

PALM BEACH COUNTY ADVISORY COMMITTEE
ON BEHAVIORAL HEALTH, SUBSTANCE USE
AND CO-OCCURRING DISORDER (BHSUCOD)

January 12, 2023



Palm Beach County Community Services Department
Office of Behavioral Health and Substance Use Disorders
810 Datura St., West Palm Beach, FL, 33401

TABLE OF CONTENTS

1. Committee Description and Role	Page 1
2. Resolution	Page 2
Section 1. Purpose	
Section 2. Membership, Appointments, Terms	
Section 3. Officers	
Section 4. Roles and Responsibilities	
Section 5. Sunshine Law, Codes of Ethics	
Section 6. Meetings	
Section 7. Subcommittees	
Section 8. General Provisions	
Section 9. Effective Date. Sunset Provision	
3. Operational Guidelines	Page 8
4. Meeting Dates	Page 12
5. Appendix	Page 13

1. COMMITTEE DESCRIPTION AND ROLE

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.

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 Section 9)

In 2019, the Palm Beach County 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 to be in better alignment with the BCC's strategic priority that encompasses both behavioral health and substance use disorders. The Steering Committee approved the March 2022 Master Plan update.

On November 1, 2022, the BCC approved a resolution, Record Number R-2022-1340 (See Section 2) establishing the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder (BHSUCOD). On November 15, 2022, the BCC approved the March 2022 Master Plan update.

Pursuant to the Resolution, the role of the BHSUCOD is to enhance the County's capacity and effectiveness in formulating comprehensive, integrated, and effective behavioral health, substance use and co-occurring disorders prevention, treatment, support, and recovery policies, as well as to offer recommendations regarding the County's provision of services to the citizens of Palm Beach County.

2. RESOLUTION

Record Number R-2022-1340, Approved November 1, 2022

(Edited to include resource links. Actual Resolution can be found at Appendix D)

WHEREAS, behavioral health and substance use disorder are major health problems facing the citizens of Palm Beach County; and

WHEREAS, the Board of County Commissioners (BCC) adopted an Opioid Epidemic Response Plan (the Response Plan) in April of 2017 that identified strategic areas of focus as well as related action steps including appointing a County Drug Czar, designating a lead entity, and establishing an opioid response steering committee to advise and help guide the County's efforts; and

WHEREAS, the Response Plan was intended to satisfy the State's Opioid Settlement Clearing Trust Fund requirement for an opioid response abatement plan pursuant to section 17.42 (4)(c), Florida Statutes (2022); and

WHEREAS, the BCC has identified the substance use epidemic including but not limited to opioids, crack cocaine and crystal methamphetamine as well as behavioral and substance use disorder as high strategic priorities; and

WHEREAS, a Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee was established in 2019 consistent with the Opioid Response Plan, which was intended, in part, to satisfy the State's Opioid Settlement Clearing Trust Fund requirement for a Task Force to respond to the opioid epidemic pursuant to section 17.42 (4)(b), Florida Statutes (2022); and

WHEREAS, the BCC has expressed approval of a person-centered, recovery-oriented system of care focused on quality of care and long-term recovery outcome improvements.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:

Section 1: Purpose. There is hereby established the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder (BHSUCOD) to enhance the County's capacity and effectiveness in formulating comprehensive, integrated, and effective behavioral health, substance use and co-occurring disorders prevention, treatment, support, and recovery policies, as well as to offer recommendations regarding the County's provision of services to the citizens of Palm Beach County. The BHSUCOD will be supported by the Palm Beach County Community Services Department. The BHSUCOD will increase the coordination and interactions between organizations, agencies and institutions whose mission is to resolve Substance Use and Behavioral Disorders in Palm Beach County.

Section 2: Membership, Appointments, Terms.

- A. **Members:** The BHSUCOD shall be comprised of nine (9) at-large Members and eight (8) Ex Officio Members. Members and Ex Officio Members will have equal voting rights on all matters to come before the BHSUCOD. The total membership of the Advisory Committee shall, at a minimum, represent the organizations, agencies, institutions, and municipalities whose mission is to resolve Substance Use and Behavioral Disorders. Members shall be selected for their knowledge, competence, and experience relative to behavioral health and substance use disorder. In addition, three (3) of the nine (9) Members shall have lived experience with behavioral health and/or substance use disorder. All Members and Ex Officio Members must reside in Palm Beach County at the time of appointment and while serving on the Board. Membership shall be representative of the racial, ethnic, and geographic diversity of Palm Beach County.
- B. **Inaugural Membership.** The nine (9) individuals who serve as Members of the Opioid Response Plan Steering Committee at the time this Resolution is approved by the BCC, and the three (3) individuals who serve as Ex Officio Members of that Steering Committee, shall comprise the inaugural membership of the BHSUCOD, provided each individual resides in Palm Beach County. Ex Officio Members required by Paragraph C below, who do not serve as Ex Officio Members of the Steering Committee at the time this Resolution is approved, will be added to the inaugural membership of the BHSUCOD immediately on recommendation of the organization they represent.
- C. **Ex Officio Members:** the Ex Officio Members of the BHSUCOD shall be:
1. One (1) member of the Palm Beach County League of Cities who represents a municipality involved in opioid litigation;
 2. One (1) member representing the State Attorney, Fifteenth Judicial Circuit;
 3. One (1) member representing the Health Care District of Palm Beach County;
 4. One (1) member representing the Florida Department of Health in Palm Beach County;
 5. One (1) member representing the Palm Beach County Sheriff;
 6. One (1) member representing Palm Beach County Fire Rescue;
 7. One (1) member representing Southeast Florida Behavioral Health Network; and
 8. One (1) member representing Palm Health Foundation.
 9. One (1) member representing Southeast Florida Recovery Advocates*

*As amended and approved by the BCC on November 1, 2022

Ex Officio Members shall be recommended for membership by the organization they represent, and membership shall occur simultaneously with that recommendation.

