assessment, diagnosis, MAT treatment initiation, real time peer recovery coach** and **warm hand off to outpatient clinics** or higher level of addiction care if indicated (most of the patients continue care in outpatient settings; "*good for one, vs good for many*"

PRESS RELEASE

1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401-3429

Contact: Robin Kish, Director of Community Engagement
561.804.5828

February 21, 2020

Health Care District Joins Palm Beach County Commission and JFK Medical Center to Officially Open the County's First-of-its-Kind Addiction Stabilization Unit

West Palm Beach, FL – In a bold move to combat the opioid crisis through evidence-based, medical treatment, the Health Care District of Palm Beach County, JFK Medical Center and the Palm Beach County Commission unveiled an innovative public-private partnership on February 5, 2020, officially opening a one-of-a-kind Addiction Stabilization Unit within JFK Medical Center's North Campus in West Palm Beach.

"From the time a patient suffering from addiction is first treated by fire rescue personnel, to their arrival at this Addiction Stabilization Unit, to the follow-up plan for long-term recovery, the patient is the focus of an extraordinary team of health care providers," said Darcy J. Davis, Health Care District CEO in her remarks at the ribbon-cutting event. "That team is the result of another groundbreaking team – a public-private partnership that has created a program unique in Florida and one of very few in the U.S."

Over 350 patients have received specialized care since the unit opened its doors on October 21, 2019. Fire rescue agencies in municipalities throughout the county have adopted protocols allowing them to bypass the closest emergency room to transport overdose patients directly to the centralized facility. For patients arriving after an overdose, medication assisted treatment (MAT) is provided within the first few hours of arrival to take away the cravings, minimize withdrawal symptoms and increase the probability the patient will comply with a longer-term treatment plan after discharge.

"Our lives have all been touched by someone that has been lost in the cycle of addiction," said Gina Melby, CEO of JFK Medical Center Main and North Campus. "This 10-bed unit is staffed with a team of experts which include psychiatrists, Emergency Room physicians, internal medicine physicians, nurses and licensed social workers. Patients receive immediate care and access to treatment to reduce the chance of relapse."

Once a patient is stabilized and opts to explore long-term treatment options, medical staff recommends the care best suited for the patient. Many of the patients from the unit have received a warm hand-off to the Health Care District's MAT program, which is conveniently located in an outpatient clinic adjacent to the hospital. There patients are seen by a team of psychiatrists, primary care physicians, counselors specialized in treating addiction and other licensed professional services, including medication assisted treatment (Buprenorphine, Naltrexone and Vivitrol), individual and group therapy, psychiatric services, individualized care coordination, pharmacy services and links to other health and social services.

"This project is our attempt to medicalize addiction and treat it like other medical illnesses," said Belma Andrić, MD, MPH, Chief Medical Officer, VP and Executive Director of Clinical Services for the Health Care District. "We took a public health approach and set out to change the way care is provided for this very complex, relapsing, lifelong and life-threatening illness for which treatment resources are scarce, fragmented and not very well defined by national medical associations."

For Palm Beach County Commissioner Melissa McKinlay, the grand opening took on a personal meaning. The unit will display a statue of an angel in memory of Tasha McCraw, the daughter of her former chief of staff, Johnnie Easton, who died of an overdose in 2016. Easton, who attended the event, said her daughter would be proud that those who are at the lowest point in their life can visit the unit and not feel ashamed to ask for help.

"What Tasha loved…is helping other people," Commissioner McKinlay said in her remarks. "As she's looking down upon us from heaven, she will be helping other people, too."

PRESS RELEASE

1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401-3429

In front of a standing-room only crowd, county leaders praised the initiative as a national model.

"This most importantly will save lives, but it also demonstrates that Palm Beach County continues to be at the forefront in fighting the opioid epidemic," said State Attorney Dave Aronberg.

"We want to ensure that for all of our residents here in Palm Beach County, if they need assistance for substance use disorder, we have a mechanism for them to receive quality care," said Verdenia Baker, County Administrator.

In 2017, the Health Care District joined the effort to create an impactful model of care after more than 600 people in the county died from opioid overdoses. The model aimed to provide evidence-based medical treatment, ensure that lifesaving treatment is readily available to the largest number of patients and ensure patients are treated with a warm handoff from the point of emergency overdose treatment through access to long-term treatment.

The plan came together that year after the Health Care District collaborated with Palm Beach County Fire Rescue and JFK Medical Center in a pilot program with 30 patients that applied the MAT approach and confirmed the success found in a 2015 Yale University research study. The pilot program demonstrated that addiction is both a medical condition and a psychiatric illness that needs to be treated under the "house of medicine" like any other chronic medical condition.

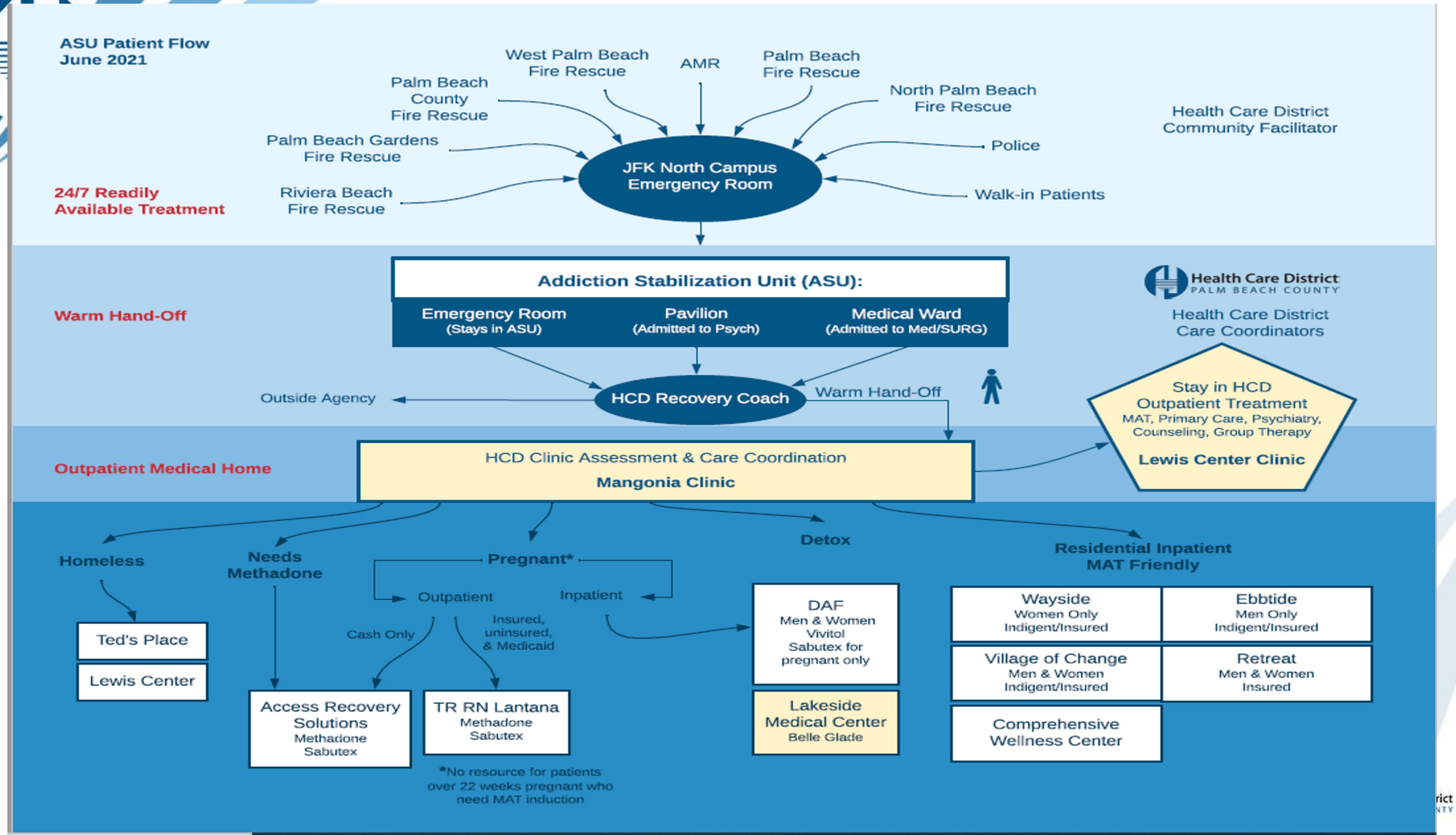
"We realized we as a medical community needed to come together and get our hands around it," said Kenneth Scheppke, MD, State of Florida EMS Medical Director. "Our partnership proved that when you treat chronic medical illness with multi-factorial, evidence-based medicine, you get great outcomes."

The goal is to help treat the whole patient and stop the cycle of repeat overdoses. For uninsured patients, the Health Care District covers addiction treatment costs for eligible county residents. The Palm Beach County Commission has pledged $1 million to help pay for the care of patients who have no other means.

"The opening of the Addiction Stabilization Unit is a milestone for the Health Care District as a safety net system in our community," said Leslie B. Daniels, Chair of the Health Care District Board Chair. "The collaborative initiative demonstrates how a public-private partnership is a financially responsible approach to meeting the changing needs of healthcare."

The Health Care District's MAT clinic is located at 2151 45th Street, Suite 204 in West Palm Beach and is part of the network of C. L. Brumback Primary Care Clinics throughout the county. These Federally Qualified Health Centers serve all patients, regardless of their ability to pay, and offer a sliding fee scale. To make an appointment, patients can call 561-642-1000 or visit www.brumbackclinics.org.

Other dignitaries in attendance included: Mayor Mack Bernard, Palm Beach County Commission; Vice Mayor Robert S. Weinroth, Palm Beach County Commission; Palm Beach County Commissioner Hal Valeche; Palm Beach County Commissioner Gregg K. Weiss; Jenny Cesar, Congressional Outreach for U.S. Rep. Lois Frankel; DeBorah Posey-Blocker, District Director for U.S. Rep. Alcee Hastings; Jordan Séjour, Congressional Aide to U.S. Rep. Brian Mast; Maria Sachs, Former Florida Senator; Alina M. Alonso, MD, Director, Florida Department of Health for Palm Beach County and Health Care District of Palm Beach County Board Member; Nancy C. Banner, Esq., Vice Chair, Health Care District Board of Commissioners; Fire Rescue Chief Reginald Duren; Chief Deputy Michael Gauger, Palm Beach County Sheriff's Office; Doug McGlynn, Deputy Chief of Operations, Palm Beach County Fire Rescue and Richard Ellis, Division Chief of Medical Services, Palm Beach County Fire Rescue.


ASU Patient Flow
June 2021
West Palm Beach Fire Rescue
AMR
Palm Beach Fire Rescue
Palm Beach County Fire Rescue
North Palm Beach Fire Rescue
Health Care District Community Facilitator
Palm Beach Gardens Fire Rescue
Police
JFK North Campus Emergency Room
24/7 Readily Available Treatment
Riviera Beach Fire Rescue
Walk-in Patients
Addiction Stabilization Unit (ASU):
Health Care District PALM BEACH COUNTY
Warm Hand-Off
Emergency Room (Stays in ASU)
Pavilion (Admitted to Psych)
Medical Ward (Admitted to Med/SURG)
Health Care District Care Coordinators
Outside Agency
HCD Recovery Coach
Warm Hand-Off
Stay in HCD Outpatient Treatment
MAT, Primary Care, Psychiatry, Counseling, Group Therapy
Lewis Center Clinic
Outpatient Medical Home
HCD Clinic Assessment & Care Coordination
Mangonia Clinic
Homeless
Needs Methadone
Pregnant*
Detox
Residential Inpatient MAT Friendly
Outpatient
Inpatient
Ted's Place
Lewis Center
Cash Only
Insured, uninsured, & Medicaid
DAF
Men & Women
Vivitol
Sabutex for pregnant only
Wayside
Women Only
Indigent/Insured
Ebbtide
Men Only
Indigent/Insured
Village of Change
Men & Women
Indigent/Insured
Retreat
Men & Women
Insured
Access Recovery Solutions
Methadone
Sabutex
TR RN Lantana
Methadone
Sabutex
Lakeside Medical Center
Belle Glade
Comprehensive Wellness Center
*No resource for patients over 22 weeks pregnant who need MAT induction

ASU AND HEALTH CARE DISTRICT CLINIC PATIENT FLOW

Data starting 7/1/2021

Health Care District
PALM BEACH COUNTY

Health Care District Ground Ambulance Transportation to Addiction Stabilization Unit (ASU) for Substance Use Disorder (SUD) Patients

C. L. Brumback Clinics

Healey Center to hospitals

Hospitals to the Healey Center

ERs who need inter-facility **TRANSFER** SUD patients to ASU

CMN Form

JFK South (direct transfer)

CMN Form

Community Partners*

Atlas

561-398-5415

ASU

HCA Florida JFK Hospital

Clinics

*Residential treatments, in-patient addiction treatment, in-patient mental health hospital, sober houses, etc.

Agreements between HCD and Partners (MOUs in place)

- Provide patient demographics & insurance information if available before acceptance
- If it is from residential treatment facility to ASU, it might not need CMN (certificate of medical necessity)
- If it is from in-patient treatment facility, CMN is needed

For Individual Patients Needing SUD Treatment (Not from Emergency Room)

→ Call goes to (561) 642-1000 to reach Recovery Coach (RC) extension or 24/7 answering service

- If established patient → RC to provide medical ride share to ASU/Clinic
- If not established patient, advise to go to JFK North/South or clinic depending on hours
- Go to closest ER to seek help - ER to call Atlas

Recovery Coach Role

- Non clinical team member to build rapport with patients to help the patient see how his/her goals might line with the treatment team across multiple settings and agencies
- Assist the patient in scheduling appointments, transportation, and getting a warm handoff to the clinic
- Help the patient be “heard” by providers
- Support the patient through the entire intake process
- Assist with social needs
- Help the medical team with discharge, scheduling and form fill outs.
- Recovery Coaches DO NOT make recommendation for treatment, they follow the licensed providers recommendations and help the patient succeed in the recommendation.

Evidence for peer support/recovery coach services as a part of the team.

The American Journal of Drug and Alcohol Abuse

Implementing hospital-based peer recovery support services for substance use disorder

Elliott J. Liebling, Jessica Joyce S. Perez, Michael M. Litterer & Connie Greene
Pages 229-237 | Received 16 May 2020, Accepted 12 Oct 2020, Published online: 20 Nov 2020

The group has published what they believe to be the first formal study of hospital-based peer recovery support to describe a program implemented in both emergency departments (ED) and the inpatient setting. The study is based on IFPR's Peer Recovery Program, which incorporates Recovery Specialists as full-time, fully integrated care team members in the ED and inpatient settings to support patients with substance use disorder.

#ASAMAnnual2022

My experience: Peers are great. They should not make recommendations for treatment but help the patient with MI and build rapport

Automatic Triggers

- PRP patient ED visit or inpatient readmission
- Naloxone reversal prior to arrival
- Naloxone ordered in ED
- Documentation of COWS
- Active or anticipated withdrawal
- Buprenorphine ordered/prescribed
- Naloxone prescribed
- Documentation of CIWA

#ASAMAnnual2022

Patient Flow Chart

All patients with SUD are referred

RS consults with care team

RS connects with patient

RS provides verbal consult to care team

RS provides patient status through TigerConnect/Rover and documents encounter in Epic

Comprehensive follow up completed by RS for a minimum of 8 weeks

Warm handoff to higher levels of care, SDOH addressed, and referred to long-term recovery supports and case management

Ongoing recovery support throughout the entire process

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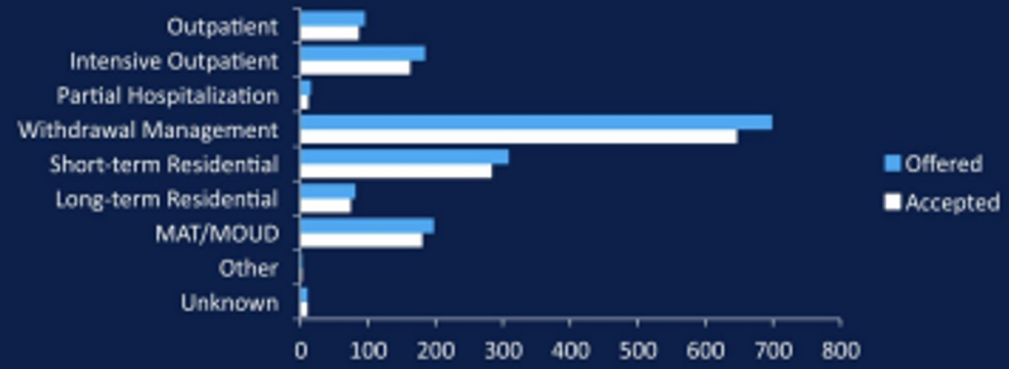
Treatment Referral Rate

- Of 3,567 patients seen by Patient Navigators in 2021, 41.8% were referred to treatment.
- 91.4% of all treatment referrals were accepted.

