Recovery-oriented systems of care are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency, but a macro level organization of a community, a state or a nation.

William L. White,
Author, Slaying the Dragon
The History of Addiction Treatment and Recovery in America

Substance Use and Mental Disorders Plan Update

March 2022

Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee

Palm Beach County
COMMUNITY SERVICES
Helping People Build Better Communities

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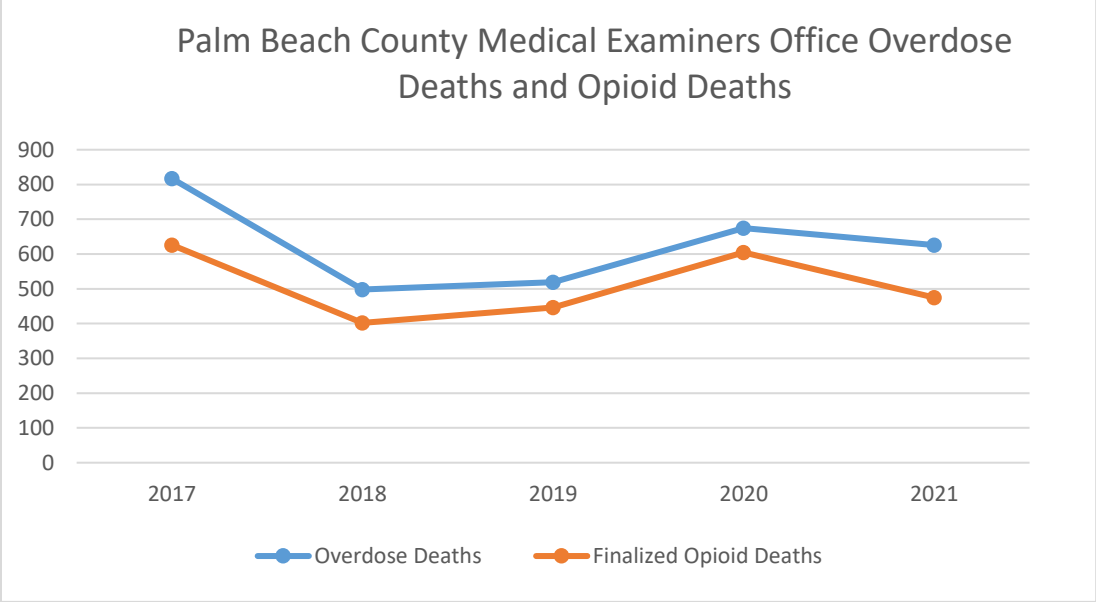
I. Executive Summary

Ravaged by opioid overdose deaths that reached its peak in 2017, Palm Beach County, Florida had been characterized as the epi-center of the opioid epidemic in Florida. It also had the unfortunate distinction of being viewed nationally as the epi-center of fraud and abuse in the treatment and sober homes industry.

The Palm Beach County Medical Examiner's Office (MEO) reported 817 overdose deaths in 2017 of which 626 were opioid overdose deaths and in 2018 recorded 498 overdose deaths of which 402 were opioid overdose deaths; a 39 and 36 percent reduction respectively. The MEO reported 519 overdose deaths in 2019 of which 446 were opioid overdose deaths and in 2020, amidst the COVID pandemic, recorded 675 overdose deaths of which 605 were opioid overdose deaths; a 30 and 36 percent increase respectively from 2019 to 2020. In 2021, the MEO reported 626 overdose deaths of which 483 were opioid overdose deaths (40 opioid cases are pending final determination) which if factored into the total represents 523 opioid overdose deaths; a 7 percent reduction in overdose deaths and 14 percent decrease in opioid overdose deaths from 2020 to 2021.



After experiencing a more than doubling of opioid deaths from 2015 to 2017, the Palm Beach County Board of County Commissioners (BCC) adopted a plan to address the epidemic in the spring of 2017 to guide the County's response efforts titled, *Opioid Crisis - Palm Beach County's Response* (a.k.a. as Opioid Response Plan (ORP)). (See Appendix A)

The ORP made recommendations and identified strategic areas of focus and action steps for a path forward. It pointed to the need to create a coordinated response through the designation of a primary entity responsible for the integration of all efforts relative to the epidemic. It also pointed to the need for leadership and guidance from an experienced veteran accustomed to working on solving substance use disorders and their ancillary effects with a proven track record of building community support, developing and guiding the collective collaborative partners in the process of community recovery. In short, appointing a 'Drug Czar' for the County.[1]

Important strides have been made since the BCC's adoption of the ORP which includes the appointment of a County "Drug Czar" by the BCC in April 2018. The individual appointed formerly served as New Jersey's state Drug Czar; Policy Advisor for Human Services and Children and Families under Governor Christopher J. Christie; and, was long-term Policy and Public Affairs Director for the National Council on Alcoholism and Drug Dependence – New Jersey.

In 2019, the BCC identified the opioid epidemic, substance use and behavior disorder as a high strategic priority. County Administrator Verdenia Baker established County cross-departmental teams of Department leads and others to achieve the aims of this and other county-wide high strategic priorities. Priorities which were renewed by the BCC in 2020 and 2021.[2]

Mission: "Addressing substance use and behavior disorders by providing evidence-based prevention, medication-assisted treatment, and recovery support services."
Goal 1: Establishing a readily accessible, integrated and coordinated person-centered, recovery-oriented system of care that is integrated with the County Addiction Stabilization Facility. **Goal 2:** Promoting best practices and innovative strategies and programming to reduce: drug-related deaths and overdoses, crime related to substance use and behavior disorders, drug-related infectious diseases and medical complications. **Goal 3:** Promoting responsible prescription use of opioid pain relievers. **Goal 4:** Promoting effective substance use and mental health prevention/education programs, sound public policy and commitment to quality, evidence-based addiction and mental health services.

[1] Opioid Crisis Palm Beach County's Response. The Ronik-Radlauer Group, Inc. February 20, 2017

[2] "Substance Use and Behavior Disorders Cross Departmental Team." Palm Beach County Board of County Commissioners Presentation. West Palm Beach, FL, November 23, 2021.

In February 2020, the Health Care District of Palm Beach County, JFK Medical Center and the BCC unveiled an innovative public-private partnership officially opening a one-of-a-kind Addiction Stabilization Unit within JFK Medical Center's North Campus in West Palm Beach. 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.

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. The patients are seen by a team of psychiatrists, primary care physicians, counselors specialized in treating addiction and other licensed professional services, including individual and group therapy, psychiatric services, individualized care coordination, pharmacy services and links to other health and social services including connecting with peer supports.