- D. Appointments and Terms: At the inaugural meeting of the BHSUCOD, there will be a random selection designating three (3) Members to serve a one (1)-year initial term, three (3) Members to serve a two (2)-year initial term, and three (3) Members to serve a three (3)-year initial term. Following a Member's inaugural membership, Members shall be appointed at large by the BCC, and serve staggered terms of three (3) years, with a limit of three (3) consecutive three (3)-year terms. Vacancies occurring during a term shall be filled for the unexpired portion of the term and shall not count toward the member's term limits. Ex Officio Members are not term limited. All Members shall serve at the pleasure of the BCC.
- E. Attendance: Members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall be the same as a failure to attend a meeting. Members removed pursuant to this paragraph shall not continue to serve on the Advisory Committee and such removal shall create a vacancy. Attendance requirement does not apply to Ex Officio Members.

Section 3: Officers.

A chair and vice-chair shall be elected by a majority vote of the BHSUCOD and shall serve for a term of one year, but not to exceed two consecutive terms in any one office. The duties of the chair shall be to:

- A. Call Advisory Committee meetings and organize the agenda for the meetings;
- B. Preside at Advisory Committee meetings;
- C. Establish subcommittees, appoint subcommittee chairs, and charge subcommittees with specific tasks;
- D. Serve as primary liaison with staff; and
- E. Perform other functions as the Advisory Committee may suggest.

The vice-chair shall perform the duties of the chair in the chair's absence, and such other duties as the chair may assign.

If a vacancy occurs in the office of the chair, then the position shall be assumed by the vice-chair for the remainder of the term. Any remaining officer vacancies shall be filled through a majority vote of the Advisory Committee.

Section 4: Roles and Responsibilities.

The BHUSCOD shall have the following roles and responsibilities:

- A. Collect information related to substance abuse disorders in the County and provide that information to the BCC, along with recommendations on responding to the opioid epidemic, as provided in section 17.42, Florida Statutes (2022).
- B. Submit to the BCC by October 1 of each year the BHSUCOD Annual Report or Response Plan Update, which shall evaluate mechanisms for behavioral health and substance use disorder services and recommend any changes that may improve the quality, long-term recovery outcomes, and coordination of these services.
- C. If requested by the BCC, provide recommendations on positions the BCC may take on local, state and federal legislation.

Section 5: Sunshine Law, Codes of Ethics.

The BHSUCOD is subject to Florida's Sunshine Law. Reasonable public notice of all meetings, including subcommittee meetings, shall be provided, as required by the Sunshine Law, and all meetings shall be open to the public and minutes shall be taken. Records are subject to public disclosure.

Link: Florida's Sunshine Law

<https://tinyurl.com/flsunshinelaw>

Members of the BHSUCOD shall comply with the State's Code of Ethics found in Chapter 112, Part III of the Florida Statutes, as well as Palm Beach County's Code of Ethics codified in Sections 2-254 through 2-260 of the Palm Beach County Code.

Link: Florida Statute: Chapter 112, Part III

<https://tinyurl.com/flstatute112>

Link: Palm Beach County Code: Sections 2-254 through 2-260

<https://tinyurl.com/pbccode>

Section 6: Meetings.

The BHSUCOD shall meet monthly, or as needed, as determined by a majority of the membership. A quorum, as established by ordinance, must be present for the conduct of all meetings. Meetings shall be governed by Robert's Rules of Order.

Section 7: Subcommittees.

The BHSUCOD shall be as self-sufficient as possible in that there is no budget for its function. To this end, to carry out its duties, the creation of subcommittees is encouraged.

Section 8. General Provisions.

All members shall comply with the Uniform Policies and Procedures governing advisory bodies as set forth in Resolution No. 2013-0193, and any amendments thereto. Members will be provided a copy of the resolution and are expected to become familiar with the various requirements, including the provision for automatic removal for lack of attendance, conduct of meetings, and compliance with state and local laws pertaining to financial disclosure and other requirements.

The BHSUCOD is not established to duplicate efforts that County programs and departments were established to address.

No member shall represent the BHSUCOD before any governmental body or public or private entity or group unless approved to do so by a majority vote of the BHSUCOD.

Resolution No. 2013-0193 was replaced by Resolution No. 2013-1563

<https://tinyurl.com/PBCResolution>

Section 9: Effective Date. Sunset Provision.

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

From P. 25 of the BCC Minutes, November 1, 2022, AMENDED MOTION

MOTION to adopt the resolution with the addition of a ninth Ex Officio member from the Southeast Florida Recovery Advocates (SEFRA). Motion by Commissioner McKinlay, seconded by Commissioner Sachs.