Treatment Level of Care



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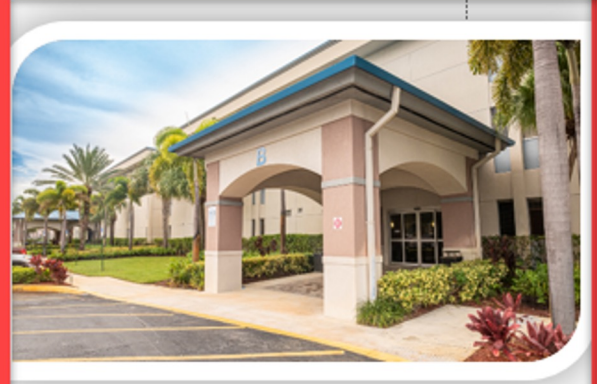

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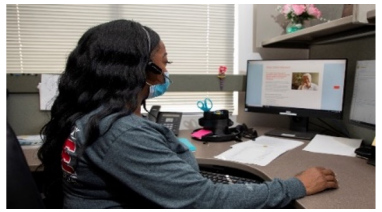
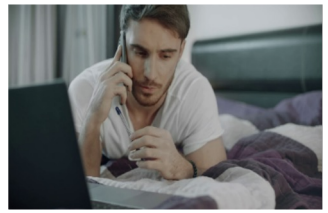
PBCFR Telehealth Addiction Program





Provide compassionate and non-judgmental outreach to bridge patients to addiction care and/or risk reduction resources after a substance/alcohol related 911 call.

Patients experiencing a substance or alcohol use related crisis are directed to JFK North's ASU.

Patients are transitioned to MAT via the Health Care District using the following resources:

- Rebel Recovery
- PBC Health Council Community Health Advocates
- NARCAN through state funded programs
- Mental health care through SEFBH Providers

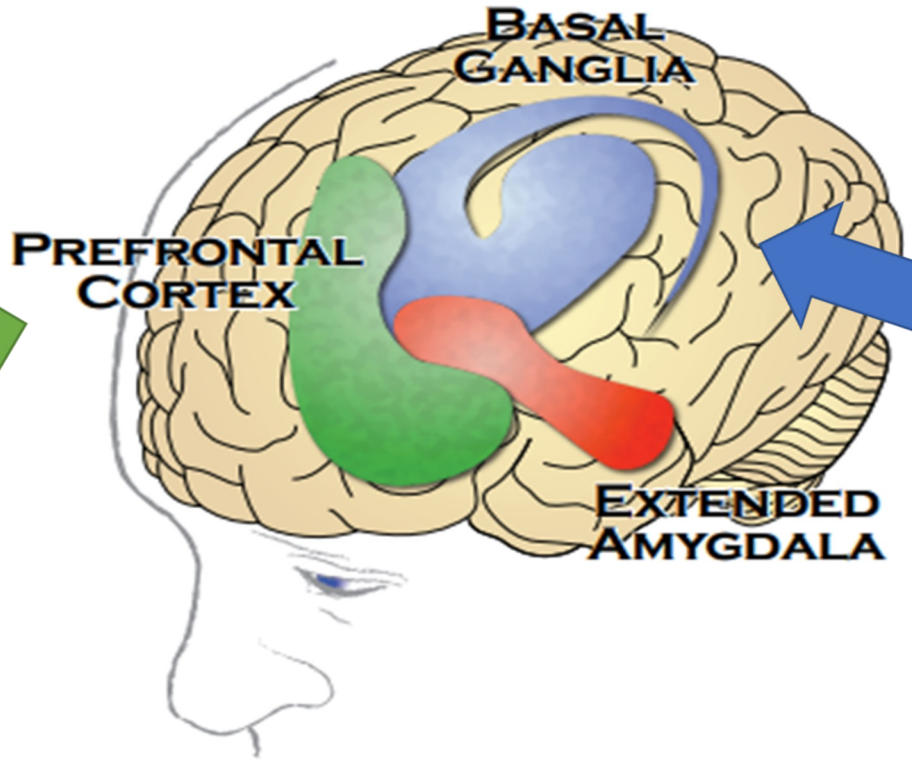
MIH Community Paramedics make the initial contact and offer a follow-up contact with a MIH social worker to address social service, mental health, crisis care, and recovery journey needs.

Home visits are offered to high frequency patients with chronic medical issues that have a co-morbidity of a substance or alcohol use disorder.

PBCFR transports patients experiencing a substance-related 911 call directly to JFK North's ASU when the patient is clinically stable, willing to be transported to the facility, and within a geographical boundary.

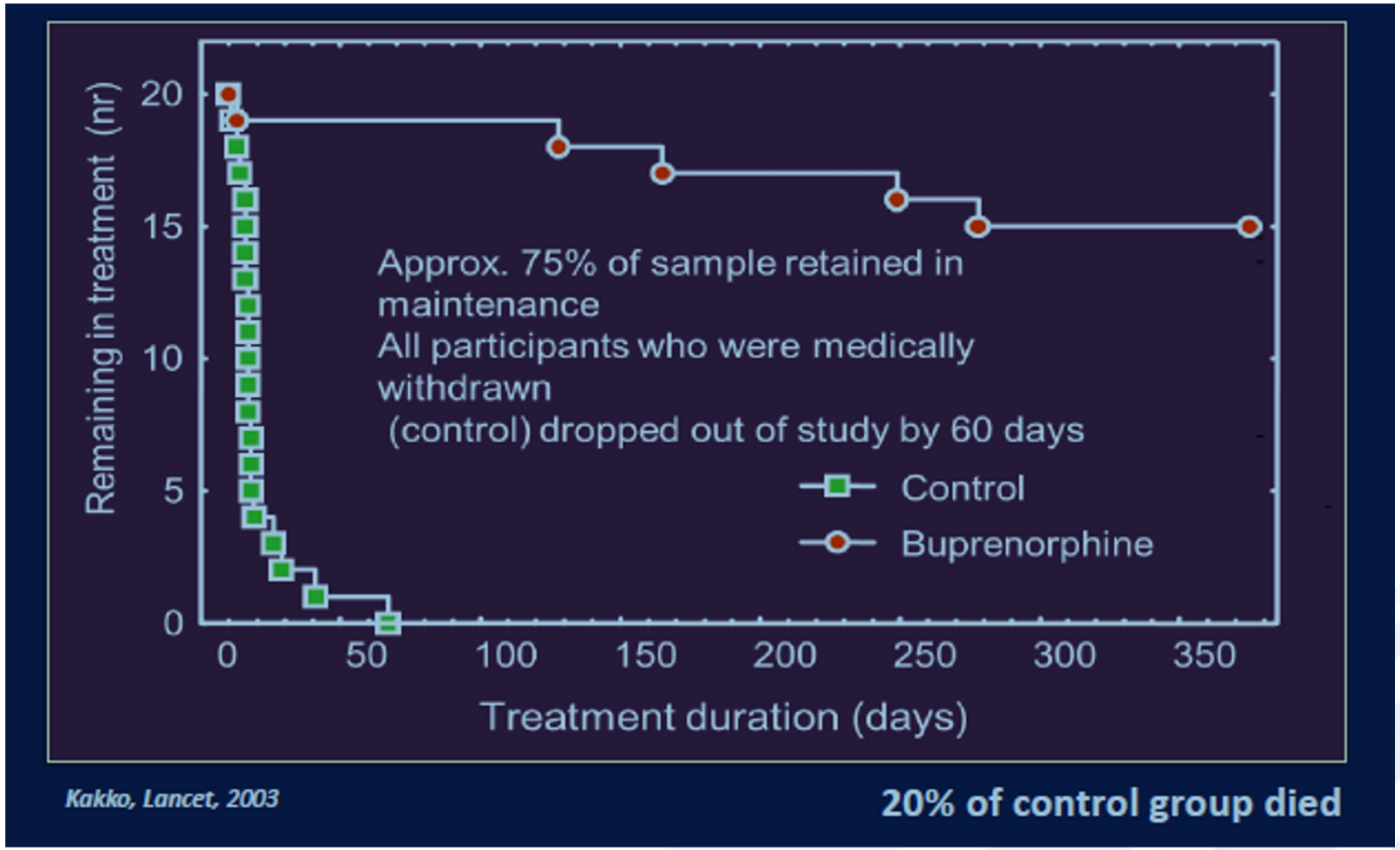
Without Treatment – Difficult to Attain Abstinence

Interventions
- ***Psychosocial Therapies***
- ***12 Step Programs***
- ***Monitoring***



Interventions (stabilization)
- ***Agonist Medications***
- ***Antagonist Medications***

Why MAT for Opioid Use Disorder?



Why Involve EDs and Hospitals?

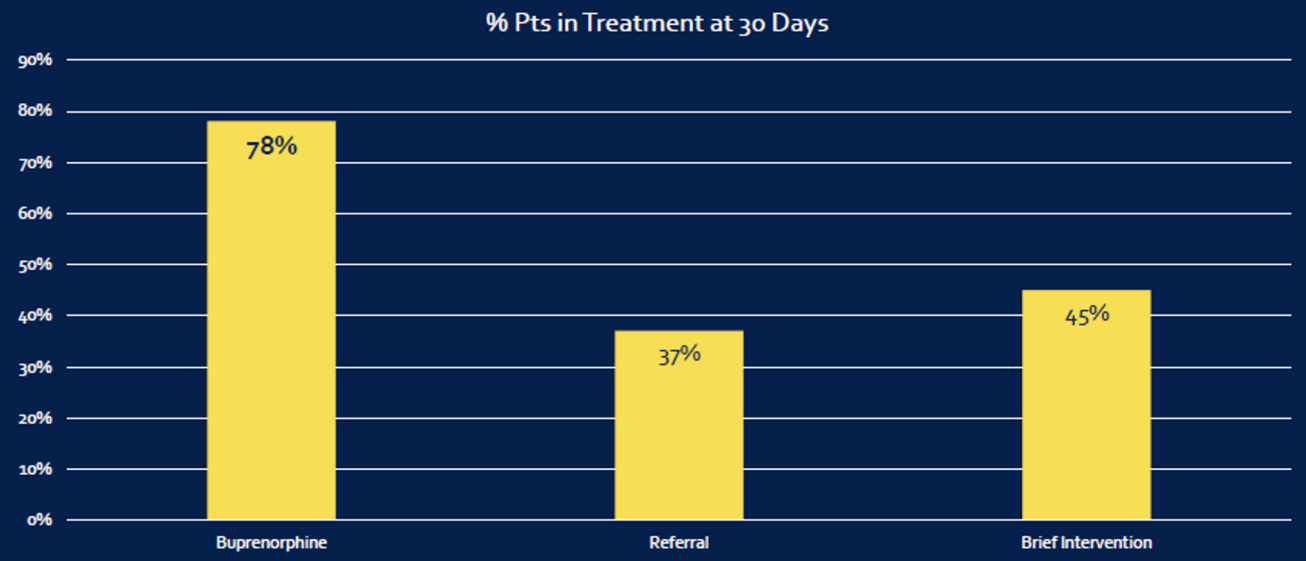
D'Onofrio, JAMA, 2015

- ED Patients with OUD
- 3 Study Groups
  - Traditional Referral (104)
  - Brief Intervention and Referral (111)
  - ED Initiated Buprenorphine (114)
- Primary Outcome:
  Engagement with Therapy at 30 days

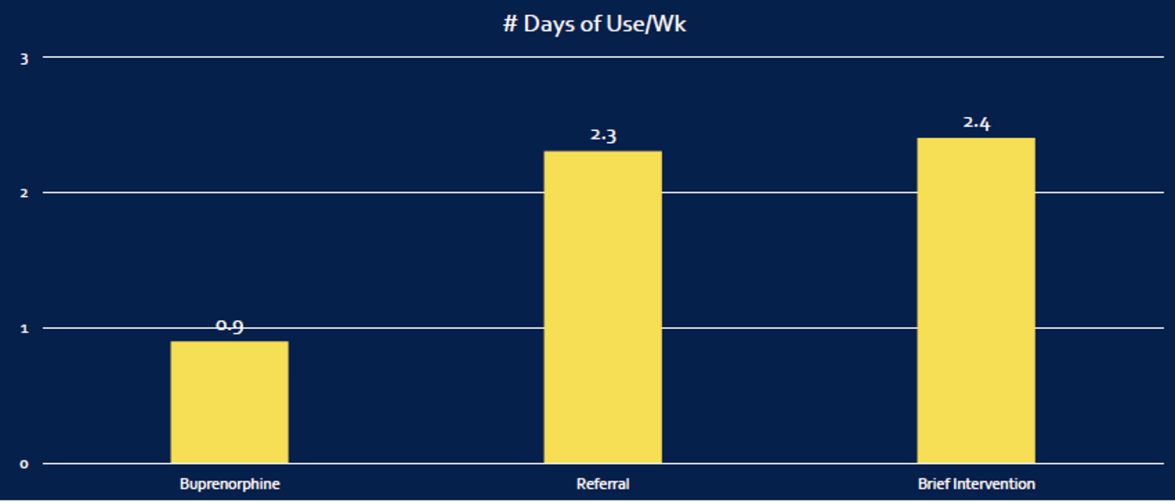
ASAM American Society of Addiction Medicine

Health Care District PALM BEACH COUNTY

D'Onofrio, JAMA, 2015

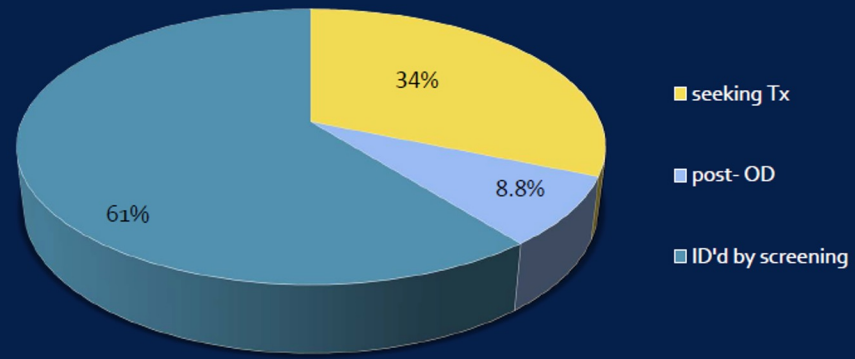


D'Onofrio, JAMA, 2015



D'Onofrio, JAMA, 2015

Study Population: Reason for Index Visit



Base for ASU Protocols

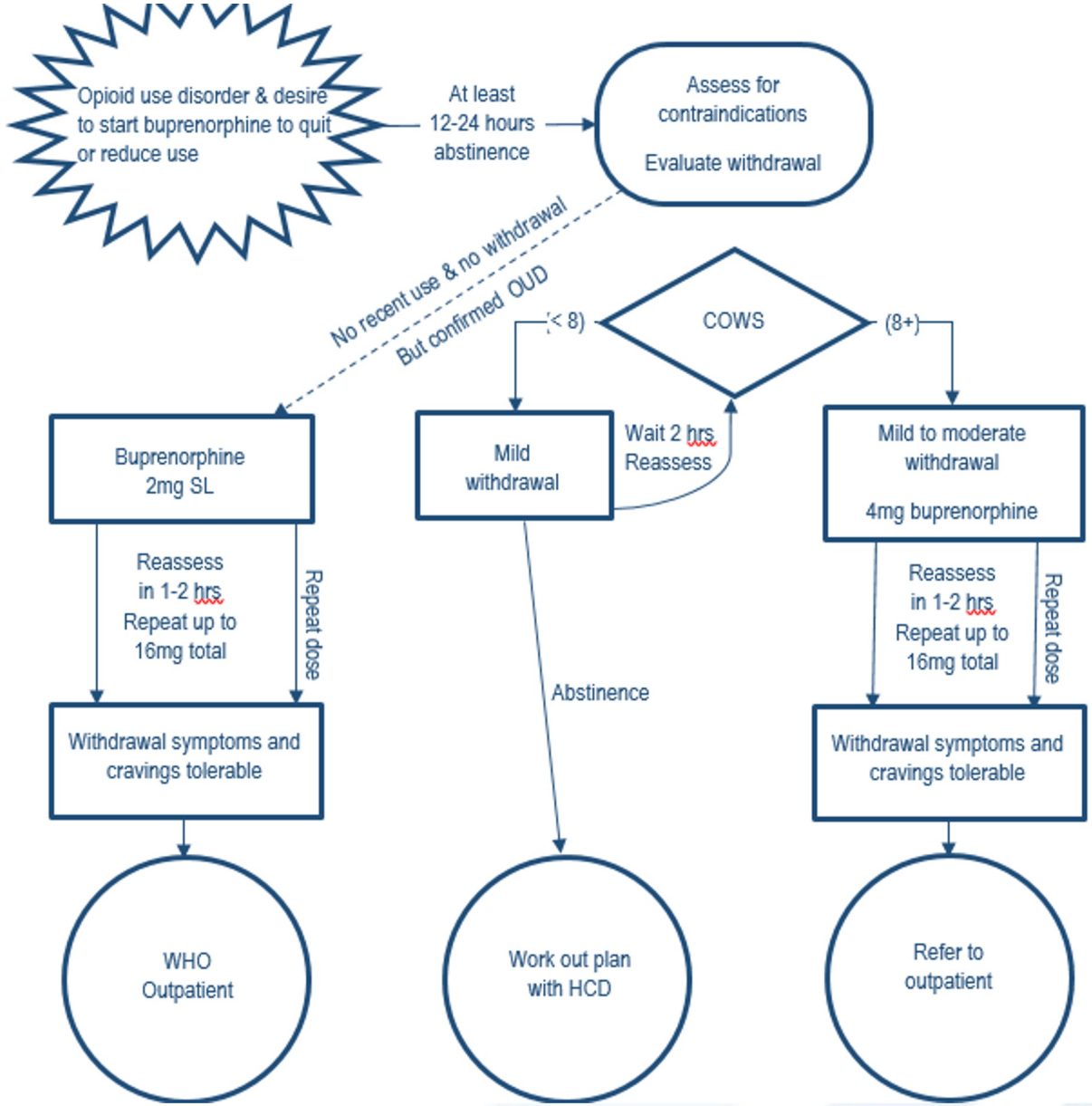
- Yale 2.0
- Evolving data

Emergency Department
Medication-Assisted Treatment of Opioid Addiction

Updated: August 2016

About the Author

Andrew A. Herring, MD, is an attending emergency physician at Highland Hospital-Alameda Health System in Oakland, California, and a clinical instructor at UCSF. He graduated from Harvard Medical School in 2008 and is board certified in addiction medicine. Herring conducts research on non-opioid pain management approaches in the emergency department, and teaches nationally on integrating ultrasound-guided regional anesthesia and interventional pain procedures into a practical approach to emergency pain management. He is a member of the American Academy of Pain Medicine's advisory panel on acute pain medicine. Herring is leading a series of pilots funded by the California Health Care Foundation to launch provision of medication-assisted treatment for opioid use disorder in emergency settings.