While these important strides have been made, systemic challenges have been identified and remain.[3] These include, amongst others:

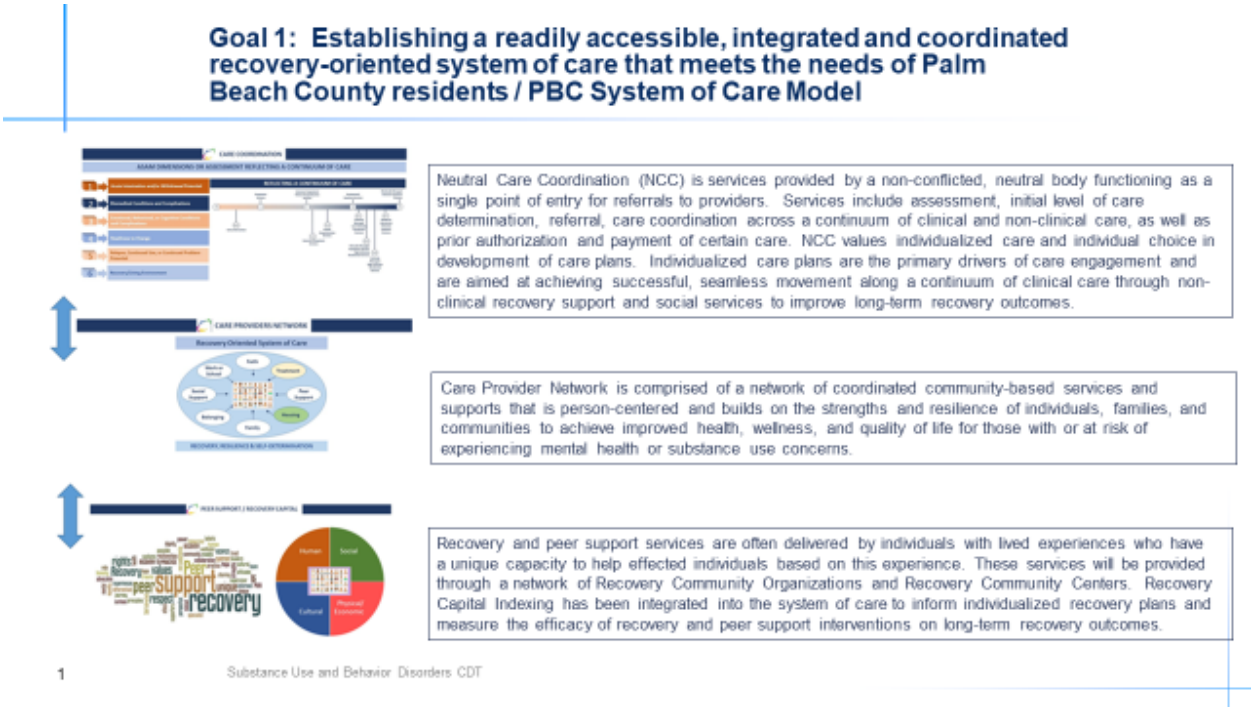
- Fragmentation and disjointed care from multiple treatments, social and recovery support providers;
- Determinations of client treatment that are based on the services available at a particular provider, rather than on individualized needs;
- Ineffective transitioning of clients from one level of care or one service provider to another;
- Lack of timely sharing of needed treatment information among providers;
- Lack of monitoring and follow-up to ensure client engagement;
- Lack of accountability and agreed upon responsibilities among multiple treatments, social and recovery support providers serving one client; and
- On-going silos when it comes to client care.

Additionally, a weakness of the ORP was its near complete neglect with respect to individuals receiving person-centered, recovery-oriented care. While a relatively new concept in the 2000s and advanced by the federal Substance Abuse and Mental Health Services Administration

[3] 2019 Behavioral Health Needs Assessment by the Ronik-Radlauer Group at https://tinyurl.com/2019HealthAssessment.

(SAMHSA) in the substance use disorder field, the expectation was the structure of recovery-oriented systems of care (ROSC) would evolve at all levels of government. It had not in Palm Beach County.

These continuing challenges prompted County leaders and stakeholders to reassess the system of care and to explore ways to improve long-term recovery outcomes and quality of care. The County Drug Czar, along with key strategic partners, has championed these improvements by planning, developing and executing a comprehensive person-centered, recovery-oriented system of care model. (See Appendix B)



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

The system of care is consistent with achieving the process metrics related to the BCC's aims as follows: implement neutral care coordination; establish recovery community organizations and recovery community centers; broaden the reach of peer support services across the continuum; launch a Recovery Capital Instrument and train providers in its use; support the Healthcare District's (HCD) efforts to have the Addiction Stabilization Unit (ASU) serve as the central point

of intake/triage center for all overdose cases; and, integrate primary care and behavioral health services in partnership with the PBC Medical Society.

It is also consistent with the Ronik-Radlauer Group's Palm Beach County 2019 Behavioral Health Needs Assessment recommendations, which include:

- Enhance "no wrong door policies and practices" and *development of a central assessment and care coordination system for the community.*
- Continue utilization of system-wide evidence-based practices including the *development of a true Recovery-Oriented System of Care (ROSC) and a comprehensive implementation of care coordination and wraparound services.*[4]

The primary goals of the system of care are to:

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

Ronik-Radlauer's recommendation to develop a central assessment and care coordination system is supported by the evidence. In a study published in the American Journal of Public Health, researchers tested the effectiveness of a long-term coordinated care strategy - intensive case management (ICM) - compared with usual care (UC) which was piloted by the National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) and since has become the standard of care coordination for the state's welfare-to-work population.

Usual Care is often referred to as the "screen and refer" model and was the standard of care in New Jersey at the time of the study. Intensive Case Management is consistent with a chronic disease management strategy that augments current disconnected episodes of acute care with longer-term care strategies and cross-systems coordination that addresses other health and social needs and provides relapse monitoring and support during extended time periods.

Researchers found ICM clients had significantly higher levels of substance abuse treatment initiation, engagement, and retention compared with UC clients. In some cases, ICM treatment

[4] Ibid., Ronik-Radlauer

attendance rates were double those of UC rates. Additionally, almost twice as many ICM clients were abstinent at the 15-month follow-up compared with UC clients.[5]

NCADD-NJ through its Work First New Jersey Substance Abuse and Behavioral Health Initiative has coordinated the substance use and behavioral health care of approximately 4500 individuals annually for the state's welfare-to-work population since 1998. It reports that in 2018, through validated level of care assessments, 84 percent of treatment placements were for outpatient care while 16 percent of placements were for inpatient care. It also reports its average cost per client per episode of care is $3400 compared to the national average, which is between $14,000 and $23,000.[6]

In May 2021, The Community Recovery Hub of Palm Beach County opened in Delray Beach. "The Hub" is the first County-funded Recovery Community Organization (RCO) and allied Recovery Community Center (RCC) in what is to be a network of these in the County. RCOs and RCCs are the underpinnings of the system of care.