Discussion

UPON CALL FOR A VOTE, the motion carried 6-0.

Aye: Mayor Weinroth, Vice Mayor Weiss, Commissioner Bernard,
Commissioner Marino, Commissioner McKinlay, and Commissioner Sachs

Nay: None

Absent: Commissioner Kerner

3. OPERATIONAL GUIDELINES

Palm Beach County Advisory Committee on Behavioral Health,
Substance Use and Co-Occurring Disorder (BHSUCOD)

ARTICLE I

Section 1. Purpose

The BHSUCOD is established to enhance the County's capacity and effectiveness in formulating comprehensive, integrated, and effective behavioral health, substance use and co-occurring disorders prevention, treatment, support, and recovery policies, as well as to offer recommendations regarding the County's provision of services to the citizens of Palm Beach County. The BHSUCOD will increase the coordination and interactions between organizations, agencies and institutions whose mission is to resolve substance use and behavioral disorders in Palm Beach County.

Section 2. Membership

- A. The BHSUCOD shall be comprised of nine (9) at-large Members and nine (9) Ex Officio Members. Members and Ex Officio Members will have equal voting rights on all matters to come before the BHSUCOD. The total membership of the Advisory Committee shall, at a minimum, represent the organizations, agencies, institutions, and municipalities whose mission is to resolve substance use and behavioral disorders. Members shall be selected for their knowledge, competence, and experience relative to behavioral health and substance use disorder. In addition, three (3) of the nine (9) Members shall have lived experience with behavioral health and/or substance use disorder. All Members and Ex Officio Members must reside in Palm Beach County at the time of appointment and while serving on the Board. Membership shall be representative of the racial, ethnic, and geographic diversity of Palm Beach County.
- B. The nine (9) Ex Officio Members shall represent the following: Palm Beach County League of Cities who represents a municipality involved in opioid litigation, 15th Judicial District State Attorney's Office, Health Care District of Palm Beach County, Florida Department of Health in Palm Beach County, Palm Beach County Sheriff, Palm Beach County Fire Rescue, Southeast Florida Behavioral Health Network, Palm Health Foundation and Southeast Florida Recovery Advocates.
- C. Members shall be appointed at large by the Board of County Commissioners (BCC) and serve staggered terms of three (3) years, with a limit of three (3) consecutive three (3)-year terms. Vacancies occurring during a term shall be filled for the unexpired portion of the term, and shall not count toward the member's term limits. Ex Officio Members are not term limited. All Members shall serve at the pleasure of the BCC.
- D. The BHSUCOD shall maintain a membership roster to record contact information for each of the members and Ex Officios including seat held; organization represented; term; and any additional member information that may be necessary to satisfy membership.

Section 3. Compensation

Members shall not be paid or otherwise receive compensation for serving on the Committee or any of its subcommittees.

Section 4. Member Duties

- A. A member shall perform duties, including those related to any subcommittee on which that person serves, in good faith, in a manner he or she reasonably believes to be in the best interests of the citizens of Palm Beach County, and with such care as an ordinarily prudent person in a similar position would use under similar circumstances.
- B. No member shall represent the BHSUCOD before any governmental body or public or private entity of group unless approved to do so by a majority vote of the BHSUCOD.
- C. Members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall be the same as a failure to attend a meeting. Members removed pursuant to this paragraph shall not continue to serve on the Advisory Committee and such removal shall create a vacancy. Attendance requirement does not apply to Ex Officio Members.

Section 5. Quorum/Majority

A quorum shall consist of greater than 25% of the members of the Committee pursuant to Ordinance Number 2021-009. The act of the majority of the members present at a meeting at which a quorum is present is the act of the full Committee. A majority shall be the smallest whole number greater than one-half of the members present.

Section 6. Standing Committees

- A. Executive Committee – It shall consist of the Chairperson, Vice Chairperson, the immediate past Chairperson and an Ex Officio member appointed by the Chairperson. It shall also approve meeting agendas and other items to be considered by the BHSUCOD.
- B. Nominating Committee – It shall convene prior to the annual reorganization meeting. Members shall be appointed by the Chairperson.
 - 1. The nomination process shall begin no less than ninety (90) days prior to the annual reorganization meeting.
 - 2. The BCC shall be notified and requested to provide nominations for BHSUCOD at large membership. Ex Officio entities will be requested to submit a designee in the event of an Ex Officio vacancy.
 - 3. The BHSUCOD shall make public notice soliciting at large membership application as part of the nomination process.
 - 4. Prospective members shall complete the *Palm Beach County Board of County Commissioners Boards/Committees Application* and *BHSUCOD Questionnaire*.
 - 5. The total membership of the Advisory Committee shall, at a minimum, represent the organizations, agencies, institutions, and municipalities whose mission is to resolve Substance Use and Behavioral Disorders. Members shall be selected for their knowledge, competence, and experience relative to behavioral health and substance use disorder. In addition, three (3) of the

nine (9) Members shall have lived experience with behavioral health and/or substance use disorder.

6. The Nominating Committee shall make public notice of meeting(s) to consider applications for at large membership and make recommendations to the full BHSUCOD which shall be considered at the annual reorganization meeting. It shall make recommendations for Chairperson and Vice Chairperson which shall also be considered by the BHSUCOD at the annual reorganization meeting.