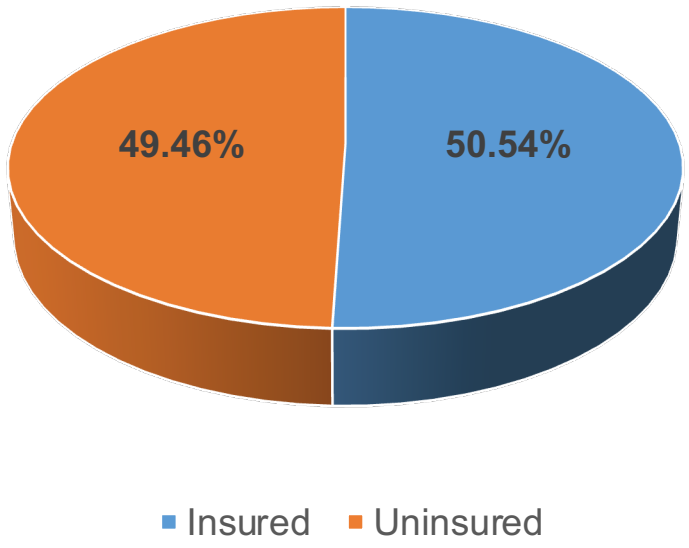
Health Care District
PALM BEACH COUNTY

Challenges at this point (late 2019/early 2020)

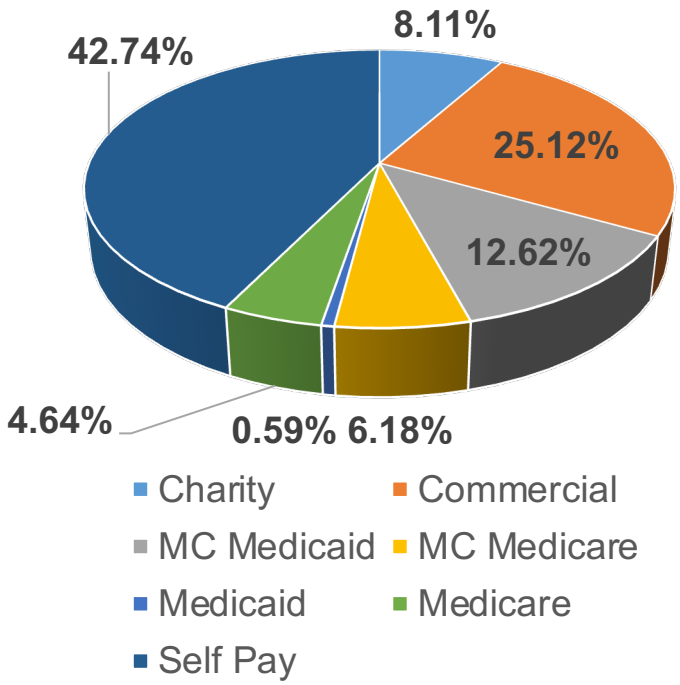
- Convincing the Hospital Prescribers to be comfortable to initiate buprenorphine
- Why do more OD patients leave AMA than other acute medical condition patients?
- Insurance of sustainable financial model
- Getting FR units to take patients to one location like a “trauma model”
- Staffing challenges, population health demands, and throughput
- Educating staff and burnout

Payor Mix

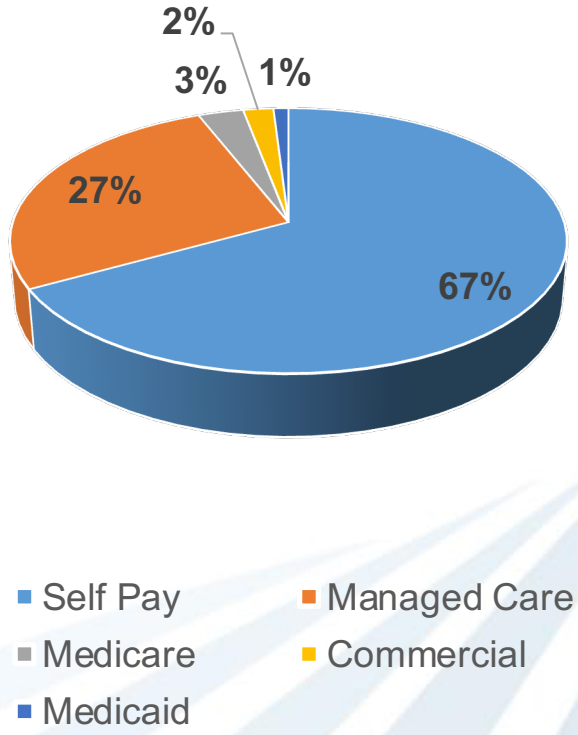
ASU ER Payor Mix



ASU IP Payor Mix



SUD Clinic Payor Mix



Costs PBCFR: Trying to convince local fire rescue to follow the "trauma model" of care

Cost: Average transportation OD to PBC ED	$3,562.00
Cost: Time a unit is out of service for OD	30-60 min

- Dollar cost
  - Includes actual costs (salaries, equipment depreciation, etc.) and overhead
  - Crew is about 61% of cost ($2,173). Crew is paid for a shift regardless of activity during that time.
  - Remainder of cost is $1,389
- NEMSIS Data
  - Nationally, an opioid OD transported to the nearest hospital takes 59.52 min
  - Nationally, an opioid OD transported to a regional specialty center takes 89.34 min
- Time out of service
  - Unit Hour Utilization (UHU; average is @.3 to .5): the total number of hours ambulances are staffed and available to respond divided by the total transports. Measure of efficiency.[2,3]
  - Third party and out of pocket reimbursement on average for EMS transports is 24%.[3]

Health Care District PALM BEACH COUNTY

COVID 19

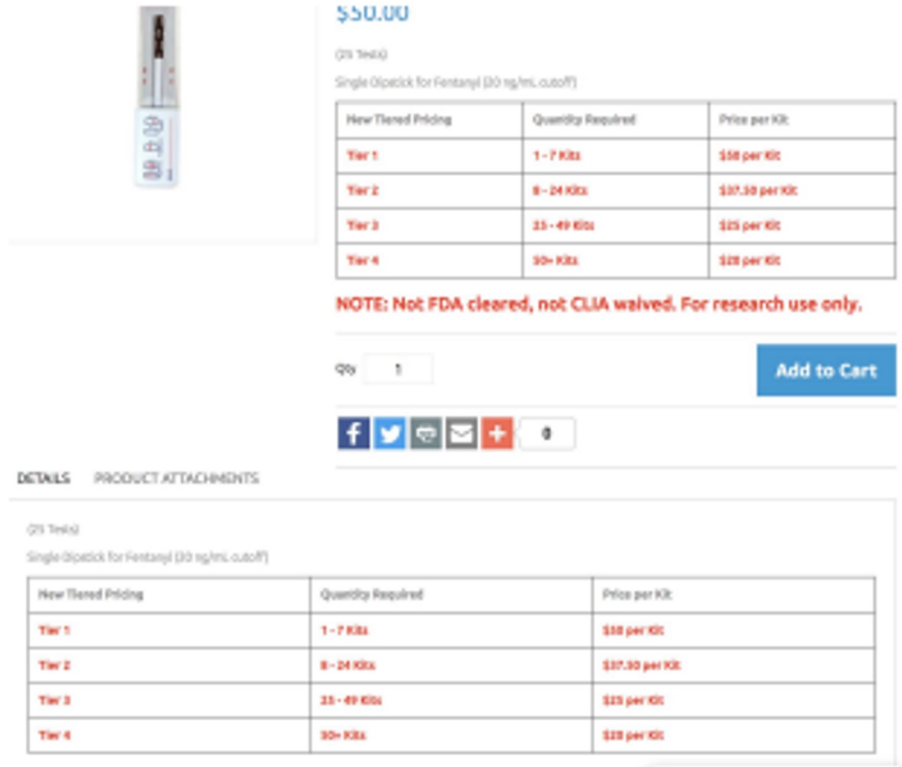
- We continued care for all patients but like everyone, saw a drop in utilization of the ASU, similar to all ED visits
- Utilized more telehealth but returned live to the clinic in May 2020
- This delayed progress with community partners as many were tied up with COVID-19
- Overdoses continued to rise in our county

Fentanyl – Game Changer

- Fentanyl is lipophilic: quickly crosses blood brain barrier
- Full agonist
- Barely lower affinity than buprenorphine
- 1000 times more lipid soluble than morphine: lingers in adipocytes
  - This makes induction on buprenorphine more difficult than in the heroin era
  - This is despite fast peak response on fentanyl
- Testing is not globally done

What about fentanyl?

- Has anyone in the audience seen heroin?
- How many of you can test for fentanyl?
  - If not testing fentanyl, many patients are being missed
  - I haven't found CLIA waived test
  - If you find one, let me know!



Dose Increases in era of fentanyl to improve retention

ARTICLES

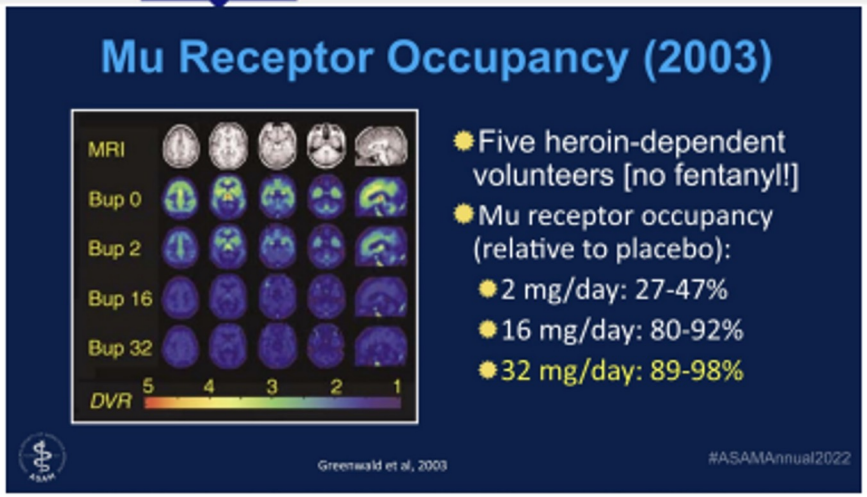
Effect of Buprenorphine Dose on Treatment Outcome

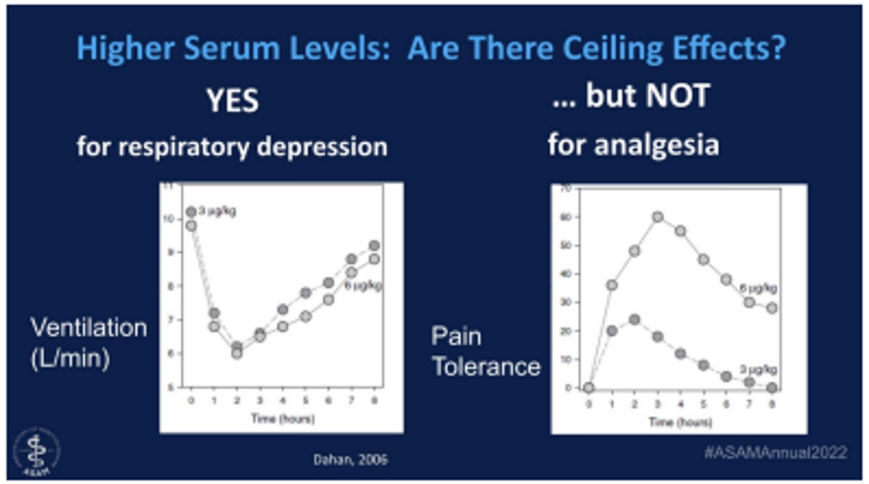
Ayman Fareed MD, Sreedevi Vayalapalli MD, Jennifer Casarella MD & Karen Drexler MD

Pages 8-18 | Accepted author version posted online: 05 Dec 2011, Published online:22 Feb 2012

Download citation https://doi.org/10.1080/10550887.2011.642758

- Increase doses of 16-32mg increased retention and decreased opioid use and cocaine use



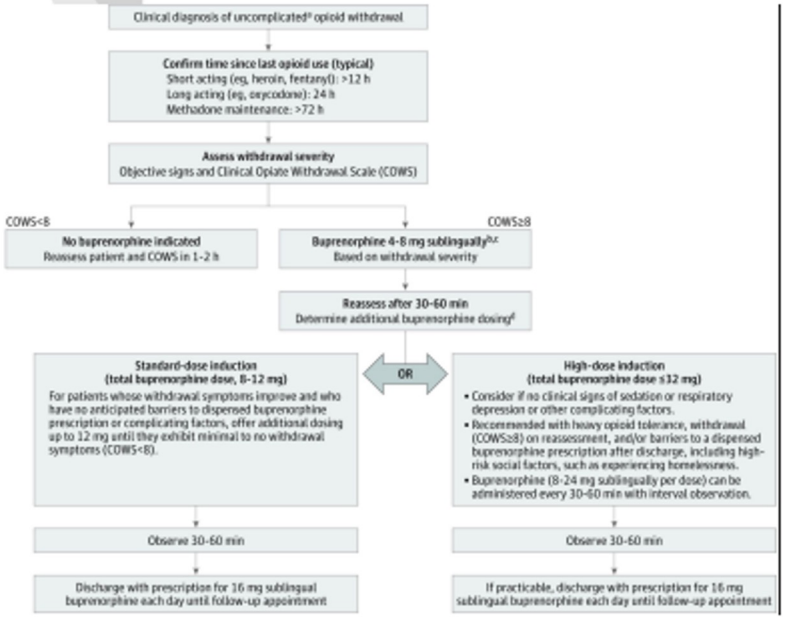


Buprenorphine inductions for fentanyl

- Using both high dose and low dose induction depending on clinical picture and Patient preference as literature supports both working

What about induction in the fentanyl Era?