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

RCCs have been found to be of particular help to those more vulnerable individuals beginning recovery from substance use disorder who have few resources and low recovery capital. That said, they offer value to many others in the early years of recovery stabilization and beyond. They have also been found to provide a unique function in helping participants build recovery capital and thereby increase their quality of life , self-esteem, and decrease their psychological distress.[7]

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[5] Improving 24-Month Abstinence and Employment Outcomes for Substance-Dependent Women Receiving Temporary Assistance for Needy Families With Intensive Case Management Research and Practice | Peer Reviewed | Morgenstern et al. American Journal of Public Health | February 2009, Vol 99, No. 2 pp, 328 to 333

[6] Wolff, S. Hightower. R. "Work First New Jersey Substance Abuse and Behavioral Health Initiative." Sober Homes Task Force presentation. West Palm Beach, FL, September 27, 2018.

[7] One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived From U.S. Recovery Community Centers| Peer Reviewed | Kelly et al. | Alcoholism: Clinical and Experimental Research |2020-03-03; 44:711-721.

In July 2019, the BCC was the first in Florida to enact an ordinance establishing a syringe access program after Gov. Ron DeSantis signed a bill a month earlier that gave permission to all Florida counties wanting to create such a program. Palm Beach County approved and contracted with Rebel Recovery, a county-based, state-funded RCO/RCC, as a syringe access program provider. In April 2021, launched its Florida Access to Syringe and Health Services (FLASH) program to begin providing services.

The ORP also addressed significant deficits in data collection and data sharing. In September 2019, the Florida Department of Health for Palm Beach County was one of three counties in the state of Florida (along with the state itself) to be awarded funding from the CDC under the Overdose Data to Action (OD2A) grant. DOH's surveillance activities are aimed at receiving access to as much data as possible, as frequently as possible, for comprehensive analysis and reporting in a timely matter that allows for spikes in overdoses to be caught early and prevention activities to respond in-kind. To date, DOH has issued a comprehensive 2020 Opioid-related Overdose Surveillance Report (See Appendix C) and a 2021 Half-Year Surveillance Report. (See Appendix D)

Additionally, in 2019, the Community Services Department deployed Recovery Capital Index (RCI) through its provider network which is key to measuring the system of care's success. It is a peer-reviewed and validated assessment tool. Nationally, the Department has been at the forefront of deploying RCI and analyzing the data to inform its decision-making processes which has been memorialized in a Partner Story published in collaboration with Commonly Well, RCI's architect. (See Appendix E)

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

With more than 1100 RCI surveys completed as of February 2022, respondents are reporting low support in the workplace; insufficient housing and transportation; low access to and high cost of health care; and a general sense of lack of safety.

Also, the average Recovery Capital Index score of all respondents is 58.81. Major resiliency factors reported by respondents include sense of purpose (78.03), spirituality (71.10) and beliefs (70.83). Major risk factors include financial wellbeing (31.48), employment (37.88), housing (41.20), and nutrition (42.19). At an individual level these scores provide a 360-degree view of a person's life and completed every 30 days, care providers can focus and plan in a progressing nature. This improves the client experience by eliminating frustration in the coordinated care process.

In addition to recommending that a lead entity be designated, the ORP also recommended that a steering committee be established to guide the County's work. In 2019, the Community Services Department operationalized an Opioid Response Steering Committee. In 2021, the steering committee was officially renamed the ***Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee*** in order to be in better alignment with the BCC's strategic priority that encompasses both behavioral health and substance use disorders. Additionally, the Department operationalized an Office of Behavioral Health and Substance Use Disorders to assume responsibility for all of the Department's behavioral health contracts as well as to work along-side the Steering Committee to review and update the ORP.

The Steering Committee members (See Appendix F for member biographies) lead six (6) subcommittees that have been engaging numerous partners from across the County. Individuals have generously spent hours volunteering their time and bringing their passion and expertise over the last few years to develop this 2022 Substance and Mental Disorders Plan Update.

The subcommittees were established to follow the strategic areas as outlined in the ORP. Subcommittees met bi-monthly and participation was open to all stakeholders, community members, and other interested parties. Two subcommittees were modified to better align with a person-centered, recovery-oriented vision. The Treatment subcommittee was re-named Treatment and Recovery. And, the Ancillary Services subcommittee was renamed Essential

Services. Also, in October 2021, the Steering Committee established a new subcommittee, Addiction Stabilization Unit (ASU) subcommittee, which is responsible for working with the Palm Beach County (PBC) Health Care District to review ASU patient care and related matters as well as make recommendations related to such when appropriate.

This Plan Update is intentionally substance agnostic and intended to serve as a roadmap for Palm Beach County to bring to fruition an integrated and coordinated, person-centered, recovery-oriented system of care for anyone with a substance use disorder, behavioral health disorder and/or co-occurring disorders.

Each of the Steering Committee Subcommittees considered and reviewed the previously identified issues and strategies. They also considered and reviewed an analysis of feedback received at community forums, provider surveys and related needs assessments and studies. These recommendations comprise the roadmap for the Plan Update which in turn supports the BCC's articulated strategic priority to implement a person-centered, recovery-oriented system of care.

The Steering Committee's comprehensive set of recommendations can be found below in Section IV, Proposed Theory of Action. The Committee's critical recommendations are as follows:

Overarching Priority Recommendations
• BCC enactment of ordinance designating lead entity granting it leadership, budget, planning and monitoring authority. • 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. • 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). • 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.

Prevention and Education Priority Recommendations
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.

Public Policy and Legislation Priority Recommendations
• Advocate for policies and legislation that improve standards of care including: integration of behavioral and primary health care; adoption of standards of care that are person-centered and recovery-oriented aimed at improving long-term outcomes; and, requirements needed for provider licensure. • Advocate for Medicaid expansion.

Justice System and Public Safety Priority Recommendations
• Identify / develop alternative community placements in areas where there are few if any available. • Advocate for the Palm Beach County Sheriff's Office to carry and use Narcan when responding to overdose calls.

Treatment and Recovery Priority Recommendations
• 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. • 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.

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

Evaluation and Monitoring Priority Recommendations
• Collaborate, coordinate, evaluate and disseminate with the Department of Health (O2DA) to obtain and share timely mental and/or substance disorder related data (i.e. RCI, overdose, Narcan deployment, mobile crisis, ER visits) from hospitals, fire rescue, law enforcement, Health Care District, Southeast Florida Behavioral Health Network and Medical Examiner's Office through a dashboard and other means. • Identify entities that are currently not reporting data and advocate for them to be required to do so. • Deploy RCI specifically with providers and more broadly in the community in order to collect data to determine success in achieving improvements in long-term recovery outcomes as well as overall community wellness.

Last but not least, a major advance was made in Palm Beach County when the Office of State Attorney, 15th Judicial Circuit created the Sober Homes Task Force in response to the epidemic and to address the patient brokering, fraud and abuse emerging in the drug treatment and sober home industry. The Task Force issued its first report in January, 2017 and annually since. In September 2021, the name of this task force was changed to the State Attorney Addiction Recovery Task Force at the request of the Palm Beach County Legislative Delegation.