C. Addiction Stabilization Unit (ASU) Committee - It shall be responsible for working with the Palm Beach County Health Care District to review ASU patient care and related matters as well as make recommendations related to such when appropriate. Members shall be appointed by the Chairperson.

D. There are established subcommittees as follows, each of which shall have and may exercise the authority as directed by the BHSUCOD. Subcommittee Chairpersons and Co-Chairpersons shall be appointed by the Chairperson.

1. Prevention and Education: To include, but not be limited to, establishing prevention and harm-reduction activities and education for residents in schools and communities.

2. Treatment and Recovery: To include, but not be limited to, establishing a coordinated Recovery-Oriented System of Care (ROSC); integrated behavioral health; expanding Peer Recovery Support Services (e.g., Recovery Community Organization/Recovery Community Centers (RCO/RCCs)); access to Medication-Assisted Treatment (MAT); and creating a neutral care coordination entity.

3. Public Policy: To include, but not be limited to, identifying, reviewing, and monitoring related public policies and legislation; and engaging, educating, and informing public officials, key strategic partners and constituency members in advancing sound public policy.

4. Justice System & Public Safety: To include, but not be limited to, supporting and enhancing operational strategies for First Responders, Mobile Response Units; expanding diversion services to decrease criminalization; increasing access to naloxone; and collaborating with law enforcement and public safety organizations.

5. Evaluation and Monitoring: To include, but not be limited to, implementing a Recovery Capital instrument; measuring and tracking treatment outcomes across the care continuum using advanced analytics to establish evidence-based best practices; increasing Committee member participation in monitoring of publicly funded treatment and recovery programs and services.

6. Essential Services: To include, but not be limited to, advancing social determinants of health such as food, housing, employment, education, access to medical care, and the collateral consequences of criminal justice involvement.

7. Faith-Based: To include, but not be limited to, advancing inter-faith understanding of mental illness and substance use disorder and the important role of faith communities in a recovery oriented system of care environment.

Section 7. Meetings

- A. Regular Meetings: Regular meetings of the BHSUCOD shall be held bi-monthly in Palm Beach County. Meetings shall be held in person unless public safety dictates the need for virtual meetings.
- B. Annual Reorganization Meeting: An annual reorganization meeting will be held for the purpose of electing the Chairperson, Vice Chairperson and new or re-appointed BHSUCOD members and adopting new or revised guidelines.
- C. Call of the Chair: Additional meetings may be held at the Call of the Chair, meaning the Chairperson is granted the authority to make the decision to have a meeting in addition to normally scheduled meetings. The Chairperson shall inform the appropriate personnel who will ensure action is taken for the meeting to be conducted.
- D. Voting: Every Committee member is entitled to one vote on each proposal presented at a meeting. Proxy votes shall not be allowed, except for Ex Officio members.
- E. Public Notice: Florida Statute 286.011, commonly referred to as the Sunshine Law, provides a right of access to governmental proceedings of public boards or commissions at both the state and local levels. The law is equally applicable to elected and appointed boards, and applies to any gathering of two or more members of the same board to discuss some matter which will foreseeably come before that board for action. Members-elect to such boards or commissions are also subject to the Sunshine Law, even though they have not yet taken office. There are three basic requirements:
 - 1. Meetings of public boards or commissions must be open to the public;
 - 2. Reasonable notice of such meetings must be given; and
 - 3. Minutes of the meetings must be taken and promptly recorded.

Palm Beach County has unwritten practices that the County uses to effectuate Florida’s Sunshine Law requiring “reasonable notice”. The practice is a minimum 7-day notice for a public meeting, as well as a minimum 3-day notice for an emergency public meeting.

Meeting notices shall be posted on the Community Services Department webpage, also an unwritten practice.

**ARTICLE II
OFFICERS**

Section 1. Officers

The Committee officers shall consist of a Chairperson and Vice Chairperson. The Chairperson and Vice Chairperson shall be elected from the membership for a one-year term and may be re-elected for one additional one-year term.

- A. The Chairperson shall preside over BHSUCOD meetings and serve as the primary liaison with the Community Services Department staff. The Chairperson shall be responsible for relevant member appointments to committees and sub-committees. The Chairperson may perform other functions suggested by the BHSUCOD.
- B. The Vice Chairperson shall perform all the duties and may exercise all the powers of the Chairperson, in the event of the Chairperson’s absence or inability to fulfill his/her duties.

**ARTICLE III
BOOKS AND RECORDS**

Section 1. Record Keeping

BHSUCOD meeting minutes shall be stored and provided to members of the public upon a public records request. An audio recording may be used to assist in meeting minute's accuracy.

4. MEETING DATES

Meetings are from 2pm to 4:30pm, the second Thursday of every other month beginning February, 2023. The meetings will be held at Mandala Healing Center, 5408 East Avenue, West Palm Beach, FL 33407 in the Community Room.