High Dose Induction Protocol



Herring AA, Vosooghi AA, Luftig J, et al. High-Dose Buprenorphine Induction in the Emergency Department for Treatment of Opioid Use Disorder. *JAMA Netw Open.* 2021;4(7):e2117128. doi:10.1001/jamanetworkopen.2021.17128

Low Dose Induction Protocol

Table 2. Outpatient Microinduction Protocol Using Sublingual 2 mg Buprenorphine/Naloxone Tablets or Films

Day	Bup/Nlx Dose and Frequency	Full Agonist Opioid
1	0.5 mg daily (1/4 tablet or film)	No change
2	0.5 mg BID	No change
3	1 mg BID (half-tablet or film)	No change
4	2 mg BID	No change
5	2 mg TID	No change
6	4 mg TID	No change

Buprenorphine Microdose Induction for the Management of Prescription Opioid Dependence

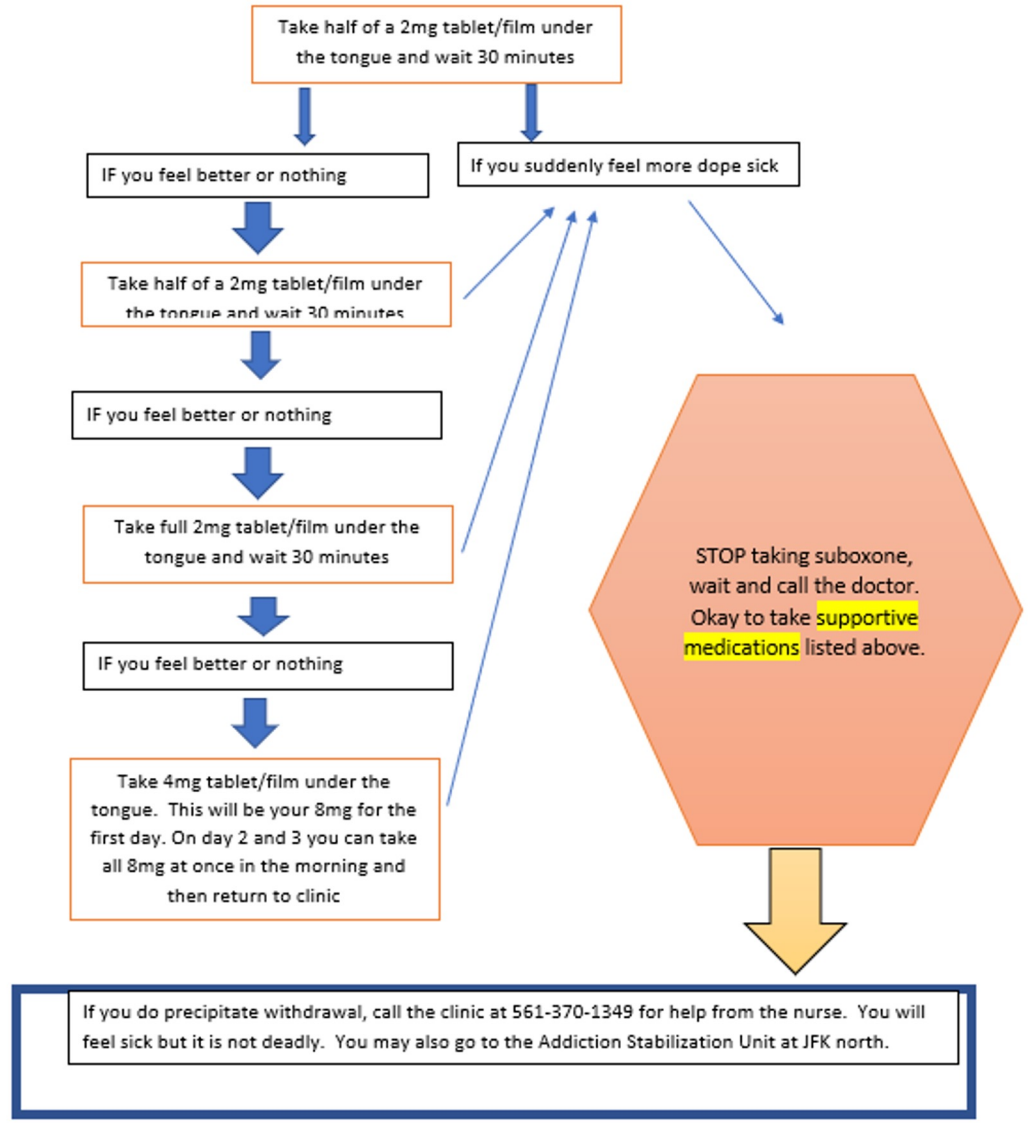
Jonathan L. Robbins, Honora Englander and Jessica Gregg

The Journal of the American Board of Family Medicine February 2021, 34 (Supplement) S141-S146; DOI: https://doi.org/10.3122/jabfm.2021.S1.200236

Health Care District PALM BEACH COUNTY

Home induction buprenorphine instructions for illicit fentanyl only:

1. Wait at least 24 hours after last fentanyl use and make sure SOWS score is at least 21 and in the severe range. Patient may take as needed supportive medications (clonidine, Imodium and ibuprofen) while waiting for this time to pass.
2. Then, follow this diagram:



Our current model: Sustainable Public Health Response

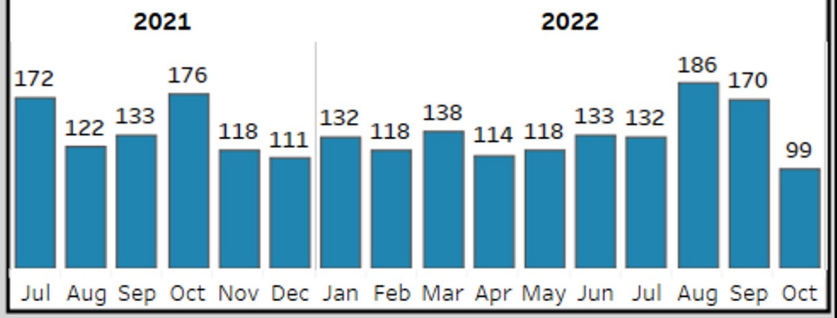
C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

ADDICTION STABILIZATION UNIT(ASU) UTILIZATION

JFK North & JFK South

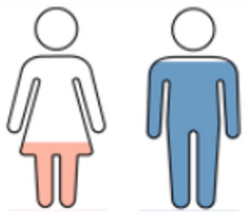
Start Date 7/1/2021 | End date 10/20/2022

MONTHLY VOLUME

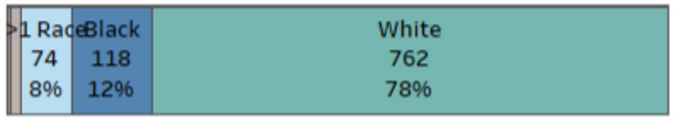


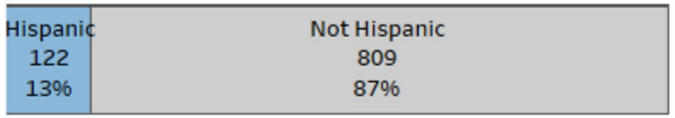
PATIENT VOLUME AND DEMOGRAPHICS

Unique Patients	Patient Visits	Come to FL for Treatment
1460	2134	16%

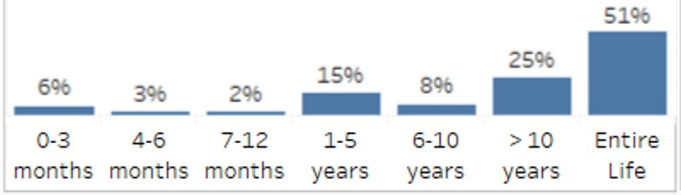


AGE

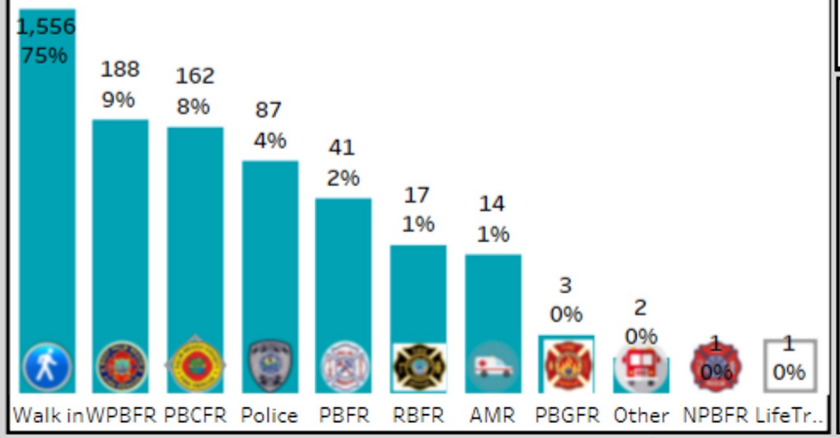


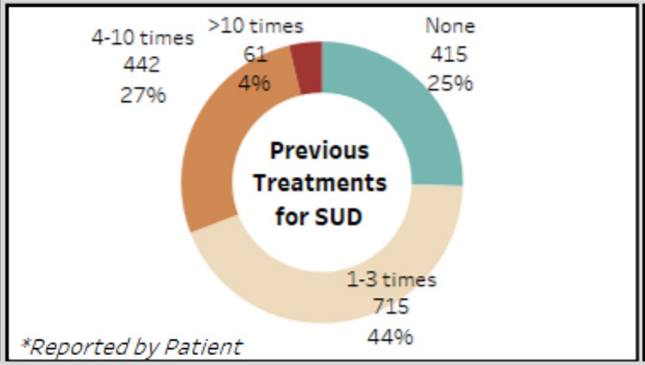


TIME LIVING IN FLORIDA



TRANSPORTION MODE

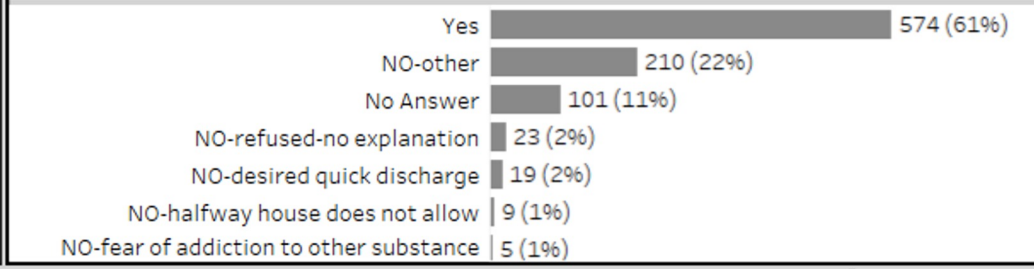




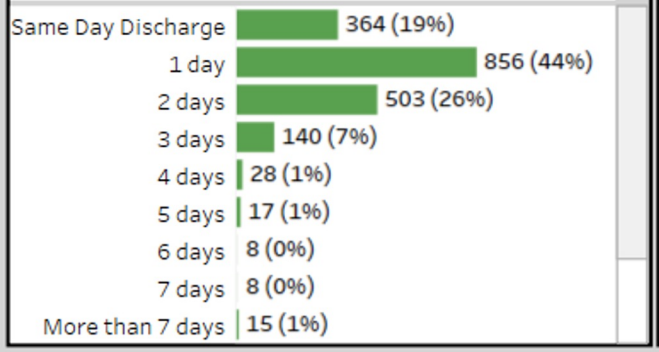
*Reported by Patient

PATIENTS WITH SUBOXONE INDUCTION WHILE IN ASU

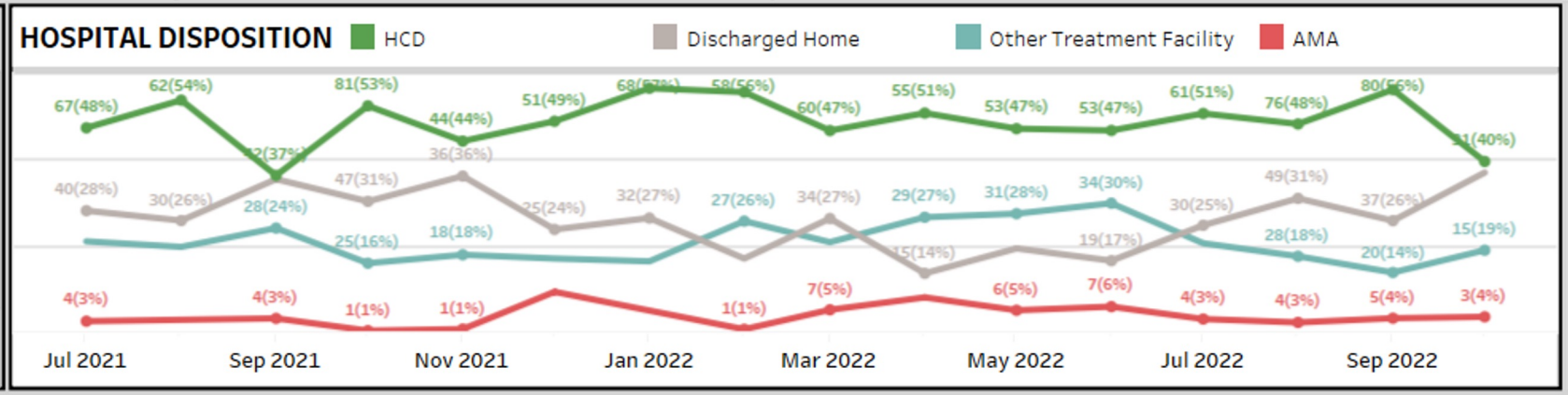
For patients with opioids in their system



LENGTH OF STAY AT JFK

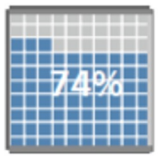


HOSPITAL DISPOSITION



Patients with 2 or more HCD Visits

Show Trend



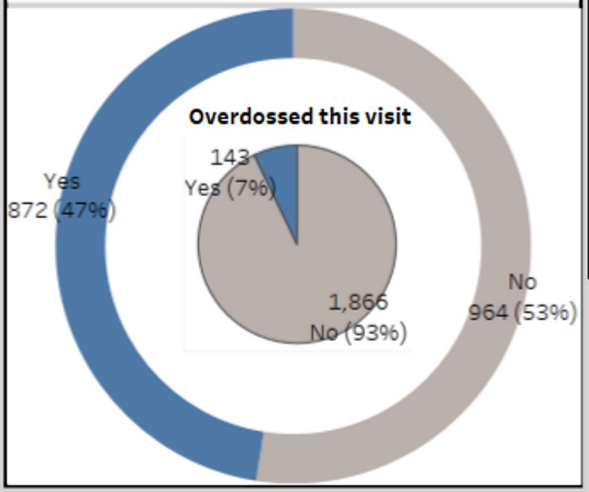
C.L. Brumback Primary Care Clinics
Health Care District Palm Beach County

ADDICTION STABILIZATION UNIT(ASU) UTILIZATION

JFK North & JFK South

Start Date 7/1/2021 End date 10/20/2022

PATIENT OVERDOSED IN THE PAST



PATIENT VOLUMES AND DEMOGRAPHICS

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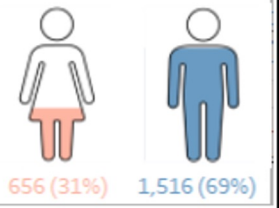
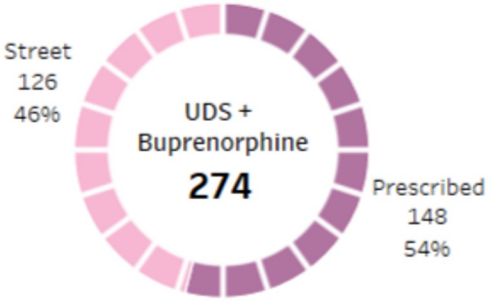
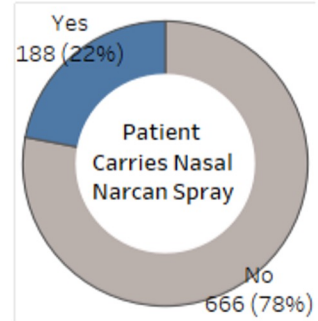