The State Attorney's work to date has resulted in more than 100 cases being filed involving 87 people. The local success of the State Attorney's Office has also been looked at as a statewide and national model. The State Attorney and his Office's leadership team has led numerous legislative initiatives in the Florida legislature; testified on numerous occasions to Committees of the United States Senate and House of Representatives; and consulted with numerous governmental jurisdictions throughout the United States as they seek to replicate the Task Force's work.

The Steering Committee notes that overdose deaths in 2021 are below 2020 and above deaths experienced in 2019. Its position remains consistent ---- while members prefer to see reductions and may never arrive at zero, one overdose death is too many.

A discernible outcome of the collective work to date is the setting and execution of a vision – establishing a readily accessible, integrated and coordinated recovery-oriented system of care that meets the needs of Palm Beach County residents. A rallying crying if you might that truly places an individual at the center of their care and delivers on an, to date, illusive recovery-oriented system of care.

In sum, there have been some hard-won gains but the Steering Committee recognizes how precarious this progress can be viewed by people and families affected by substance use disorder. Members are reminded day in and day out that its work is not complete.

II. Introduction to the Plan Update

SAMHSA has defined ROSC as a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol or drug problems. (See Appendix G)

SAMHSA further outlines the values underlying a ROSC as:

- Person-centered, self-directed, strength-based approaches.
- Participation of family members, caregivers, significant others, friends, and the community.

And, it outlines the operational elements of a ROSC as:

- Collaborative decision-making
- Individualized and comprehensive services and supports
- Community-based services and supports
- Continuity of services and supports
- Multiple stakeholder involvement
- Recovery community / peer involvement
- Outcomes-driven
- Adequately and flexibly funded

> Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. *The system in ROSC is not a treatment agency, but a macro level organization of a community, a state or a nation.*
>
> William L. White
> Author, Slaying the Dragon
> *The History of Addiction Treatment and Recovery in America*

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence, to the greatest extent possible, by leading, controlling, and

exercising choice over the services and supports that assist their recovery and resilience. It is essential that the individual become an active partner with care providers in their own recovery process.

To further set the framework, a diverse body of stakeholders have identified the Mission, Vision and set of Beliefs and Values that provide the guide for the Steering Committee's Plan Update's success.

A. Mission

To ensure access to individualized person-centered, recovery-oriented care and supports through integrated and coordinated services using a "no-wrong door" approach for all Palm Beach County residents in need.

B. Vision

To have a fully integrated and coordinated person-centered, recovery-oriented system of care that employs neutral care coordination and recovery as well as peer supports that focus on:

- Individual needs
- Assessment of each person holistically
- Evaluation of personal resiliency and risk factors utilizing recovery capital indexing
- Strength-based, accessible and available services to any person seeking improved outcomes for mental illness, substance use and/or co-occurring disorders

C. Values and Beliefs

A person-centered, recovery-oriented system of care is non-judgmental, caring, trauma-informed and embraces the understanding that each individual's journey to recovery and wellness is unique. Additionally, a "no wrong-door" approach within a recovery oriented system of care:

- Places high value on collaboration and coordination among governmental and non-governmental organizations to provide appropriate levels of individualized care.
- Utilizes neutral care-coordination to screen and assess individuals and connect them to appropriate levels and types of care, remove barriers and provide follow-up and coordination of services as appropriate.
- Uses validated tools that assess needs, levels of care and recovery wellness.
- Values and respects individuals and meets them where they are, recognizing that substance use disorders and behavioral health disorders are brain-based, frequently intertwined and compromise decision-making abilities.
- Prioritizes individualized care based on need and considers client voice.
- Determines placement, supports and services based on assessments instead of based on a particular program's availability and/or for administrative convenience.

- Presents treatment and service options with appropriate and transparent disclosures related to risks that might be involved with either taking or not taking advantage of any given options, as well as provides information about the risk of not accepting any options for treatment or services.
- Supports and service options are trauma-informed, strength-based, individualized and supportive of long-term recovery.
- Recognizes that successful long-term recovery rests in a person-centric system that is inclusive, equitable, and community-based.
- Utilizes evidence-based practices to the maximum extent possible with a focus on recovery capital and improved recovery outcomes.

III. Foundational Elements

A. Development of Plan Update

This Plan Update has benefited from the collective wisdom and expertise of the Steering Committee, subcommittee members and participants from all fields who met regularly to assess and update strategies and goals for this plan. Many of the contributors are themselves individuals with lived experience, parents of loss, and individuals who work or have worked in the fields of behavioral health and substance use disorders. Also contributing to this plan were community champions, representatives from non-profit organizations and county agencies.

The Steering Committee and subcommittees reviewed and considered numerous studies and needs assessments published over the last five years. The Steering Committee and subcommittees also reviewed and considered feedback from and analyses of community cafés, focus groups and input by participants of the County's three Facing the Crisis events.

The Steering Committee subcommittees began development of the Plan Update by assessing (score-carding) each of the strategies and objectives from the ORP and determined whether the strategies and objectives had been accomplished, needed to continue, needed to be revised or were no longer relevant.

Striking consistencies across these reports show that some components of a recovery-oriented system of care exist, but that individuals and organizations working in these systems of care continue to operate in silos, leaving unmet needs in the community.

For example, RRG's 2019 Behavioral Health Assessment examined the community's capacity for organizational, systems, and infrastructure to plan for the continued development and implementation of a comprehensive, coordinated and integrated behavioral health system of care. Themes that emerged from qualitative data based on stakeholder interviews, focus groups, community forums and a provider survey yielded the following recommendations:

- Develop a common language including the ***use of system-wide taxonomies***, data sharing and common outcome measurements.

- Enhance "no wrong door policies and practices" and ***development of a central assessment and care coordination system*** for the community.
- Continue utilization of system-wide evidence-based practices including the ***development of a true Recovery-Oriented System of Care (ROSC)*** and a comprehensive implementation of care coordination and wraparound services.
  Provide ***peer support in other systems*** beyond behavioral health and child welfare.[8]

Also noted was the fact that many organizations and agencies continue to work in silos and opportunities for improvement were identified as follows:

- Expanding efforts to educate the community about behavioral health to increase awareness and decrease stigma;
- Having providers, funders, and other stakeholders work together to address the behavioral health needs in Palm Beach County;
- Break down silos across sectors, populations, and communities;
- Examine outcomes, which is critical to an understanding of the effectiveness and efficacy of services provided; *and*
- Have funders of behavioral health services collaborate through the potential development of shared data and shared outcomes.

Additionally, RRG recommended that the County Community Services Department focus its funding allocations on the Support Services category to include: expanding care coordination to populations that are not considered "high utilizers", encourage wraparound case management for all populations and prioritize funding for individuals and families experiencing co-occurring psychiatric, substance use and other complex conditions.