2023 Meeting Dates

February 9th
April 13th
June 8th
August 10th
October 12th
December 14th

2024 Meeting Dates

February 8th
April 11th
June 13th
August 8th
October 10th
December 12th

5. APPENDIX

- A. Substance and Mental Disorders Plan
- B. Board of County Commissioners Boards/Committees Application
- C. BHSUCOD Membership Questionnaire
- D. Resolution, Record Number R-2022-1340

APPENDIX A
SUSTANCE USE AND MENTAL DISORDERS PLAN

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



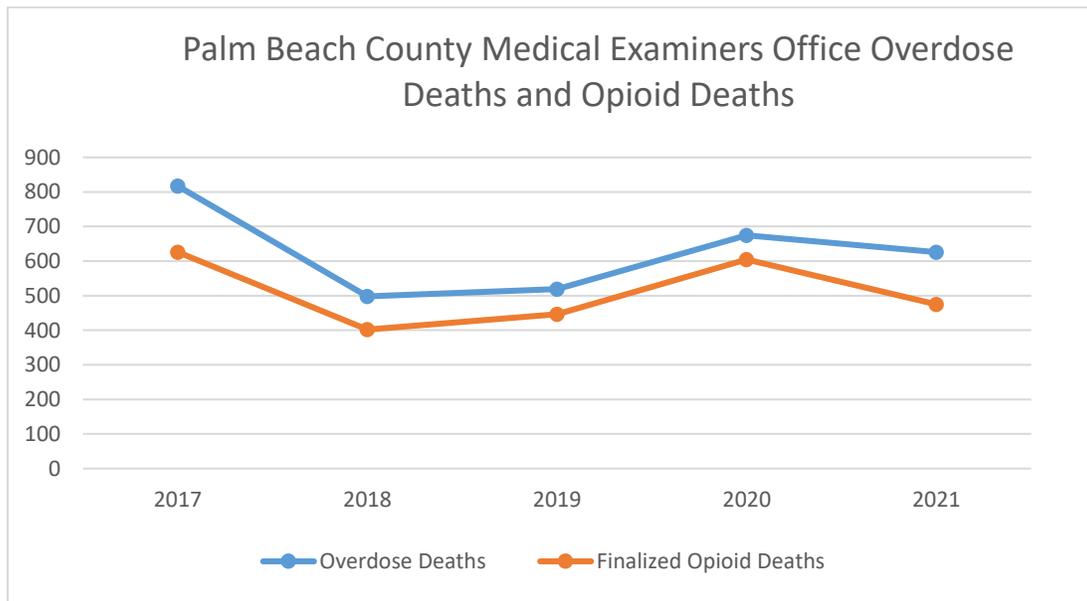
TABLE OF CONTENTS

I. Executive Summary	2
II. Introduction to the Plan	13
A. Mission	14
B. Vision	14
C. Values and Beliefs	14
III. Foundational Elements	15
A. Development of Plan Update	15
B. Infrastructure	17
C. Neutral Care Coordination	18
D. Utilization of Valid Tools to Identify Appropriate Levels of Care	19
E. Provision for Movement Across and Between Levels of Care	20
F. Evaluate and Monitor Data Collected and Analyze to Inform Outcomes	20
G. Contractual Relationships	20
H. Common Language and System-wide Taxonomies	22
IV. Theory of Action	23
Appendix, List of Appendices	35

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)

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

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.

Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee 2022 Substance Use and Mental Disorders Plan Update

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.

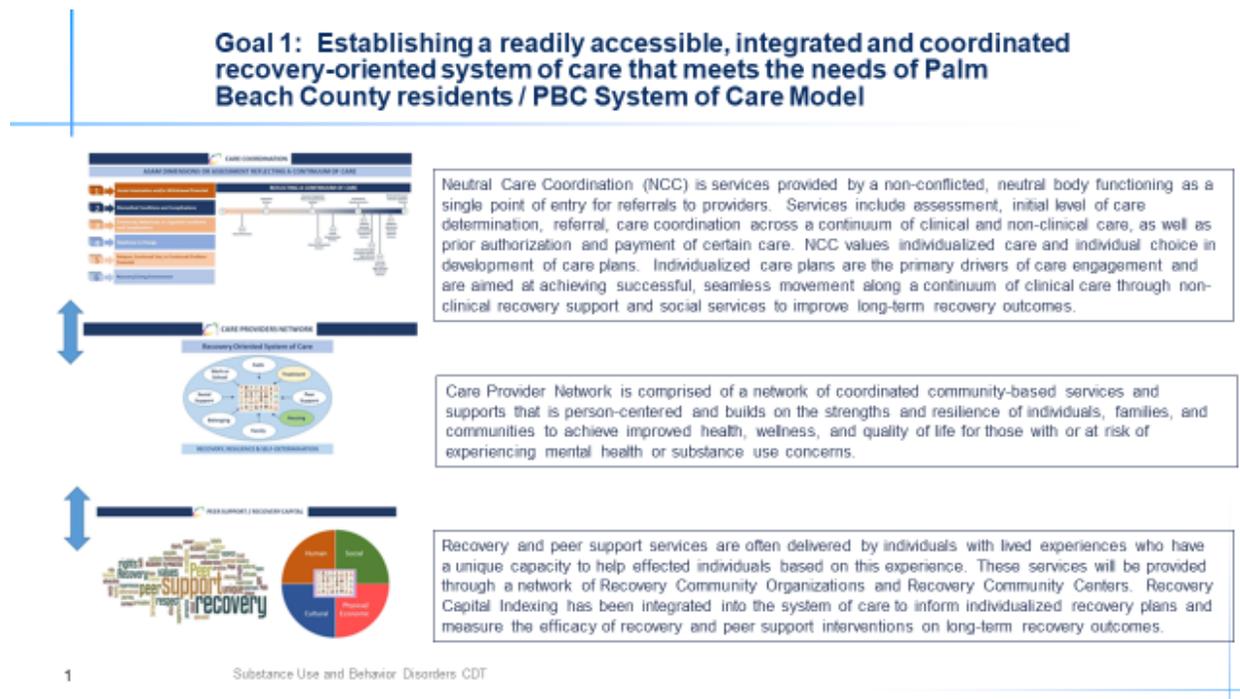
Additionally, a weakness of the ORP was its near complete neglect with respect to individuals receiving person-centered, recovery-oriented care. While a relatively new concept in the 2000s and advanced by the federal Substance Abuse and Mental Health Services Administration