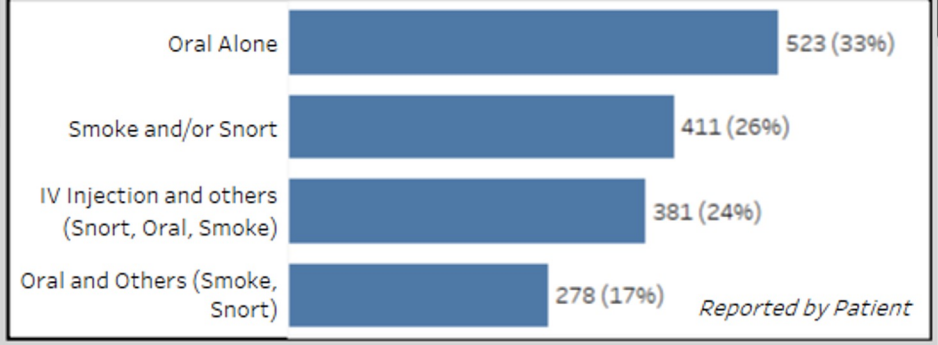
URINE DRUG SCREEN + FOR BUPRENORPHINE



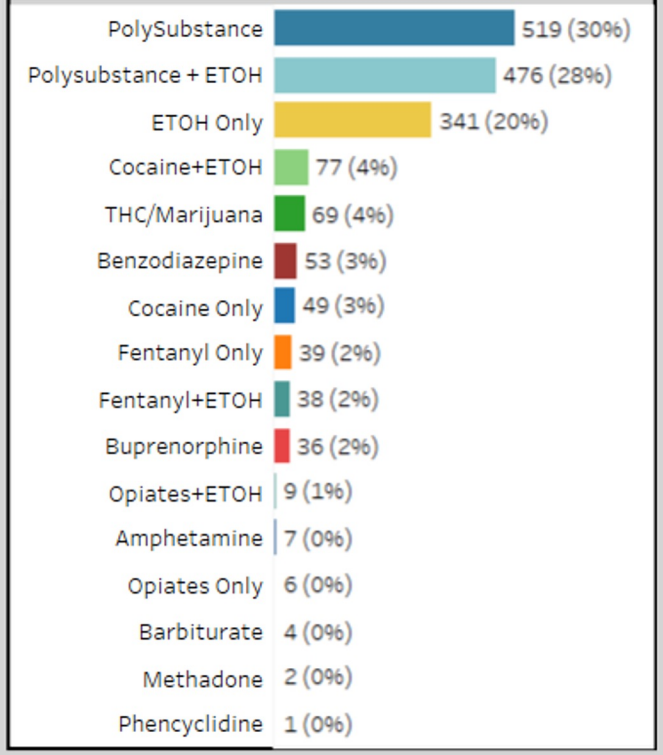
Reported by patient

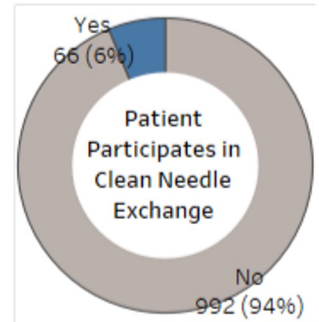


METHOD OF INGESTION



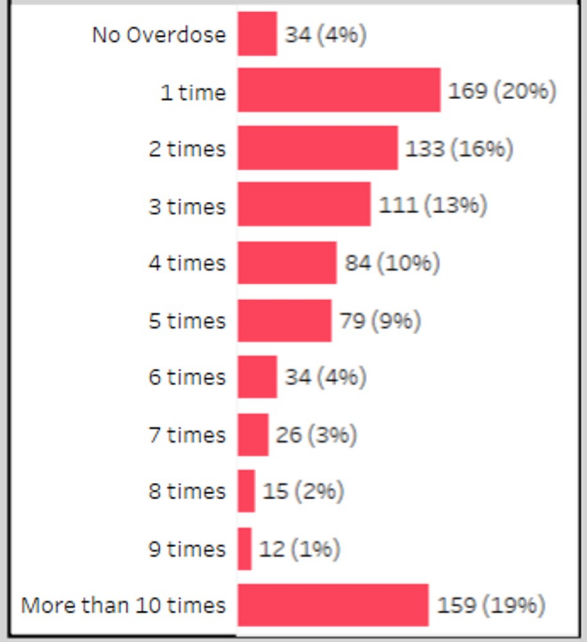
URINE DRUG SCREEN (UDS) & ALCOHOL LEVEL PER PATIENT



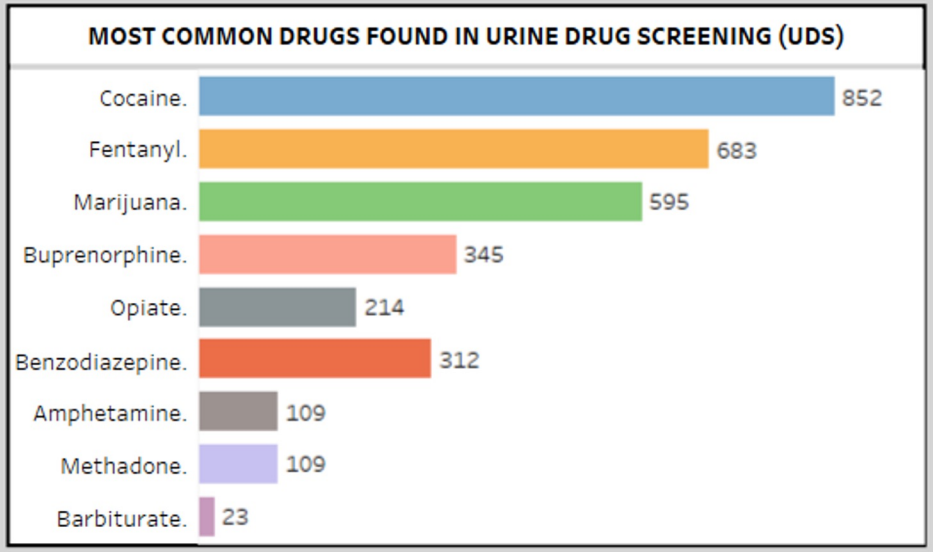


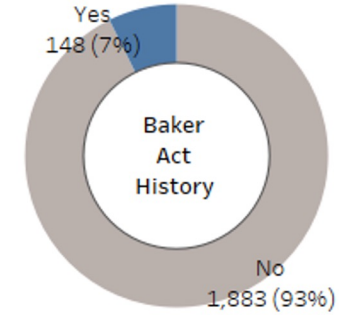
NUMBER OF OVERDOSES

(Reported by Patient)

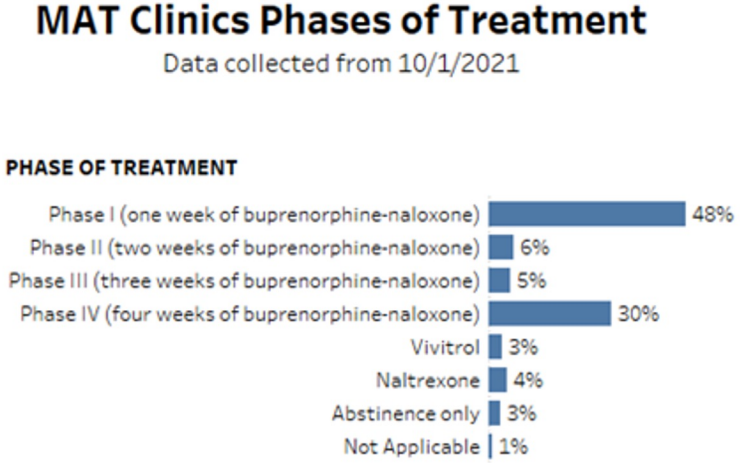


MOST COMMON DRUGS FOUND IN URINE DRUG SCREENING (UDS)





Clinic Program Principles



Building a Group-Based Opioid Treatment (GBOT) blueprint: a qualitative study delineating GBOT implementation Randi Sokol1*, Mark Albanese2 , Aaronson Chew1 , Jessica Early1 , Ellie Grossman3 , David Roll4 , Greg Sawin1 , Dominic J. Wu1 and Zev Schuman-Olivier5

Program Based on 4 Principles:

1. Evidence Based Medicine
2. Motivational Interviewing
3. Contingency Management
4. Harm Reduction

SCHEDULE OF SERVICES AND PHASES OF TREATMENT

ients may move backwards to a previous phase or move forward to another phase at the provider's discretion.

	Phase 1	Phase 1 or 2	Phase 3 or 4
	Induction Phase	Stabilization Phase	Maintenance Phase
Service			
PCP Visit (Primary Care Physician)	First 30 days	As needed	As needed
UDS (urine drug screen)	At Prescribing		At Prescribing
1:1 Counseling	At minimum 1x week- Phase 1	At minimum 2x month- Phase 2	At minimum 1x month
Group Counseling *	At minimum 1x week		At minimum 1x week
Take Home Dosing	Intermittent	Weekly or Bi-weekly	Every 3 to 4 weeks

Primary Care Clinics
Health Care District Palm Beach County
Health Care District PALM BEACH COUNTY

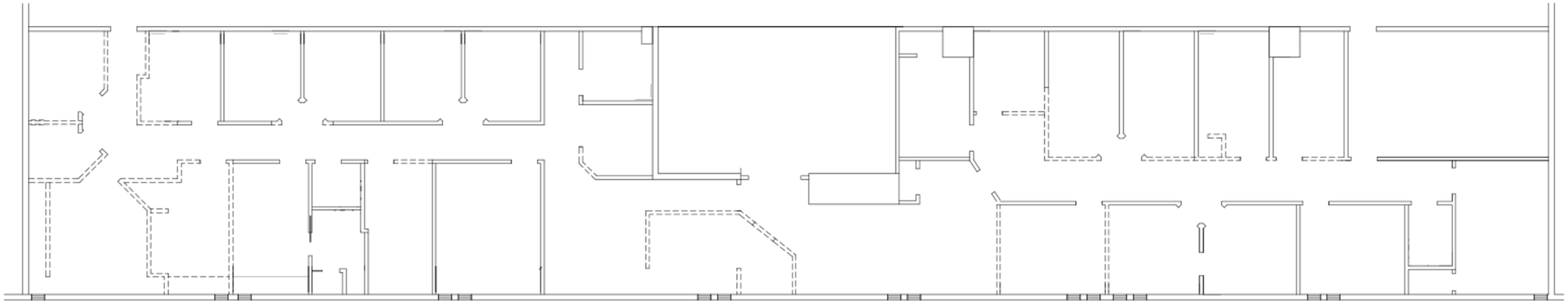
NIDA's 13 Principles of Effective Treatment for all SUDs in HCD Clinic

NIDA	Health Care District
Addiction is a complex but treatable disease that affects brain function and behavior.	We treat this like any other chronic condition of the body. It is lifelong and needs forever care.
No single treatment is effective for all individuals	Offer MAT, abstinence based treatment, therapy, medical, psychiatric, and refer to higher levels of care. Work with all SUD disorders
Treatment needs to be readily available	Walk-ins available from 8-5 in the clinic and after hours at ASU
Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.	All patients see primary care, psychiatry, therapy, pharmacy and care coordinators to assist with psychosocial needs.
Remaining in treatment for an adequate period of time is critical for treatment effectiveness	Patients can return as many times as it takes. We are their forever home for substance use disorders
Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.	Patient's receive individual, group and family therapy
Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.	We offer all medications for alcohol and opioid use disorder except for methadone which we refer to the community after assessment if appropriate.

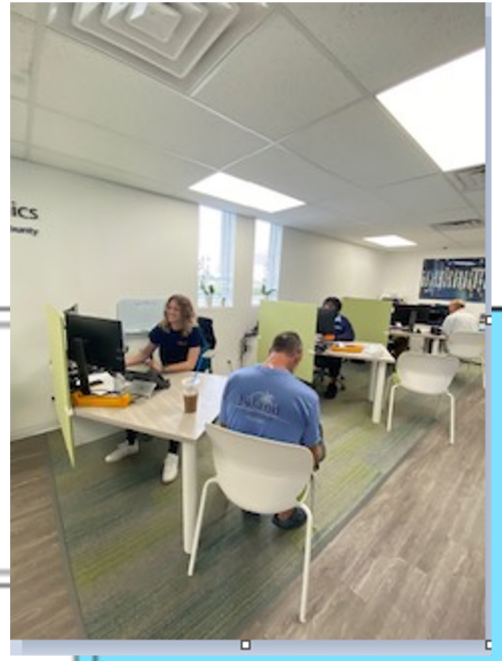
Nida's 13 Principles cont.

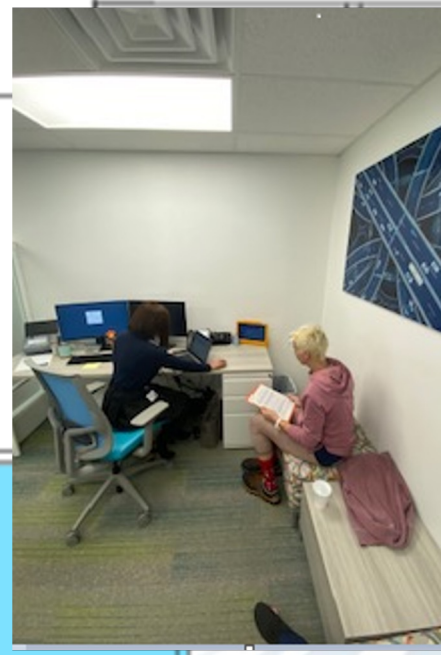
NIDA	Health Care District
An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.	Patient is seen by providers at least once per month and often weekly by the multidisciplinary team.
Many drug-addicted individuals also have other mental disorders.	All patient's have a psychiatric evaluation. Ongoing psychiatric care is provided as part of the substance use program.
Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.	We are a substance use medical home and provide care forever.
Treatment does not need to be voluntary to be effective.	Many of our patients are referred from drug court and a high percentage are motivated by probation
Drug use during treatment must be monitored continuously, as lapses during treatment do occur.	Patient's get drug screens, PDMP monitoring, and mental health monitoring are done at every visit.
Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C,	Every patient gets this in their first visit and can be treated with our primary care providers.

Walk the Patient's Shoes Through the HCD Clinic



The Waiting Room

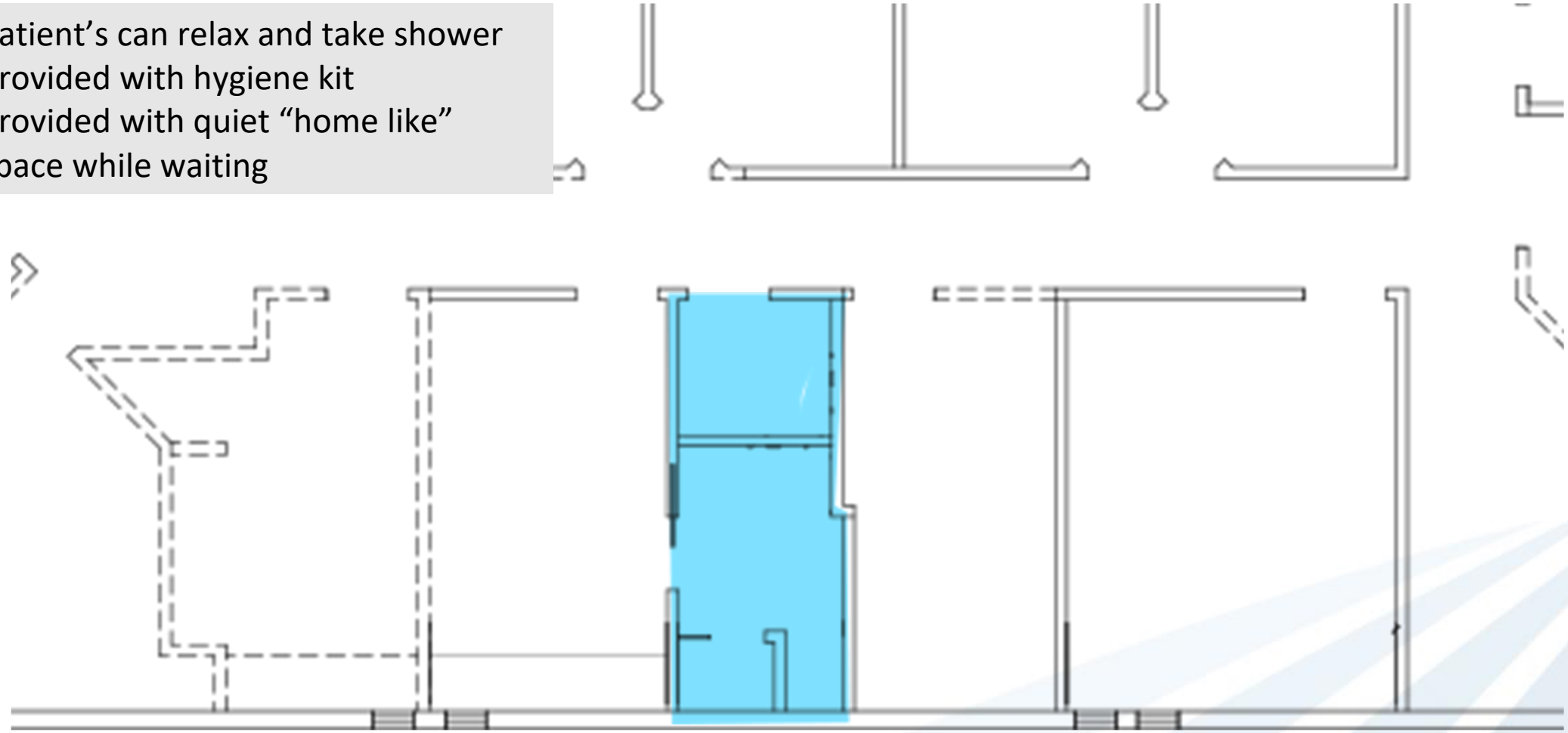




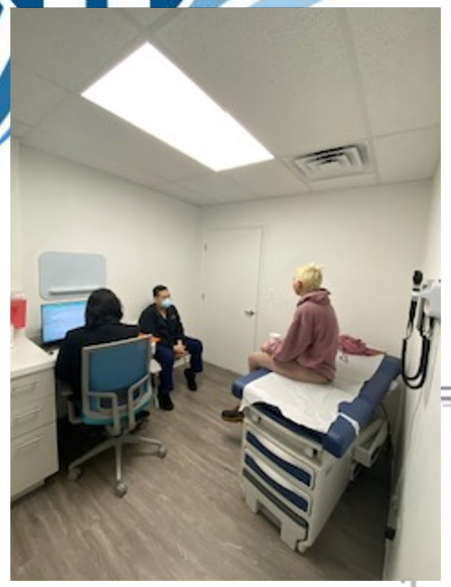
- Patient escorted by Recovery Coach in Warm Handoff from the ASU
- Patient welcomed by staff
- Patient starts meeting with care coordinator to address social needs immediately (food stamps, housing needs, transportation etc)
- Patient meets with financial counselor who determines eligibility for insurance or district cares coverage plan

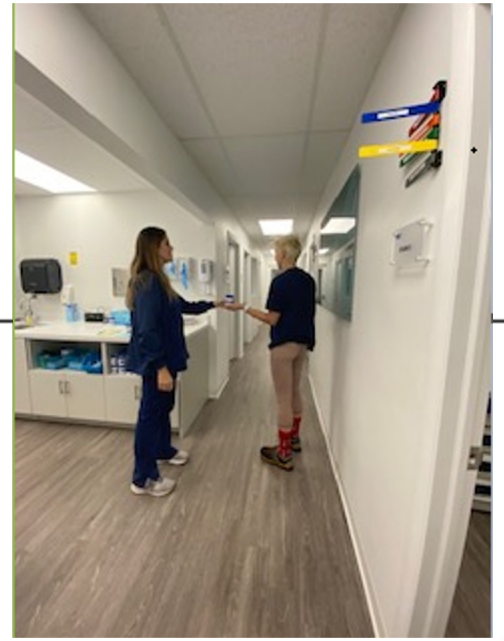
The Patient Lounge

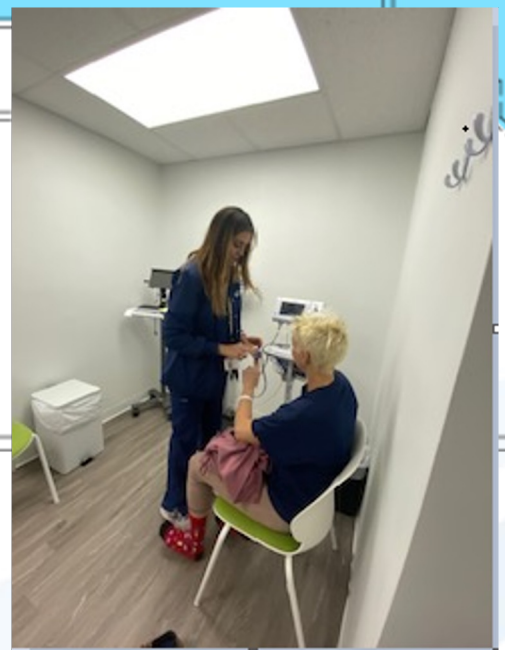
- Patient's can relax and take shower
- Provided with hygiene kit
- Provided with quiet "home like" space while waiting