Ronik-Radlauer Group also recommended expansion and enhancement of peer supports, drop-in centers and the development of a clubhouse (i.e., recovery community centers), as well as referral and linkage to services and supports identified through assessments *with warm hand-offs and follow-up post referral and linkage using* a "no wrong door" approach. Last but not least,

Additionally, the Steering Committee was established and has been engaged in developing this Plan Update. Currently, there are six (6) subcommittees designed to align with the Board of County Commissioners' (BCC) strategic priorities within behavioral health and substance use disorders. The subcommittees are:

1. Treatment and Recovery,
2. Evaluation and Monitoring,
3. Prevention and Education,

[8] Palm Beach Behavioral Health Needs Assessment 2019 (https://tinyurl.com/2019HealthAssessment).

4. Justice System & Public Safety,
5. Essential Services, and
6. Public Policy and Legislation.

This Plan Update is the result of these subcommittees' work, on-going activities of the mental health and substance use disorder cross-departmental team[9] and insights from the various Palm Beach County collaboratives that focus on education, prevention, behavioral health and substance use disorders.

B. Infrastructure

Implementing and operationalizing an integrated, coordinated person-centered, recovery-oriented system of care requires a foundation (i.e., infrastructure) to be in place. This infrastructure must consist of:

- Neutral care-coordination
- Utilization of valid tools to identify appropriate levels of care
- Provide for movement across and between levels of care as needed
- Be evaluated and monitored to ensure data are being collected, analyzed and used to inform outcomes, measure the impact and effectiveness of strategies and assess long-term recovery outcomes.

Client satisfaction and measures of wellness through recovery capital indexing also must be obtained to ensure that the focus remains on individualized needs. Accordingly, the system must be able to rely and capitalize on:

- Cross-agency cooperation and communication
- Person-centered individualized planning
- Outcomes as a measure of success, rather than measuring success by completion of treatment
- Funding that emphasizes and supports the development of community-based and accessible (in the broadest sense) resources

Barriers that affect engagement in treatment and recovery, such as premature medical facility discharges, must be continually identified and removed. Providers must recognize the importance of communicating with each other for shared clients and the necessity of collecting and using data to promote genuine and holistic individualized care. Recovery is a journey, regardless of substance used or pathway taken. Treatment is simply a step on the path to recovery that requires planning and individualization of recovery supports. This is what will save lives and help reduce repeated cycling in and out of deep-end treatment.

[9] The cross-departmental team consists of Community Services Department, Fire Rescue, Parks and Recreation, Youth Services, Employee Assistance Program, Cooperative Extension Services, Community Revitalization, Medical Examiner's Office, Library Services, Planning, Zoning and Building and Criminal Justice Commission.

C. Neutral Care Coordination

Neutral Care Coordination (NCC) is an essential building block for establishing this *system of care*. It is defined as services provided by a non-conflicted, neutral body functioning as a single point of entry for referrals to providers. Services include assessment, initial level of care determination, referral, care coordination across a continuum of clinical and non-clinical care, as well as prior authorization and payment of certain care.

Neutral Care Coordination values individualized care and individual choice in development of care plans. Individualized care plans are the primary drivers of care engagement and are aimed at achieving successful, seamless movement along a continuum of clinical care through non-clinical recovery support and social services to improve long-term recovery outcomes.

Neutral care coordinators are not tied to any provider organization and are responsible for assessing and referring individuals based on identified need, rather than based on availability within a particular entity. It incorporates neutrality into "[c]are coordination … deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."[10] This model is utilized for chronic medical conditions, so substance use disorders, which are chronic health conditions, should be handled in the same manner.

Utilizing an unaffiliated, external, neutral specialist as a care coordinator is the most effective and unbiased way to obtain a true person-centered, recovery-oriented system of care while at the same time contributing to the elimination of unnecessary and duplicative services and repetitive cycling into deep-end treatment without any differences in outcomes. Providing care based on need is expected to free up financial resources that can be invested into community-based care, which is imperative for client access.

Neutral Care Coordination embeds the idea that individuals in recovery do not need the added obstacle of navigating an unconnected set of supports on their own. As such, there must be shared responsibility and accountability across providers to ensure that individuals are seamlessly transferred from the care of one provider to the next in a way that supports the individual and facilitates connection to identified and necessary services and supports.

Neutral care-coordinators can fulfill this role and providers also can support these practices by facilitating warm transfers of their clients, creating an atmosphere of transparency before, during and after such transfers, and by keeping focused on patient needs, choices and outcomes. Regardless of where or when transfers of clients occur, the expectation must be that there is

[10] https://www.ahrq.gov/ncepcr/care/coordination.html (Extracted 12-21-2020).

cooperation and communication between providers which takes place electronically, over the phone, face-to-face, or via video-chat.

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

Measurements to assess and inform individualized needs should include but not be limited to the use of the following validated tools and strategies:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Depression and Suicide screenings
- American Society of Addiction Medicine (ASAM) criteria or Level of Care Utilization System (LOCUS) to determine appropriate levels of care
- Completion of the Adverse Childhood Experiences (ACEs) questionnaire
- Completion of the Recovery Capital Index (RCI™)[11]
- Use of Motivational Interviewing

Throughout an individual's journey of recovery, the neutral care coordinator should continually engage the client to assess if any additional supports or services are needed for recovery as well as to identify and help remove barriers that may make, stall or hinder progress while in recovery. Additionally, there should be regular check-ins to ensure services and supports continue to be effective and needed.

Recovery and peer supports are critical to individual recovery and serve as the underpinning of the system of care model described heretofore. RCOs and RCCs help individuals build relationships, increase their social capital, learn how to apply new or re-learned recreational skills in a sober environment and build confidence in their ability to remain in recovery long-term.

Recovery capital is a concept that respects the entire presence and experience of a person. Most definitions of recovery capital — like the one below — shift the focus from the reasons one has an addiction to the components that promote recovery. "Whether we're in a state of addiction or in a state of recovery, we're still pulling from the same social, economic, and environmental components that promote or hinder wellbeing. Recovery, like life for someone not affected

> Recovery Capital is the depth and breadth of internal and external resources that can be used by someone to begin and sustain wellness from addiction.
>
> (Granfield & Cloud, 1999).

[11] Use of the RCI is mandatory for all Financially Assisted Agencies (FAA) in programs that serve clients with substance use and/or co-occurring disorders.

by addiction, is an ongoing dialogue with those components. We can best think of recovery capital as a specialized representation of wellbeing."[12]

The Recovery Capital Index is a "scientifically validated survey instrument that provides a multidimensional measure of wellbeing. The RCI™ effectively measures change regardless of treatment modality or intervention at individual and population levels. Care can be personalized, while individuals see success reinforced."[13] The RCI ™ has been validated through research and is used to guide treatment and assess recovery. [14]

E. Provision for Movement Across and Between Levels of Care

Anyone who enters the *system of care* should expect to be treated with dignity and in a culturally and linguistically respectful manner. Clients must be assessed holistically to ensure that they have access to what they require in terms of individually identified needs, including, but not limited to: housing, education and/or training for employment, mental health services, substance use treatment, community connections, safe spaces for peer connections, attention to physical health and access to nutritious food and safe water.