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

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

(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

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

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

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

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

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.

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**



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.

Critical indicators

PERSONAL CAPITAL



SOCIAL CAPITAL



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

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

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
<ul style="list-style-type: none">• 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.

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

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 cry 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

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

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*

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.

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

- 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.

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

- 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 team⁹ 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 needs¹⁵ 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 Group¹⁶ 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Impact of substance use on brain development.

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

2022 Substance Use and Mental Disorders Plan Update

- 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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.

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

- 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • County correctional facilities have become a de-facto system of care that is expensive, promotes inequity and does not promote recovery.
How (strategies)
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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.

**Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update**

- 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).

Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update

- 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Sufficient inventory of safe, supportive, affordable, alcohol and drug-free housing and employment opportunities are key predictors of long-term recovery outcomes.
How (strategies)
<ul style="list-style-type: none"> • 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.

Palm Beach County Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee
2022 Substance Use and Mental Disorders Plan Update

- 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Without data it is not possible to see patterns and trends and make data-informed decisions.
How (strategies)
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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>

APPENDIX B

BOARD OF COUNTY COMMISSIONERS BOARDS/COMMITTEES APPLICATION

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION**

Section II (Applicant) Continued:

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

	Contract/Transaction No.	Department/Division	Description of Services	Term
	<i>Ex. (R#XX-XX/PO XX)</i>	<i>Ex. Parks & Recreation</i>	<i>Ex. General Maintenance</i>	<i>Ex. 10/01/2000 – 09/30/2100</i>
1				
2				
3				
4				
5				

Attach Additional Sheet(s), if necessary

OR

NONE

NOT APPLICABLE / (Governmental Entity)

ETHICS TRAINING: All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment. **Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>.** Ethics training is ongoing, and pursuant to PPM CW-P-80 is required before appointment, and upon reappointment.

By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below

By watching the training program on the Web, DVD or VHS on _____, 20____

By attending a live presentation given on _____, 20____

AND

By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

* Applicant's Signature: _____ Printed Name: _____ Date: _____

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website www.palmbeachcountyethics.com or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION**

**Return this FORM to:
John Hulick, Community Service Department (Administration)
810 Datura Street, West Palm Beach, Florida 33401
(561) 355-9915 – jhulick@pbcgov.org**

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

APPENDIX C
BHSUCOD MEMBERSHIP QUESTIONNAIRE



Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder (BHSUCOD)

Membership Questionnaire

=====
Part 1: Applicant Name: _____

Part 2: BHSUCOD Membership

How did you hear about the BHSUCOD?

Why do you want to be a BHSUCOD member or ex-officio member?

Please rank by preference the three sub-committees you would be interested in participating with.*

1. Prevention and Education
2. Treatment and Recovery
3. Public Policy
4. Justice System and Public Safety
5. Evaluation and Monitoring
6. Essential Services
7. Faith-Based

1 st Preference	
2 nd Preference	
3 rd Preference	

Part 3: Special Skills and Involvement

Please respond to the questions below. If you need more space, continue to a separate sheet of paper and attach it to the application. Please attach a current resume.

What special skill, educational background, perspectives or life experience do you think you will bring to the BHSUCOD? Include personal, professional or volunteer experience. If you were a previous BHSUCOD member or ex-officio member, what new experiences would you bring?



Part 4: Communication

Community Services staff will be contacting you via mail, email and/or telephone about meeting activities. Please provide the following:

Phone #: _____ **Mobile:** _____ **Work:** _____
Home Address: _____
Email Address: _____

Part 5: Statement of Member Commitment

By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics.

Applicant Signature: _____ **Date:** _____

*

- 1. **Prevention and Education:** To include, but not be limited to, establishing prevention and harm-reduction activities and education for residents in schools and communities.
- 2. **Treatment and Recovery:** To include, but not be limited to, establishing a coordinated Recovery-Oriented System of Care (ROSC); integrated behavioral health; expanding Peer Recovery Support Services (e.g., Recovery Community Organization/Recovery Community Centers (RCO/RCCs); access to Medication-Assisted Treatment (MAT); and creating a neutral care coordination entity.
- 3. **Public Policy:** To include, but not be limited to, identifying, reviewing, and monitoring related public policies and legislation; and engaging, educating, and informing public officials, key strategic partners and constituency members in advancing sound public policy.
- 4. **Justice System & Public Safety:** To include, but not be limited to, supporting and enhancing operational strategies for First Responders, Mobile Response Units; expanding diversion services to decrease criminalization; increasing access to naloxone; and collaborating with law enforcement and public safety organizations.
- 5. **Evaluation and Monitoring:** To include, but not be limited to, implementing a Recovery Capital instrument; measuring and tracking treatment outcomes across the care continuum using advanced analytics to establish evidence-based best practices; increasing Committee member participation in monitoring of publicly funded treatment and recovery programs and services.
- 6. **Essential Services:** To include, but not be limited to, advancing social determinants of health such as food, housing, employment, education, access to medical care, and the collateral consequences of criminal justice involvement.
- 7. **Faith-Based:** To include, but not be limited to, advancing inter-faith understanding of mental illness and substance use disorder and the important role of faith communities in a recovery oriented system of care environment.