Intake and Early Follow Up Assessments Areas

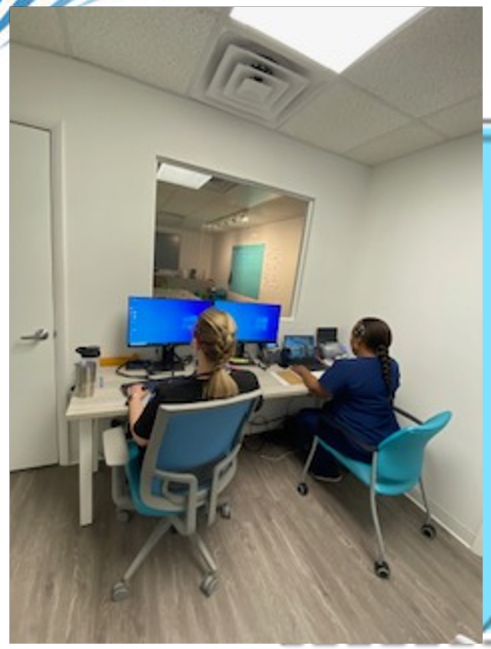




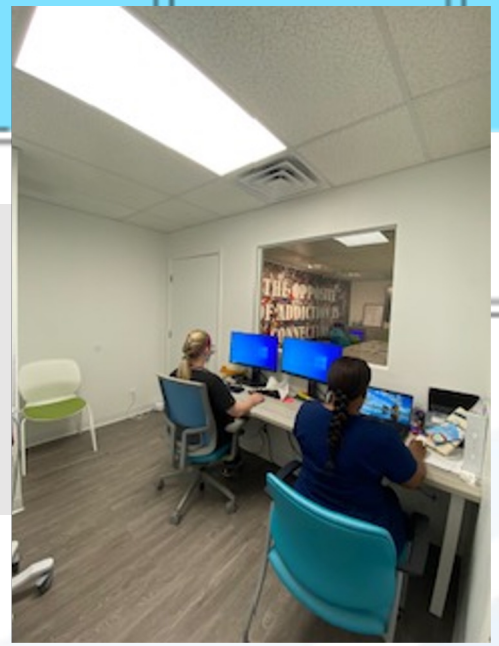


- Patient sees nurse and social worker together on assessment
- Medical doctor and psychiatric provider see patient
- Patient is stabilized over first 4 weeks medically, psychiatically, socially and with substance use
- Trust is built between the patient and the team
- Patient receives education and support

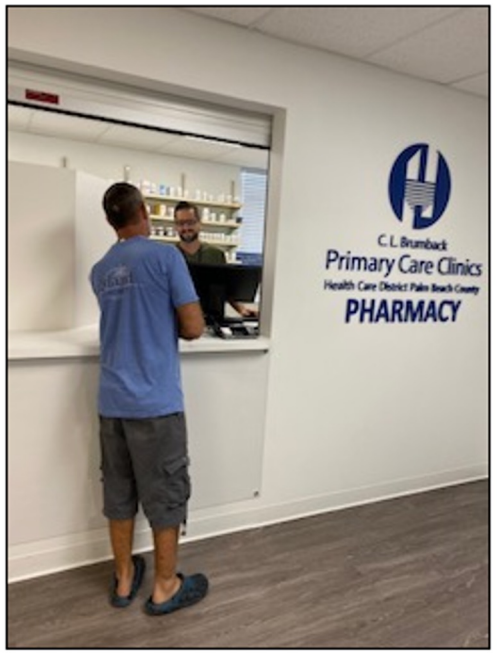
Group Based Addiction Treatment (GBAT)



- After stabilization, patient enters maintenance phase of treatment
- GBAT is an evidence based, population health approach
- Evidence based modalities are given



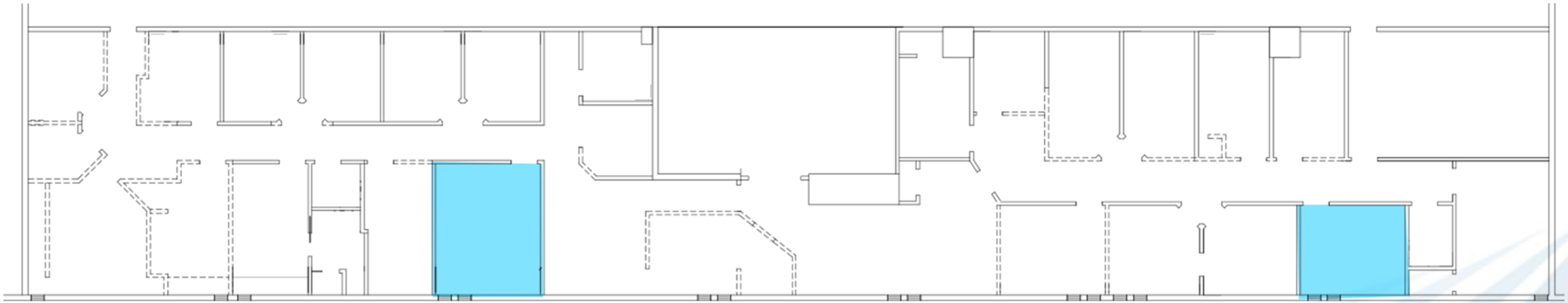
The Pharmacy



- On site pharmacy with free medication for indigent is a key factor
- Patients are often in withdrawal upon admission and need immediate treatment to be retained

The Shared Space

- Staff works in shared space to better communication
- Staff moves to the patient



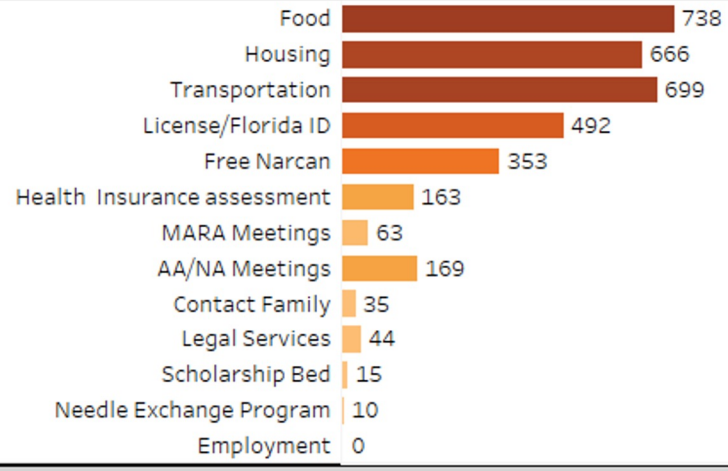
C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

SUBSTANCE USE DISORDER (SUD) CLINIC
Lewis & Mangonia

Start Date 10/1/2021 End date 10/20/2022

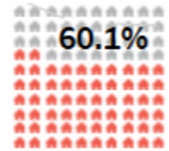
Data colected starting 10/1/2021

NEEDS THAT REQUIRE CARE COORDINATION



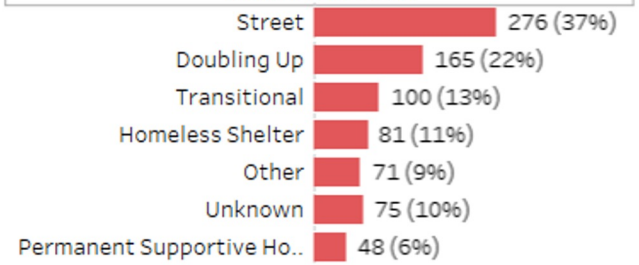
DEMOGRAPHICS

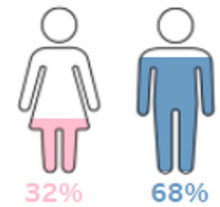
% HOMELESS 60.1%



Unique Patients 1,305

HOMELESS TYPE

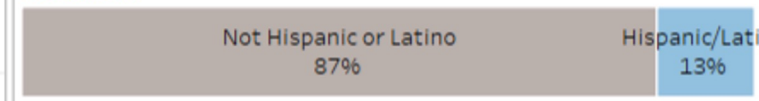




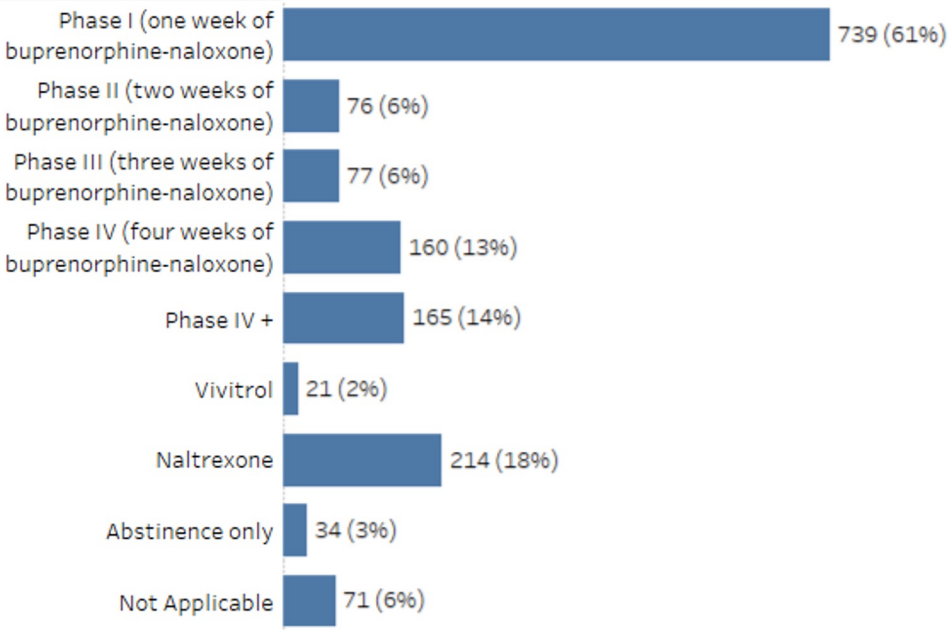
AGE DISTRIBUTION

RACE

ETHNICITY

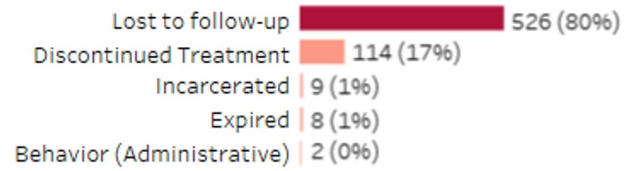


PHASE OF TREATMENT

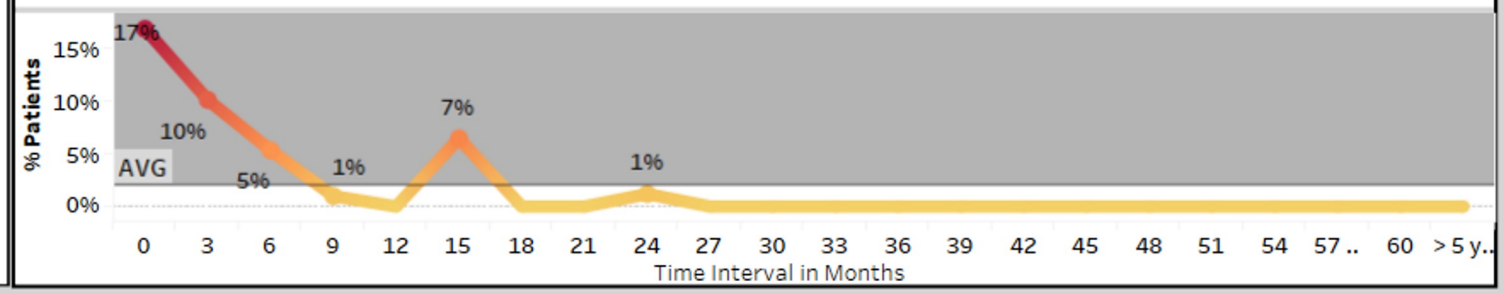


VISIT TYPE

UNCONTROLLED DISCHARGE



% OF PATIENTS WITH AT LEAST ONE OVERDOSE IN THE PAST 3 MONTHS



C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

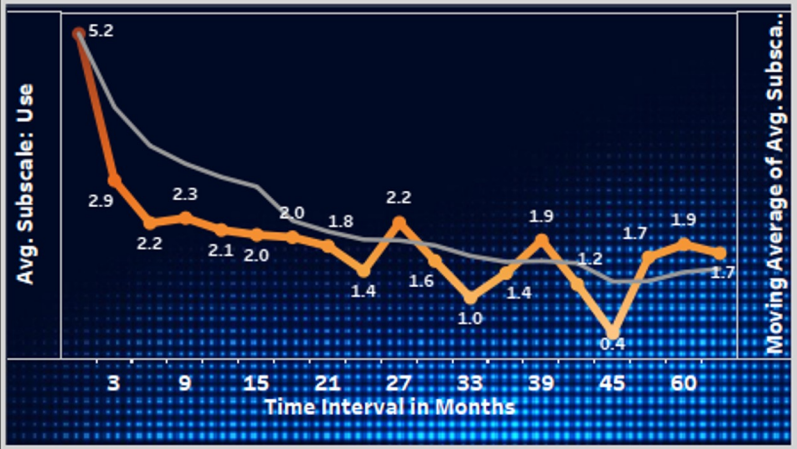
BRIEF ADDICTION MONITORING (BAM)
BY TIME INTERVAL IN MONTHS

Total Surveys
5,502

Cumulative BAMs since 2/2018

AVERAGE USE SCORES

Any Alcohol use, Heavy Alcohol use, Any Drug use
Scores range from 0 to 12 with higher scores meaning more Use



SCORING DEFINITION

Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)

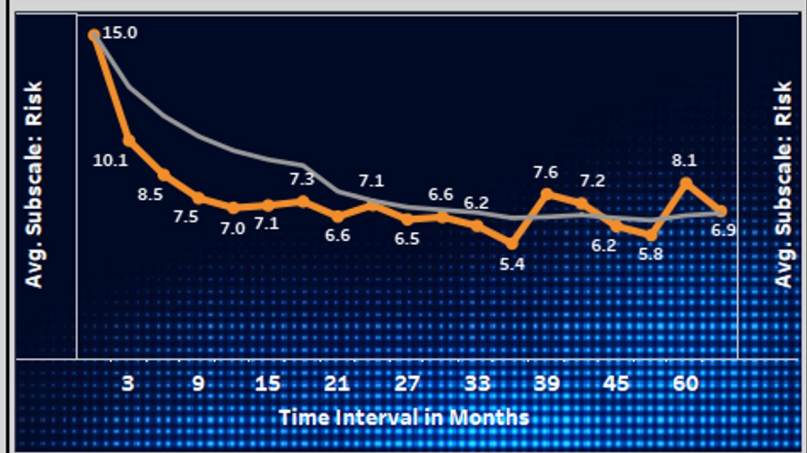
4. In the past 30 days, how many days did you drink ANY alcohol?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12- ounce can/bottle of beer or 5 ounce glass of wine.]
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

AVERAGE RISK SCORES

Physical Health, Sleep, Mood, Cravings, Family prob., Risky Situations
Scores range from 0 to 24 with higher scores meaning more Risk



SCORING DEFINITION

Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk

1. In the past 30 days, would you say your physical health has been:
Excellent (0) Very Good (1) Good (2) Fair (3) Poor (4)

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

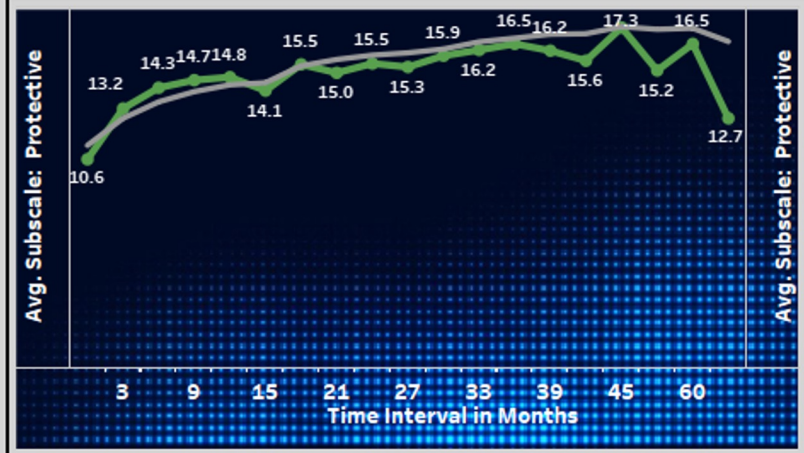
8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky "people, places or things")? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)

AVERAGE PROTECTIVE SCORES

Confidence, Self Help, Religion, Work/School participation,support
Scores range from 0 to 24 with higher scores meaning more protection



SCORING DEFINITION

Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning

9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

12. Does your religion or spirituality help support your recovery?
Not at all (0) Slightly (1) Moderately (2) Considerably (3) Extremely (4)