F. Evaluate and Monitor Data Collected and Analyze to Inform Outcomes

Required data must be valid, reliable, and timely. For providers that contract with CSD OBH-SUD, data are to be entered into the identified system in the manner called for and at the times required. Data are critical for determining if outcomes are improving and where focus may need to be redirected or intensified. Data should be continually reviewed, shared with individuals and used for decision making. The RCI®, a measure of recovery wellness, provides a unique opportunity to engage clients and when combined with motivational interviewing, has the advantage of helping clients hypothesize reasons and possible actions based on what they see from their own results and scores over time.

G. Contractual relationships

Contracts must focus on short and long-term outcomes, clearly define accountability, expected outputs and outcomes, and provide clear definitions of process metrics, anticipated outcomes measures and expectations of contractors. Contracts must require providers to communicate with each other, share data on common clients with client consent and ensure that each client's voice is heard.

Additionally, identical or substantially similar services should not be provided simultaneously to any individual, nor should any clients receiving services from more than one provider hear

[12] https://www.recoverycapital.io/the-index/what-is-recovery-capital.

[13] https://www.recoverycapital.io/why-the-rci.

[14] Validating a Survey for Addiction Wellness: The Recovery Capital Index | Peer Reviewed | Whitesock et al. S D Med. | 2018 May;71(5):202-212.

conflicting information from multiple providers. Further, clients should not be left to navigate through the system of care (providers, resources, etc.) on their own.

These kinds of tasks are for neutral care coordinators who should be working with individuals, identifying whether services are meeting needs and if not, re-referring and removing any barriers that will help ensure a true "no wrong door" approach. Contractors must be held accountable fiscally and substantively. Reimbursements or payments are to be clearly supported by documentation according to contractual obligations.

Contracts in behavioral health and substance use disorders must be:

- Transparent on permitted spending and documentation for reimbursement
- Providers must have qualified staff who will work with clients that have complex issues
- Staff must have the capacity and ability to implement services and supports with fidelity
- Staff must be knowledgeable and able to implement effective practices
- Staff must utilize strategies premised on equity and multicultural awareness
- Staff must be able to tailor approaches and strategies on an individualized basis
- Staff must be able to establish short and long term goals with expected outcomes in individualized, person-centered plans
- Programs and services should routinely assess client satisfaction with both the provided services and the specific provider(s) and/or entity and
- Contractors should ensure that clients experience smooth transitions with warm-hand-offs.

Client essential needs[15] must be considered and planned for in a recovery-oriented manner. Additionally, when developing a budget utilizing a per-person, per-contact, or per-service as the defined "unit of cost" will not be sufficient. Instead, costs are to be based on quality of services, established recovery-oriented outcomes and quantifiable costs that are directly attributed to an individual and the actual services that were provided.

Services and supports should not only be available to those who can afford them or for individuals that are fortunate enough to get "scholar-shipped in". Implementing a person-centered, recovery-oriented system of care requires a focus on the person's needs and also the acceptance of each individual at the point in time when their individual journey to recovery begins.

[15] Essential services to be considered must include: housing, access to food, transportation, social supports and community-based care, overall well-being.

H. Common Language and System-wide Taxonomies

In its 2019 Behavioral Health Needs Assessment, the Ronik-Radlauer Group[16] recommended that there is a need to "[d]evelop a common language including the *use of system-wide taxonomies*, data sharing and common outcome measures."[17] To that end, Appendix H is a starting point for the development of just such a dictionary which is intended to be iterative and grow as needed. As this Plan Update moves into implementation it will be critical for all involved to document system taxonomies that will lead to common understandings in a tangible way. Appendix H should be expanded to incorporate existing taxonomies, build-in non-stigmatizing language alternatives and serve the purpose of providing common understanding of terms.

[16] Needs Assessment Palm Beach County 2019, The Ronik-Radlauer Group, Inc., p. 62-63.

[17] Id.

IV. Proposed "Theory of Action"[18] for getting to a coordinated person-centered, recovery-oriented system of care.

Beginning with the end in mind, this theory of action provides strategies and steps that will enable Palm Beach County, through neutral care-coordination and a coordinated network of public and private sector providers to realize its goal of implementing a person-centered recovery oriented system of care that is both integrated and coordinated across and between providers. A system that recognizes the importance of looking at individuals holistically and actualizes a "no wrong-door" approach through warm hand-offs and coordinated follow-up care that addresses essential needs and services that support long term recovery.

Additionally, within each of the following "buckets" the Steering Committee Subcommittees have identified a number of issues and strategies to address them which comprise the roadmap for this Strategic Plan.

[18] Typically, a Theory of Action describes how a project or a program is designed and set up. It articulates the mechanisms through which the activities are being delivered, e.g. through which actors (for example, NGOs, government or markets) and following which processes (for example, grants to NGOs disbursed from a challenge fund, provision of technical assistance, advocacy activities, or the establishment of partnerships). https://coffey.com/en/ingenuity-coffey/what-is-a-theory-of-action/ (Extracted 01/11/2021).

A. 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.

Issues - Prevention and Education
• Insufficient school-based prevention / education services or community engagement programs. • Prevention programs are utilized yet these interventions are often not tailored to specific target populations. • Data are not being used to assess community readiness. • 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. • Lack of community awareness related to supports available including law enforcement, prevention strategies and treatment options.
Why
• Too many residents are overdosing or dying as a result of substance use disorders. • Tailored education, prevention and interventions will provide residents with a better understanding of warning signs of mental and substance use disorders.
How (Strategies)
• Develop prevention programs at different levels (individual, family, school, faith-based organizations) that are tailored to specific target population needs. • Develop, disseminate community readiness surveys and results to inform development of targeted interventions. • Create dashboard reporting on current trends and mapping by zip code. • 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: ○ 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.

- Train educators on early warning signs and symptoms of mental and substance use disorders and school nurses on evidence-based assessment screening tools.
- 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.
- Develop a Good Samaritan Law public awareness campaign.
- Establish a media committee responsible for developing a communications plan.

Accountability

- Track trainings and activities provided and detail type, target audience, number of participants, and outcomes achieved.
- Track community readiness activities and detail assessments conducted, target community, and any outcomes achieved.
- Track progress and completion of the Strategic Prevention Framework.
- Track progress and completion of other prevention and education strategic objectives.

B. Public Policy

Public policy seeks to define issues and implement strategies that will produce a measurable and positive result for the general public. It defines a problem, gathers evidence, identifies causes, reviews any current policies, and strategizes solutions that anticipate the social response. Careful consideration of benefits and costs are key factors in implementing a policy that will elicit a positive, measurable outcome.