APPENDIX D
RESOLUTION, RECORD NUMBER R-2022-1340

RESOLUTION NO. R-2022-1340

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, CREATING THE PALM BEACH COUNTY ADVISORY COMMITTEE ON BEHAVIORAL HEALTH, SUBSTANCE USE AND CO-OCCURRING DISORDERS; PROVIDING FOR A PURPOSE; PROVIDING FOR MEMBERSHIP, APPOINTMENTS, TERMS; PROVIDING FOR OFFICERS; PROVIDING FOR ROLES AND RESPONSIBILITIES; PROVIDING FOR SUNSHINE LAW, CODE OF ETHICS; PROVIDING FOR MEETINGS; PROVIDING FOR SUBCOMMITTEES; PROVIDING FOR GENERAL PROVISIONS; AND PROVIDING FOR EFFECTIVE DATE, SUNSET.

WHEREAS, behavioral health and substance use disorder are major health problems facing the citizens of Palm Beach County; and

WHEREAS, the Board of County Commissioners (BCC) adopted an Opioid Epidemic Response Plan (the Response Plan) in April of 2017 that identified strategic areas of focus as well as related action steps including appointing a County Drug Czar, designating a lead entity, and establishing an opioid response steering committee to advise and help guide the County's efforts; and

WHEREAS, the Response Plan was intended to satisfy the State's Opioid Settlement Clearing Trust Fund requirement for an opioid response abatement plan pursuant to section 17.42 (4)(c), Florida Statutes (2022); and

WHEREAS, the BCC has identified the substance use epidemic including but not limited to opioids, crack cocaine and crystal methamphetamine as well as behavioral and substance use disorder as high strategic priorities; and

WHEREAS, a Behavioral Health, Substance Use and Co-Occurring Disorder Steering Committee was established in 2019 consistent with the Opioid Response Plan, which was intended, in part, to satisfy the State's Opioid Settlement Clearing Trust Fund requirement for a Task Force to respond to the opioid epidemic pursuant to section 17.42 (4)(b), Florida Statutes (2022); and

WHEREAS, the BCC has expressed approval of a person-centered, recovery-oriented system of care focused on quality of care and long-term recovery outcome improvements.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:

Section 1: Purpose. There is hereby established the Palm Beach County Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder (BHSUCOD) to enhance the County's capacity and effectiveness in formulating comprehensive, integrated, and effective behavioral health, substance use and co-

occurring disorders prevention, treatment, support, and recovery policies, as well as to offer recommendations regarding the County's provision of services to the citizens of Palm Beach County. The BHSUCOD will be supported by the Palm Beach County Community Services Department. The BHSUCOD will increase the coordination and interactions between organizations, agencies and institutions whose mission is to resolve Substance Use and Behavioral Disorders in Palm Beach County.

Section 2: Membership, Appointments, Terms.

- A. Members: The BHSUCOD shall be comprised of nine (9) at-large Members and eight (8) Ex officio Members. Members and Ex Officio Members will have equal voting rights on all matters to come before the BHSUCOD. The total membership of the Advisory Committee shall, at a minimum, represent the organizations, agencies, institutions, and municipalities whose mission is to resolve Substance Use and Behavioral Disorders. Members shall be selected for their knowledge, competence, and experience relative to behavioral health and substance use disorder. In addition, three (3) of the nine (9) Members shall have lived experience with behavioral health and/or substance use disorder. All Members and Ex Officio Members must reside in Palm Beach County at the time of appointment and while serving on the Board. Membership shall be representative of the racial, ethnic, and geographic diversity of Palm Beach County.

- B. Inaugural Membership. The nine (9) individuals who serve as Members of the Opioid Response Plan Steering Committee at the time this Resolution is approved by the BCC, and the three (3) individuals who serve as Ex Officio Members of that Steering Committee, shall comprise the inaugural membership of the BHSUCOD, provided each individual resides in Palm Beach County. Ex Officio Members required by Paragraph C below, who do not serve as Ex Officio Members of the Steering Committee at the time this Resolution is approved, will be added to the inaugural membership of the BHSUCOD immediately on recommendation of the organization they represent.

- C. Ex Officio Members: the Ex Officio Members of the BHSUCOD shall be:
 - 1. One (1) member of the Palm Beach County League of Cities who represents a municipality involved in opioid litigation;
 - 2. One (1) member representing the State Attorney, Fifteenth Judicial Circuit;
 - 3. One (1) member representing the Health Care District of Palm Beach County;
 - 4. One (1) member representing the Florida Department of Health in Palm Beach County;
 - 5. One (1) member representing the Palm Beach County Sheriff;
 - 6. One (1) member representing Palm Beach County Fire Rescue;
 - 7. One (1) member representing Southeast Florida Behavioral Health Network;
and
 - 8. One (1) member representing Palm Health Foundation.