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work? 0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents? No (0) Yes (4)

16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?
0 (0) 1-3 (1) 4-8 (2) 9-15 (3) 16-30 (4)

Current Clinic challenges

- We need a south county location
- Homelessness
- Retention rate after 4-6 visit dropoff
- Staffing (always)
- Throughput

Retention Through 4-6 visits: Our current Problem to Tackle

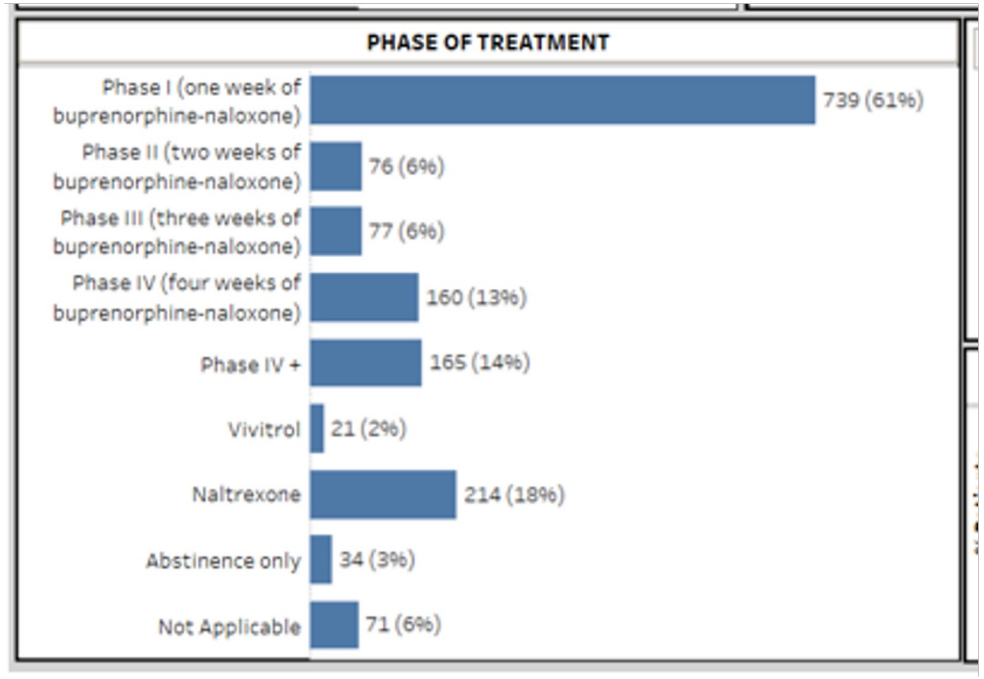
Health Care District PALM BEACH COUNTY

Total Patient Data

	SOURCE	JANUARY											
		Total Patients	WHO	Enrolled	Enrolled %	1 month still engaged	1 month %	6 months	Successful Outcome			Success % of PT's Enrolled	Success % of Total Touched
									YES	NO	UNKNOWN		
	ASU Walk-in	28	14	12	43%	6	50%	5	6	17	5	50%	21%
	ASU Fire Rescue	5	1	1	20%	1	100%	1	1	2	2	100%	20%
	ASU Police	2	2	2	100%	0	0%	0	0	2	0	0%	0%
	Clinic Walk In	12	N/A	10	83%	10	100%	4	7	5	0	70%	58%
	DAF	3	N/A	3	100%	3	100%	2	2	1	0	67%	67%
Homeless	Yes	12	N/A	9	75%	6	67%	4	4	8	0	44%	33%
	No	23	N/A	16	70%	13	81%	8	12	8	3	75%	52%
ETOH	Yes	18	N/A	7	39%	4	57%	1	2	11	5	29%	11%
	No	31	N/A	21	68%	16	76%	11	14	16	1	67%	45%
	Stable Housing/No ETOH	17	N/A	13	76%	11	85%	7	10	5	2	77%	59%
	Homeless/ETOH	5	N/A	3	60%	1	33%	0	0	5	0	0%	0%
	Total	50	17	28	56%	20	71%	12	16	27	7	57%	32%

Health Care District PALM BEACH COUNTY

Throughput



- How do you always keep open slots for new patients on the schedule?
  - People must be able to receive help when ready (walk in heavy schedules)
  - Patients don’t have to do all to do some
  - Very important to have same day access
- Phase IV+ for stable patients

Health Care District PALM BEACH COUNTY

Group based addiction Treatment for Throughput

What are ways to provide therapy with large groups and limited numbers of therapists?

From: Building a Group-Based Opioid Treatment (GBOT) blueprint: a qualitative study delineating GBOT implementation

1) Consistent application of expectations
Group expectations set through contracts and ground rules
Low tolerance for inappropriate patient behaviors
Low tolerance for substances of abuse (illicit and prescribed)
2) Team-based approach (medical assistant, front desk, nurse, B/N provider, psychologist)
3) Creating a safe and confidential space
4) Billing
Primary Care Provider
99213 if no individual appt. or
99214 if individual appt
Behavioral Health Provider
90853 for group psychotherapy or 96153 for health behavior code
5) Regular monitoring through drug screens and PDMP
6) Regular attendance and participation in groups

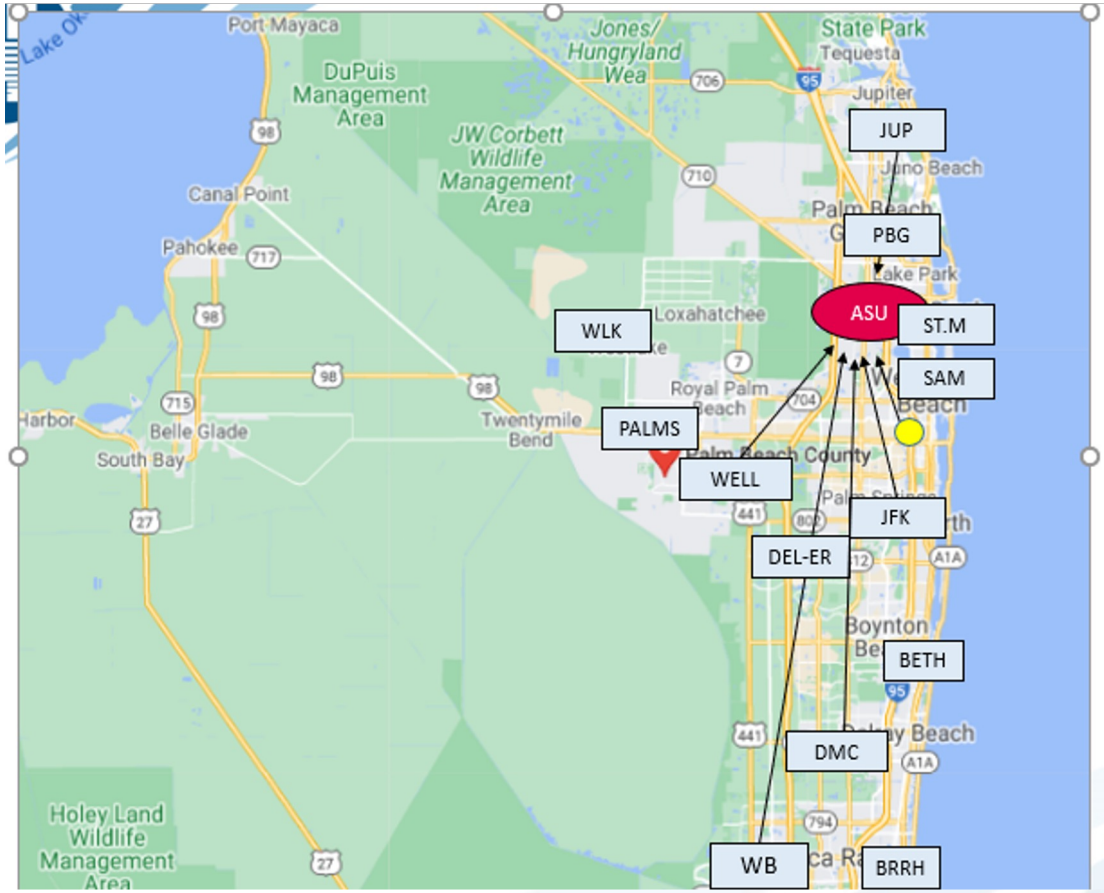
Sokol, R., Albanese, M., Chew, A. *et al.* Building a Group-Based Opioid Treatment (GBOT) blueprint: a qualitative study delineating GBOT implementation. *Addict Sci Clin Pract* 14, 47 (2019). https://doi.org/10.1186/s13722-019-0176-y

Group Based Addiction Treatment Flow
(Population Health of SUD patients)

The Future of our Local Program

Adding Locations

- We have transportation money
- We are adding a location in the south part of the county to increase access as the current clinic is in the north end of the county



Palm Beach County

- 2,383 square miles
- 2nd largest county in FL
- About 47 driving miles south to north
- About 60 driving miles east to west

ASU is…

- 6.5 mi from PBC center point of I-95
- 13.9 mi (18 min) from JFK
- 12.8 mi (22 min) from JUP
- 17.4 mi (27 min) from WELL
- 26 mi (34 min) from DMC
- 36.4 mi (49 min) from WB

● = Center Point of I-95

Health Care District PALM BEACH COUNTY

Our current projects

- Adding Sublocade with DCF grant
- Better partnerships with methadone clinics
- Continuing to analyze workflows and quality
- Continue to work to analyze long term retention and look for ways to improve it
- Continue to work on housing initiatives
- Would like a more “pregnancy specific” curriculum in outpatient
- Continuing to train primary care doctors/psychiatric providers to be more comfortable in treating this through partnerships with local training programs

CORe: Coordinated Opioid Recovery County Introduction to Clinical Procedures and Workflows

Courtney Phillips, MD
Board certified in general psychiatry and addiction medicine
Statewide Director of Opioid Recovery for DCF
2022

CORENetwork@FLHealth.gov

ENDING ADDICTION IN FLORIDA

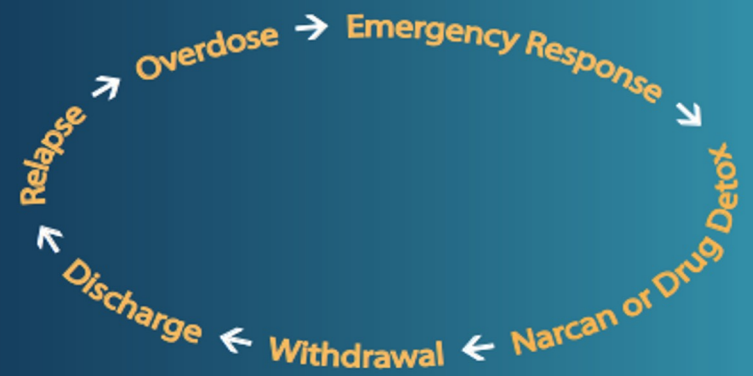
On August 3, 2022, the State of Florida will unveil two historic steps to fight overdose and addiction, and disrupt the opioid epidemic:

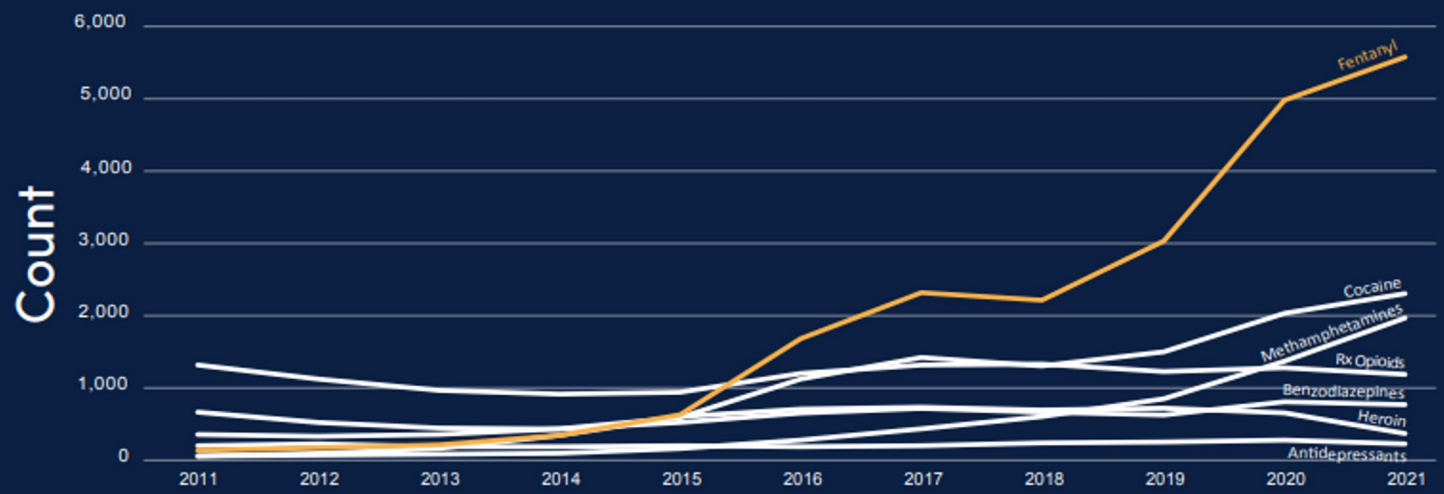
- New innovative statewide addiction care pilot program
- New Statewide Director of Opioid Recovery

In 2021, there were over **8,000 reported overdose deaths** in Florida.

Since 2015, fentanyl-related overdose deaths have **increased by 790%**.

The current, nationwide model of overdose is unsustainable, unreliable, and has deadly consequences.





Health Care District
PALM BEACH COUNTY

Coordinated Opioid Recovery

A NETWORK OF ADDICTION CARE

Coordinated Opioid Recovery (CORE) is the first of its kind in the United States and places Florida as a leader in sustainable addiction and opioid recovery.

The Florida Department of Health, the Florida Department of Children and Families, and the Agency for Health Care Administration are partnering to implement a network of addiction care in up to 12 counties in Florida.

Standard treatment programs have had limited success in creating long term recoveries for this lifelong illness. This innovative program is the first of its kind in the country, expanding a state-supported cohesive coordinated system of addiction care for individuals suffering from substance use disorder.

CORE

Overdose

Emergency Response and Care Navigation

Bypass Other Hospitals

Transport to Specialty Subject Matter Hospital (Similar to a Trauma Center)

Stabilize Patient

Start Medication Assisted Treatment

Transfer to Sustained Multi-Specialty Medical Group

Focus on Sustainable Clinical Pathway and System of Care

Health Care District
PALM BEACH COUNTY

Addiction Stabilization Model

Palm Beach County Addiction Stabilization Center Model

- Established in 2020 through a local, innovative public-private partnership.
- Streamlines the process for patients with substance use disorder to enter care and receive evidence-based services.
- Three-pronged approach that includes first responders, stabilization, and long-term treatment.

COMPONENT 1: RESCUE RESPONSE

- Patient is treated by first responders (fire rescue/EMS personnel).
- Treatment includes use of specialized EMS protocols for overdose and acute withdrawal to minimize precipitating symptoms.

COMPONENT 2: STABILIZATION/ASSESSMENT

- Patient receives treatment in an Emergency Department (ED) with a specialized addiction stabilization center.
- Treatment options include medication assisted treatment (MAT).
- Patient is also assessed and treated for emergent unmet health needs.
- Medical staff recommend the care best suited for each patient and a peer navigator facilitates a warm hand off to the long-term treatment facility.

Component 3: Long-Term Treatment

Long-Term Treatment

- Patient receives long-term care and wrap around support through a Federally Qualified Health Center (FPQC) with infrastructure to serve as the medical home for clients with SUD including screening and treatment of infectious diseases (e.g., HIV and Hepatitis C).
- Patient is treated by a team of psychiatrists, primary care physicians, physicians and counselors specialized in treating addiction, and other licensed professional services.
- Services include long-term management of MAT (e.g., Buprenorphine, Naltrexone, and Vivitrol), individual and group therapy, psychiatric services, individualized care coordination, pharmacy services. and links to other health and social services.
- Patients also receive services to address their social services needs that may include employment assistance, housing, parenting, life skills training, or maternity care.

Pilot Project

Goal: Implement a pilot project to replicate the evidence-based addiction stabilization model.

- An average of $1 million per county using funding from the Centers for Disease Control and Prevention (CDC) Crisis Response Public Health Workforce Supplemental funding
  - Expires July 30, 2023
- Use standardized criteria to select pilot counties based on need and capacity.
- Florida Department of Health, in partnership with the Florida Department of Children and Families and the Agency for Health Care Administration, will assist with funding for products and services not allowed under the CDC cooperative agreement, such as MAT.

EVALUATION

Standardized performance metrics using brief addiction monitor:

- Average Use Scores (Any alcohol use, heavy alcohol use; any drug use scores range from 0-12, with higher scores indicating more use)
- Average Risk Scores (Physical health, sleep, mood, cravings, family problems, risky behaviors; scores range from 0-24 with higher scores meaning more risk)
- Average Protective Scores (Confidence, self-help, religion, work/school participation support; scores range from 0-24 with higher scores indicating more protection)
- Number of Clients Served
  - Insured/Uninsured/Underinsured
- Expenditures
- Timeline
  - Time between rescue response, stabilization/assessment, and long-term treatment
  - Wait times /Wait list

County Selection Criteria

Step 1: Capacity

Assessment of Infrastructure Needed to Begin Pilot in July 2022

- Capacity based on medical infrastructure and ability to provide addiction and behavioral health services are essential to a successful pilot.
- Counties that have at least one hospital with an emergency department and at least one Federally Qualified Health Center that offers behavioral health services move forward to Step 2 of the selection process.