Issues – Public Policy
• The BCC has not designated a lead entity to address the opioid epidemic, substance use and mental disorders, as recommended in the 2017 ORP, to effectuate collaborative budgeting and planning and implementation of the Board's strategic aim to establish a person-centered, recovery-oriented system of care that is readily accessible and integrated. • There is no enforcement of the federal mental health parity law. • Mental and substance use disorder providers are currently regulated by the Department of Children and Families (DCF) which is regulatorily inconsistent when these disorders are viewed as a primary health issue and should be moved from DCF to the Department of Health. • Fentanyl test strips are categorized as illegal drug paraphernalia in the State of Florida. • Florida Opioid Abatement Taskforce expected to be established as a result of the national opioid settlement lacks representation from the medical community; individuals with lived experience, including parents of loss; individuals in recovery; and individuals and/or organizations that directly work with individuals with mental health, substance use and co-occurring disorders. • The informal non-binding Memorandum of Understanding (MOU) related to distribution and utilization of Opioid Settlement Funds is vague on specifying how settlement funds should be utilized.
Why
• Designating a lead entity with requisite authority will provide leadership, budget, planning and monitoring capabilities and break down silos consistently pointed to in consulting reports and community feedback. • Mental Health Parity enforcement will allow County residents to have reliable access to a wide range of mental health, substance use and co-occurring disorder services; a choice of providers; and, be given recourse to effectively challenge caps on services. • Fentanyl and fentanyl analogs have infiltrated much of the country's opioid supply, driving a 10-fold increase in fentanyl-related overdose deaths from 2015 to 2020.

- Representation on the Task Force by individuals with lived experience and receiving mental health and substance use disorder services is needed to ensure that funds are directed appropriately.
- Palm Beach County has been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the pharmaceutical supply chain which has led to substance poisoning and deaths.

How (strategies)

- BCC enactment of ordinance designating lead entity granting it leadership, budget, planning and monitoring authority.
- Advocate for the reinstatement of statewide Drug Czar's Office and dedicated funding for it.
- Advocate for policies and legislation which advance person-centered, recovery-oriented systems of care that are readily accessible and integrated.
- Advocate for policies and legislation that improve standards of care including: integration of behavioral and primary health care; adoption of standards of care that are person-centered and recovery-oriented aimed at improving long-term outcomes; and, requirements needed for provider licensure.
- Advocate for Medicaid expansion.
- Educate the community on how to report non-compliance with parity laws.
- Transfer regulatory responsibility for mental and substance use disorder services from Department of Children and Families to the Department of Health.
- Advocate that the Florida Opioid Abatement Task Force have at least one physician and at least one representative from an organization that works with individuals with mental, substance use and/or co-occurring disorders and at least one person to represent parents of loss, individuals with lived experience, or individuals in recovery.
- Develop spending plan for settlement funds that is strictly for funding mental health, substance use and co-occurring disorder services.

Accountability

- Track progress and enactment of legislation:
  - Designating a County lead entity.
  - Making parity enforceable.
  - Placing Mental Health and Substance Use Disorders under the State Department of Health.
  - De-criminalizing fentanyl test strips.
  - Expanding Baker and Marchman Act.
  - Expanding housing inventory for persons in recovery.
- Track progress of Florida Opioid Abatement Task Force recommended membership.
- Track progress on Opioid Settlement Plan for funding mental health, substance use and co-occurring disorder services.
- Track progress and completion of other public policy strategic objectives.

C. Justice System and Public Safety

Individuals with mental and substance use disorders involved with the criminal justice system has enormous fiscal, health, and human costs and remain a challenge. It is well known, many offenders with mental and substance use disorders still do not receive treatment during incarceration. This is not only a disservice to the offenders and their families; it is a threat to public safety. Diverting these individuals away from jails and prisons and toward more appropriate and culturally competent community-based care must be an essential component of any strategies aimed eliminating unnecessary involvement in the criminal justice system.

Issues – Justice System and Public Safety
• Low utilization of drug- and related courts and lack of diversion services to decrease criminalization of substance use disorders and/or co-occurring disorders. • Individuals released from incarceration frequently do not remain engaged in services and often recidivate due to a lack of stable housing, support services and care coordination. • Over-prescribers remain contributors to prescription misuse and street diversion. • Individuals are dying from opioid poisoning while waiting for fire rescue or EMTs.
Why
• County correctional facilities have become a de-facto system of care that is expensive, promotes inequity and does not promote recovery.
How (strategies)
• Identify / develop alternative community placements in areas where there are few if any available. • 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). • Develop plan to expand law enforcement partnerships and data access to increase ability to target over-prescribers. • Advocate for the Palm Beach County Sheriff's Office to carry and use Narcan when responding to overdose calls.
Accountability
• Track diversion programs and maintain a system that will enable appropriate referrals, real-time availability and criteria for enrollment. • Track numbers of individuals who are enrolled in diversion programs and related outcomes. • Track progress and completion of other justice system and public safety strategic objectives.

D. Treatment and Recovery

Substance Use Disorder has long been recognized as a chronic disease. However, most treatment uses acute care interventions rather than a disease management approach. For many people seeking recovery, this has created a revolving door of multiple acute treatment episodes. The BCC's shift from an acute care model of treatment to a person-centered, recovery-oriented system of care that is readily accessible and integrated requires a transformation of the entire service system as it shifts to becoming responsive to meet the needs of individuals and families seeking services. To be effective, the system must infuse the language, culture, and spirit of recovery throughout it; develop values and principles that are shaped by individuals and families in recovery; provides them with choices that are consistent with their values, needs, and culture; honors the multiple pathways to recovery; and, allows for a life in the community for everyone. As this system becomes the norm, there is great promise that more Palm Beach County residents will be able to maintain and sustain long-term recovery with improved health, wellness, and quality of life.

Issues – Treatment and Recovery
• On-going silos when it comes to client care and fragmentation/disjointed care from multiple treatment, social and recovery support providers. • Determinations of client treatment that are based on the services available at a particular provider, rather than on individualized needs; • Ineffective transitioning of clients from one level of care or one service provider to another. • Lack of timely sharing of needed treatment information among providers. • Lack of monitoring and follow-up to ensure client engagement. • Lack of accountability and agreed upon responsibilities among multiple treatment, social and recovery support providers serving one client. • Getting access to care at reasonably comparable reimbursement rates and overcoming hurdles such as a lack of transportation to get to a provider are barriers to getting help for behavioral health, substance use and/or co-occurring disorders. • Having the right type of treatment at the right time for clients is a barrier to obtaining the services and supports needed to get to recovery. • Insurance can often be a barrier to obtaining needed services and it can also restrict the number of days that services are able to be provided. • Lack of detoxification services for benzodiazepines. • There are insufficient recovery support services (i.e. housing, transportation) for persons discharged from the Addiction Stabilization Unit and provider settings.

- Where and how individuals get to services and supports for care and treatment of behavioral health and/or substance use disorders is too frequently based on where and by whom they are screened and assessed for services, treatment, or care.