Ex Officio Members shall be recommended for membership by the organization they represent, and membership shall occur simultaneously with that recommendation.

D. Appointments and Terms: At the inaugural meeting of the BHSUCOD, there will be a random selection designating three (3) Members to serve a one (1)-year initial term, three (3) Members to serve a two (2)-year initial term, and three (3) Members to serve a three (3)-year initial term. Following a Member's inaugural membership, Members shall be appointed at large by the BCC, and serve staggered terms of three (3) years, with a limit of three (3) consecutive three (3)-year terms. Vacancies occurring during a term shall be filled for the unexpired portion of the term, and shall not count toward the member's term limits. Ex Officio Members are not term limited. All Members shall serve at the pleasure of the BCC.

E. Attendance: Members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall be the same as a failure to attend a meeting. Members removed pursuant to this paragraph shall not continue to serve on the Advisory Committee and such removal shall create a vacancy. Attendance requirement does not apply to Ex Officio Members.

Section 3: Officers. A chair and vice-chair shall be elected by a majority vote of the BHSUCOD and shall serve for a term of one year, but not to exceed two consecutive terms in any one office. The duties of the chair shall be to:

- A. Call Advisory Committee meetings and organize the agenda for the meetings;
- B. Preside at Advisory Committee meetings;
- C. Establish subcommittees, appoint subcommittee chairs, and charge subcommittees with specific tasks;
- D. Serve as primary liaison with staff; and
- E. Perform other functions as the Advisory Committee may suggest.

The vice-chair shall perform the duties of the chair in the chair's absence, and such other duties as the chair may assign.

If a vacancy occurs in the office of the chair, then the position shall be assumed by the vice-chair for the remainder of the term. Any remaining officer vacancies shall be filled through a majority vote of the Advisory Committee.

Section 4: Roles and Responsibilities. The BHUSCOD shall have the following roles and responsibilities:

- A. Collect information related to substance abuse disorders in the County and provide that information to the BCC, along with recommendations on responding to the opioid epidemic, as provided in section 17.42, Florida Statutes (2022).
- B. Submit to the BCC by October 1 of each year the BHSUCOD Annual Report or Response Plan Update, which shall evaluate mechanisms for behavioral health and substance use disorder services and recommend any changes that may improve the quality, long-term recovery outcomes, and coordination of these services.
- C. If requested by the BCC, provide recommendations on positions the BCC may take on local, state and federal legislation.

Section 5: Sunshine Law, Codes of Ethics

The BHSUCOD is subject to Florida's Sunshine Law. Reasonable public notice of all meetings, including subcommittee meetings, shall be provided, as required by the Sunshine Law, and all meetings shall be open to the public and minutes shall be taken. Records are subject to public disclosure.

Members of the BHSUCOD shall comply with the State's Code of Ethics found in Chapter 112, Part III of the Florida Statutes, as well as Palm Beach County's Code of Ethics codified in Sections 2-254 through 2-260 of the Palm Beach County Code.

SECTION 6: Meetings

The BHSUCOD shall meet monthly, or as needed, as determined by a majority of the membership. A quorum, as established by ordinance, must be present for the conduct of all meetings. Meetings shall be governed by Robert's Rules of Order.

SECTION 7. : Subcommittees

The BHSUCOD shall be as self-sufficient as possible in that there is no budget for its function. To this end, to carry out its duties, the creation of subcommittees is encouraged.

Section 8. General Provisions All members shall comply with the Uniform Policies and Procedures governing advisory bodies as set forth in Resolution No. 2013-0193, and any amendments thereto. Members will be provided a copy of the resolution and are expected to become familiar with the various requirements, including the provision for automatic removal for lack of attendance, conduct of meetings, and compliance with state and local laws pertaining to financial disclosure and other requirements.

The BHSUCOD is not established to duplicate efforts that County programs and departments were established to address.

No member shall represent the BHSUCOD before any governmental body or public or private entity or group unless approved to do so by a majority vote of the BHSUCOD.

SECTION 9: Effective Date, Sunset Provision

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

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

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

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

ATTEST:

CLERK OF CIRCUIT COURT

Joseph Abruzzo

By: [Signature]
Clerk of Court & Comptroller
Deputy Clerk

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:

By: [Signature]
Assistant County Attorney

PALM BEACH COUNTY, Florida
By its Board of County Commissioners

By: [Signature]
Robert S. Weinroth, Mayor

APPROVED AS TO CONTENT:

By: [Signature]
Reginald K. Duren, Assistant
County Administrator

From P. 25 of the BCC Minutes, November 1, 2022, AMENDED MOTION

MOTION to adopt the resolution with the addition of a ninth Ex Officio member from the Southeast Florida Recovery Advocates (SEFRA). Motion by Commissioner McKinlay, seconded by Commissioner Sachs.

Discussion

UPON CALL FOR A VOTE, the motion carried 6-0.

Aye: Mayor Weinroth, Vice Mayor Weiss, Commissioner Bernard,
Commissioner Marino, Commissioner McKinlay, and Commissioner Sachs

Nay: None

Absent: Commissioner Kerner