Step 2: Need

Identification of Substance Use Disorder Hot Spots

- Areas of greatest need were identified using data on fatal overdoses, non-fatal overdoses, and neonatal abstinence syndrome.
  - Age-adjusted rates of drug poisoning deaths
  - Age-adjusted rates of drug-involved emergency department visits
  - Neonatal abstinence syndrome rates
- Counties with rates of fatal overdoses, non-fatal overdoses, and neonatal abstinence syndrome that were higher than the state of Florida rate move forward to Step 3 of the selection process.

Step 3: Community Characteristics

Evaluation of Community Characteristics

- Information about each county's population size, density, as well as geographic coverage statewide are important to ensure pilot counties are diverse and can be used to evaluate program implementation in various community settings.
  - Rural and non-rural
  - Regional/geographic distribution:
    - County health department consortium region
    - Managing entity region
    - Statewide Medicaid Managed Care region
  - County population size

Step 4: Resources

Review of Current participation in Evidence-Based and Pilot Programs

- Participation in a current statewide quality improvement project or other substance use disorder related programs demonstrates sufficient resources to aid in the implementation of a successful pilot program.
  - Number of Narcan providers
  - Number of hospital bridge programs
  - Perinatal mental health participation
  - Hospital-based quality improvement initiatives
  - Helping Emergency Responders Obtain Support (HEROS)
  - Community paramedicine programs
  - Overdose Data to Action (OD2A)

Step 5: Verification

Confirmation of Existing Resources and Infrastructure

- At this step, 12 counties were considered based on the criteria established in steps 1 and 2.
- EMS agencies were assessed to determine ability to participate in the pilot project by reviewing existing community paramedicine programs (especially any already using MAT) and/or interest in establishing a community paramedicine program.
- FQHCs in all 12 counties were contacted to assess existing behavioral treatment services (counseling, referrals, MAT) and staffing capacity.
- Nine counties were invited to discuss participation in the pilot project.
  - Brevard, Clay, Duval, Escambia, Gulf, Manatee, Marion, Pasco, and Volusia
- Three remaining counties were invited to participate in the pilot, potentially at a reduced capacity.
  - Citrus, Flagler, and Pinellas

Objective of First 3 meetings

1st Meeting:

- Introductions
- "Main ingredients" for a successful countywide program
- Assessment of each counties strengths and future needs

2nd Meeting:

- Review clinical procedures and workflows that are involved with future needs of each program

3rd Meeting:

- Review how implementation of new procedures and workflows is going.

More Meetings?:

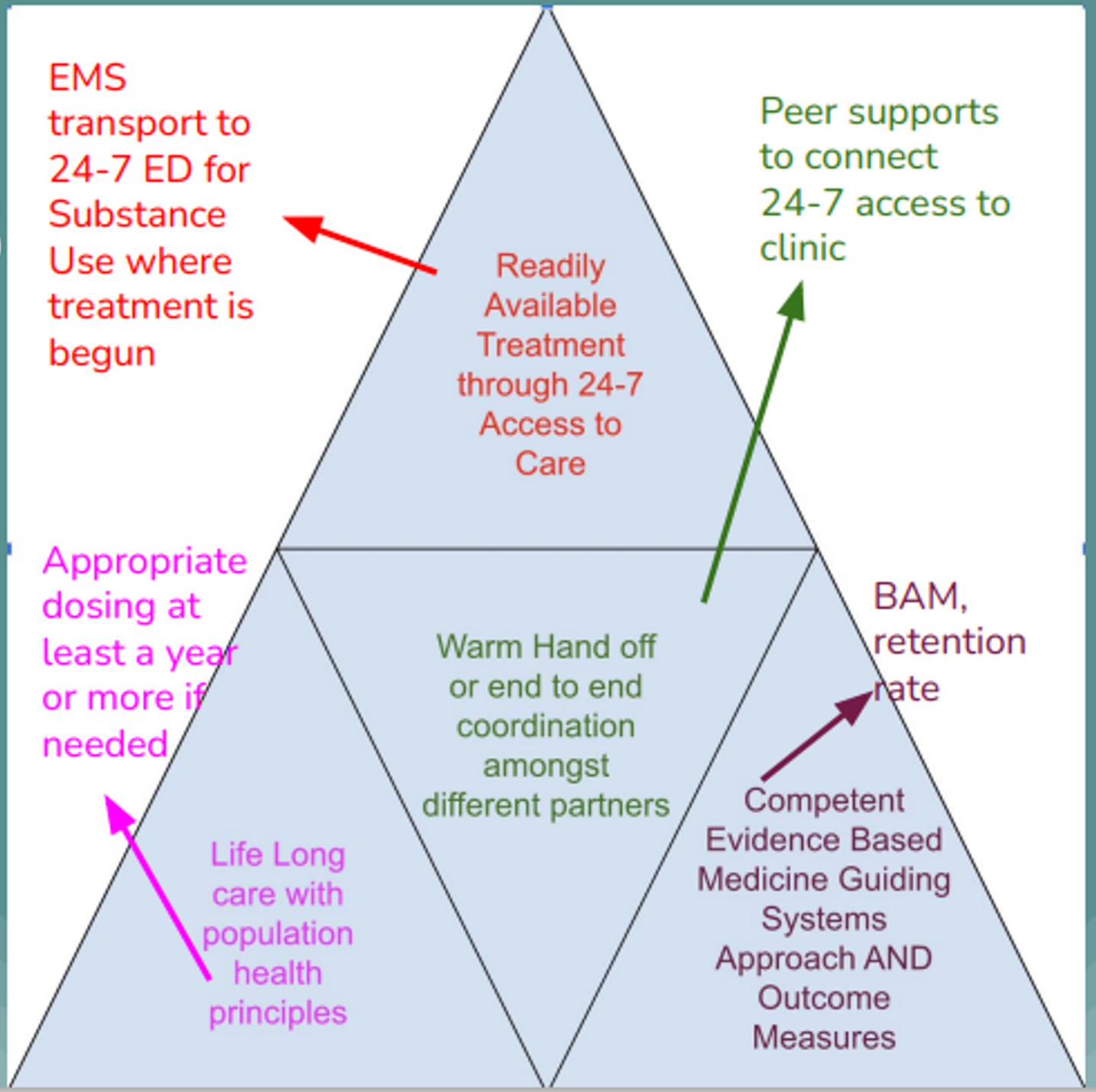
- To be determined....

Of note: Focused on Opioid use disorders even though many emergency rooms and clinics treat all substance use disorders

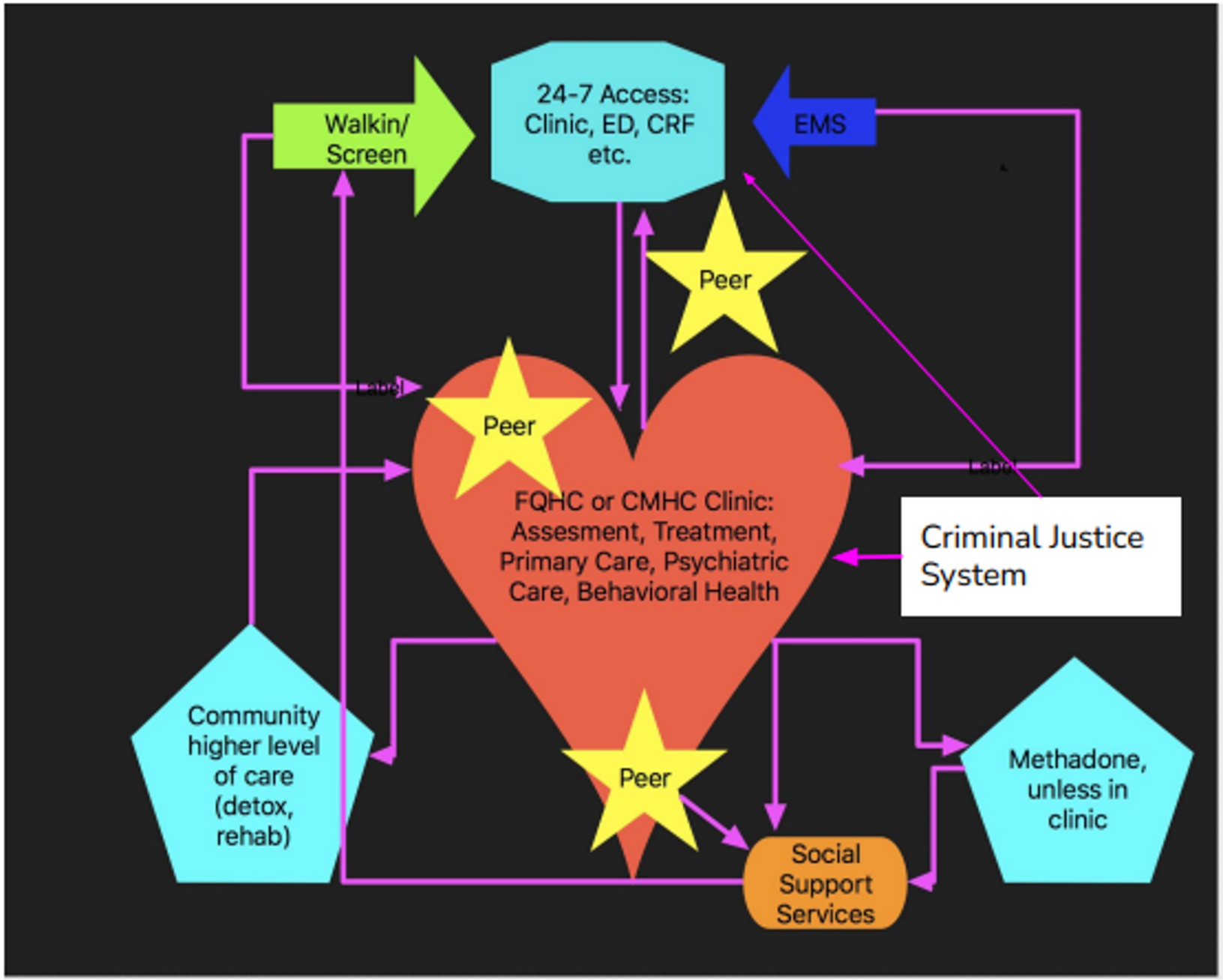
The Main Ingredients of CORe

While Listening, think about the following:

1. What "ingredients" does my county already have?
2. If we have an "ingredient," how can we improve its quality?
3. What ingredients does my organization or county still need?
4. How can we as a county use or resources to add ingredients or or develop them?



The overall county Flow



- Clinic should be able to administer or refer for all MAT services: (naltrexone, vivitrol, buprenorphine, sublocade, methadone)
- Each county needs to assess social services
- Peers can keep patients linked
- Primary care, psychiatric care, behavioral health, pharmacy resources, social services and higher level of care services should be understood.

CORe county assessment of Elements of County

County Name:

Name of Element	Description of Element	Do you already have this element or is it almost developed? If yes, please describe	Do you not have this element? If no, describe plan or barriers.
24-7 Access to care	24-7 availability of readily available treatment with MAT in your county in clinic, crf, ED etc.		
Peer Support Services	Peer support with warm handoff from crisis to clinic and continuous follow up		
All MAT services	Buprenorphine, sublocade, naltrexone, vivitrol, methadone		
Maintenance of MAT according to guidelines of at least one year?	MAT should be maintained at least one year of stability or longer without taper recommendation		
Individual approach to dosing without limits on dosing in the fentanyl era?	Buprenorphine should be given higher in fentanyl era as it increases retention and decreases cocaine.		
A clinic to receive patients from 24-7 care	Self explanatory		
Does the clinic and emergency room have fentanyl testing and look at pdmp?	Eforse every visit and fentanyl testing with drug panels		
An intake process	For the clinic		
A protocol for induction on buprenorphine	For the clinic		
Comfort with treating comorbid alcohol and benzodiazepine use disorder?			
Naloxone kits	Narcan		
Clean needles	Syringe exchange		
Access to higher levels of care for all	Referral partnerships or in house? Can you do outpatient detox?		
A clinical expert in Addiction medicine or champion	Self explanatory		
Therapists in outpatient	Self explanatory		
Do your patients have primary care access	Self explanatory		
Are infectious disease labs checked for all patients?	In early phase of being on team		
Do you have access to	Self explanatory		

psychiatry at the clinic or in the community?			
Do you have group therapy access in the clinic or with a partner?	Self explanatory		
Do you have individual therapy access at the clinic or as a partner?	Self explanatory		
Is your clinic set up with phases of treatment?			
Do all levels of care help with pregnant women? Are you in need of help with pregnant women?	Procedures to treat pregnant women with opioid use disorders with MAT.		
Do you follow outcomes measures and data?	Please list any outcomes you have.		

Overall Findings of First Round of meetings with counties

- 9/12 complete
- Rural vs Urban/Suburban
- Most counties have most of the ingredients in place, a few are at the very beginning stages
  - Follow up meetings will group counties into “beginners and moderate/advanced groups” to tailor lectures to the level of experience/set up
- All counties are lacking consistent outcomes measures and will be required to show the Brief addiction monitor
- Funding is tied to having these “main ingredients” in place and will be an expectation at follow up meetings

Next Round of meetings with counties

- Help educate and give solutions to barriers
- Assess for progress on factors missing in counties and press for these to be accomplished

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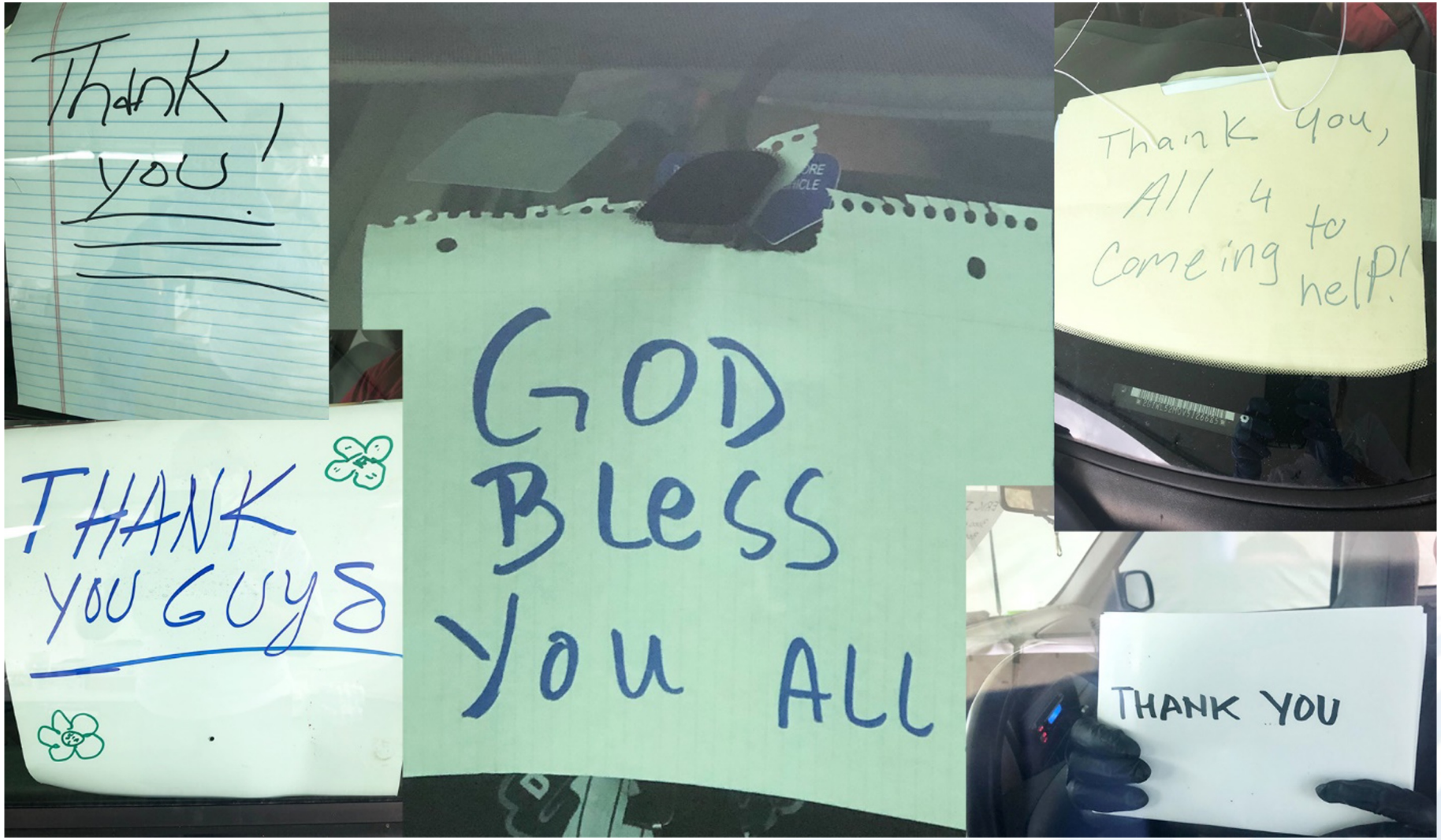
Thank You!



Health Care District PALM BEACH COUNTY