Why

- A "no wrong-door" person-centered, recovery-oriented system of care approach will help identify and remove barriers (including access related barriers) and serve as a bridge between providers and needed recovery supports.
- Without reasonable reimbursement rates, the few existing providers will not provide needed services and getting help will be more difficult, especially with provider shortages.
- Access to properly trained providers who have availability is a critical prerequisite for clients seeking care that is person-centered and recovery oriented.
- Without sufficient coverage, many individuals are challenged to find providers that will work with them and/or have choices limited by the availability of providers who are able to work with a client and obtain a scholarship on their behalf.
- PBC residents will be able to access individually identified services that are based on person-centered informed choice and individualized recovery plans

How (strategies)

- Implement person-centered, recovery-oriented system of care that is readily accessible and integrated inclusive of Neutral Care Coordination; Care Provider Network and Recovery Supports to ease transitions and continuity of care and remove barriers.
- Reimburse virtual care at competitive rates and that are comparable to face-to-face rates in order to increase the number of potential clients that will be able to secure behavioral health services.
- 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.
- Utilize medical detailing to educate physicians and emergency room personnel on MAT and Screening, Brief Intervention and Referral to Treatment (SBIRT).
- Educate the community about MAT, including non-traditional partners and the faith-based community.
- Educate providers on prescription monitoring.
- Engage post-secondary institutions and other entities to recruit and educate students to become licensed and certified clinicians.
- Identify and provide training opportunities in evidence-based, evidence-informed promising practices.
- Identify and develop alternative funding sources for un- or under- insured individuals.
- Engage and educate health insurers about mental, substance use and co-occurring disorders and co-occurring disorders which will involve community members in outreach efforts.
- Engage the recovery community to recruit and educate persons with lived experience to become Certified Recovery Peer Specialist (CRPS).

- Develop policies and trainings for neutral care coordination that will ensure essential skills related to the implementation of the County's system of care model.
- Collaborate and coordinate across entities serving individuals with substance use disorders and/or co-occurring mental health and substance use disorders
- 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.

Accountability

- Develop and maintain resource that identifies programs that are available, criteria for acceptance into programs, types of services and how to access programs (i.e., referrals to whom and how to ensure referral is acted upon.)
- Develop MOU related to data sharing across agencies.
- Track number of individuals served by the ASU and related outcomes.
- Track number of warm-handoffs through neutral care coordination and related outcomes.
- Track status and implementation of neutral care coordination proposal.
- Track progress and completion of other treatment and recovery strategic objectives.

E. Essential Services

Essential Services (formerly Ancillary Services) more accurately reflects the critical nature of key long-term predictors of long-term recovery outcomes (i.e. housing stability, employment, strong family/society connection, altruism) to achieving the BCC's aim to establish a person-centered, recovery-oriented system of care that is readily accessible and integrated. These and other predictors are also referred to as social determinants of health which are conditions in the environments people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants have a major impact on health outcomes-especially for the most vulnerable populations and must be considered when providing person-centered, recovery-oriented care. Thus, when resources are available to overcome negative social determinants of health, they can have a significant impact on individual and population health outcomes.

Issues – Essential Services
• Insufficient inventory of available, affordable, safe housing (recovery, supportive, transitional and permanent) for persons in recovery and other persons in recovery with diverse needs. (i.e. pregnant women, women with children, families, LGBTQ+, MAT, co-occurring) • Lack of awareness of existing career and job assistance programs.
Why
• Sufficient inventory of safe, supportive, affordable, alcohol and drug-free housing and employment opportunities are key predictors of long-term recovery outcomes.
How (strategies)
• Collaborate with Florida Association of Recovery Residences and the State Attorney Addiction and Recovery Task Force to oversee recovery residences and deploy Recovery Capital Indexing. • Collaborate with Oxford House to include its inventory in accounting of available, affordable, safe housing and substance-free living spaces. • 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). • Develop respite capacity lost because of Ted's Place closure to include housing first like options for those actively using. • Establish an Ombudsman and processes to assist individuals removed from, or at risk of being removed, from their housing. • Develop "Voucher Return Program" for out of state or out of county individuals who have received county-based funding for housing.

- Establish a recovery high school program.
- Identify and disseminate resources to persons in recovery, providers and others related to technical and career training as well as employment services.
- Educate the recovery community about existing and emerging public transportation services programs.
- Conduct Americans with Disabilities Act (ADA) trainings.

Accountability

- Track progress and completion real-time inventory of available, affordable, safe housing homes.
- Track progress and completion of career preparation and employment services resources made available for persons in recovery.
- Track progress and completion of other essential services strategic objectives.

F. Evaluation and Monitoring

Evaluation and monitoring are critical for assessing the range of interventions being implemented to mental and substance use disorders. It helps determine exactly when an intervention is on track and when changes may be needed. Evaluation and monitoring are also used to demonstrate that efforts have had a measurable impact on expected outcomes and have been implemented effectively. It is essential in helping managers, planners, implementers, and policy makers acquire the information needed to make informed policy and programmatic decisions; guide strategic planning; design and implement programs; and allocate resources.

Issues – Evaluation and Monitoring
• Numerous gaps and barriers still remain for obtaining data needed to see the trends and determine areas in which additional focus and attention. • Historic treatment outcome data (i.e. successful treatment discharge) is not a reliable measure related to the County's goal of improving long-term recovery outcomes and quality of care.
Why
• Without data it is not possible to see patterns and trends and make data-informed decisions.
How (strategies)
• Collaborate, coordinate, evaluate and disseminate with the Department of Health (O2DA) to obtain and share timely mental and/or substance disorder related data (i.e. RCI, overdose, Narcan deployment, mobile crisis, ER visits) from hospitals, fire rescue, law enforcement, Health Care District, Southeast Florida Behavioral Health Network and Medical Examiners Office through a dashboard and other means. • Identify entities that are currently not reporting data and advocate for them to be required to do so. • Deploy RCI specifically with providers and more broadly in the community in order to collect data to determine success in achieving improvements in long-term recovery outcomes as well as overall community wellness. • Utilize Overdose Mapping (High Intensity Drug Trafficking Areas (HIDTA)) data.
Accountability
• Track progress and completion of data dashboard. • Track utilization of RCI surveys and the number of housing, education and employment opportunities that have been initiated and provided based on needs identified through the survey results. • Review and analyze data and prepare quarterly reports to the Steering Committee which addresses data quality and additional data needs. • Track progress and completion of other evaluation and monitoring strategic objectives.

Appendices

Appendix A	Opioid Crisis – Palm Beach County's Response Plan
Appendix B	Palm Beach County System of Care Model
Appendix C	Opioid Data to Action (OD2A), 2020 CDC Final Report
Appendix D	Opioid Data to Action (OD2A), 2021 Semi-annual Report
Appendix E	Recovery Capital Index (RCI) Partner Story
Appendix F	Steering Committee Member Biographies
Appendix G	Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Recovery-Oriented System of Care (ROSC) Definition
Appendix H	Language Dictionary

The Appendices may be accessed at the Palm Beach County Community Services Department, Office of Behavioral Health and Substance Use Disorders webpage: https://discover.pbcgov.org/communityservices/SubstanceUseDisorders/Pages/default.aspx