

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

# Coordinated Opioid Recovery Begins With Emergency Medical Services (EMS) in Florida

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A coordinated approach to recovery for individuals with substance use disorder (SUD) that largely began with the Palm Beach County, Florida, Fire Rescue's Emergency Medical Services

(EMS) Division is now expanding to 12 more Florida counties. The Florida Department of Health, Department of Children and Families, and Agency for Health Care Administration have developed the Coordinated Opioid Recovery (CORE) Program, which was officially launched in fall 2022. CORE was modeled after programs in Palm Beach County, Clay County, and Ocala, Florida, that had begun a few years earlier. It relies on a relatively new add-on to EMS, known as community paramedics.

Community paramedicine (also known as mobile integrated health care) is an additional service offered by some EMS agencies (ambulance services) in an effort to address chronic health conditions of those who frequently use the 9-1-1 emergency system. With

specialized training, community paramedics follow up in the homes of patients who may simply need someone to identify why they are frequently falling, experiencing diabetic emergencies, or suffering from other conditions resulting in their repeated 9-1-1 calls. With the ever-worsening overdose epidemic, the community paramedic/mobile integrated health care model has been identified as an ideal way of helping those with SUD.

## Palm Beach County



Palm Beach County has a population of 1.5 million and is geographically the second-largest county east of the Mississippi River. In the late 2000s, with the closure of the Florida "pill mills"—many anchored locally—Palm Beach County's overdose numbers were some of the highest in the state as people sought their opioids from street suppliers.

County leaders addressed this alarming trend with an innovative and multipronged approach developed and led by a cross-departmental countywide team. A

crucial member of the team was Palm Beach County Fire Rescue, EMS Division. According to retired firefighter paramedic Houston Park, who helped start the program in 2016–2017, the program required an extended period of time to get off the ground. In the beginning, a paramedic and a peer support specialist would meet the overdose patient at the hospital, where the first dose of buprenorphine or other medication-assisted treatment (MAT) would be given to patients who consented to the program. For 7 days afterward, the paramedic would follow up with patients at home and administer MAT while or before the patient entered treatment.

This pilot was the catalyst to start the community paramedic program in Palm Beach County. After hiring licensed social workers to support the behavioral health aspect of this new model, the Palm Beach County Fire Rescue Mobile Integrated Health Addiction Program was born. The community paramedics now offer MAT in the field to patients before they arrive at the hospital. They are also able to bypass the hospital via ambulance, after the patient has been medically cleared, and transport the patient directly to a behavioral health facility. Mr. Park, who now consults with the Florida Department of Health on the new CORE program, summarized, “After 30 years as a firefighter paramedic, this was the most rewarding thing I’ve done.”

The vision of the Palm Beach County Fire Rescue Mobile Integrated Health Addiction Program sums up the reason this first-of-its kind program was created: to save lives and help connect patients to ethical MAT providers, risk reduction programs, along with mental health and substance/alcohol use disorder education and resources.

## Clay County



Impressed by the success of Palm Beach County’s approach, Clay County Fire Rescue Battalion Chief Glen East decided to tackle the challenge of implementing a similar program in Clay County. The Clay County Fire Rescue Community Paramedicine Program had been in existence for a few years, serving vulnerable patients who tended to be frequent users of the ambulance service. In 2020, the program partnered with the Clay County Department of Health and the Clay Behavioral Health Center (CBHC) to create a multifaceted approach to assist persons with SUD. After Chief East’s recent retirement, Lieutenant Stephen Teal took the reins. Lieutenant Teal reported that the program kicked off in January 2021, following months of preparation. Rather than simply reversing an overdose with naloxone and sending the patient on their way, the Clay County community paramedics follow up with overdose patients and offer a managed approach to recovery. A CBHC recovery peer specialist and a community paramedic help guide the recovery process, develop a dosing schedule, and arrange medical appointments as well as outpatient treatment. The community paramedic may administer MAT, in the form of daily doses of buprenorphine, to qualifying participants for up to 7 days or whenever care is transitioned to the treatment center. Participants are expected to continue with outpatient care, and the community paramedic makes follow-up calls every 3 months for a full year to monitor their progress. There is no cost to the participant for the paramedicine portion of the program, which has been funded by the county’s Overdose to Action (OD2A) program.

Clay County is quite different than Palm Beach County, with a much smaller population of approximately

222,000 and no large urban areas within the county boundaries. Located in Northeast Florida, it lies just south of Jacksonville and is located within that city's metropolitan statistical area. Clay County Fire Rescue's EMS makes about 29,000 emergency ambulance calls per year. This less densely populated area is finding success with its community paramedicine program in addressing the overdose crisis. The program has 1 full-time community paramedic with specialized training and another 12 to 13 who volunteer for overtime to work part-time in the community paramedic program. In addition, a naloxone education specialist conducts a weekly distribution program and provides training on using naloxone. Clay County Fire Rescue is hiring a peer recovery support specialist to serve as a resource within the community paramedic program. Fortunately, the program tracks its clients' adherence to the program by following them for a full year after their enrollment, regardless of their whereabouts. Lieutenant Teal reported that in the first year (2021), the program enrolled 80 clients and 114 in the second year. Of the 80 clients enrolled in 2021, 54 continued to receive addiction recovery services for 1 year or longer, an impressive 67 percent retention rate. Although the 2022 retention rate will not be known until the end of 2023, it appears to be similarly impressive based on the early numbers.

For more information: [Clay County Community Paramedic Opioid Substance Addiction Program](#)

## Ocala



Located in North Central Florida, Ocala is the largest city in Marion County and is known as the "horse capital of the world" because of its involvement in all things equestrian. The city has about 66,000 residents and encompasses 1,663 square miles. It is served by Ocala Fire Rescue, while Marion County Fire Rescue covers the rest of Marion County.

Shortly after Ocala Fire Rescue's Community Paramedicine Program started in August 2019, it was contacted by the Marion County Health Department about adding overdose care to its services. EMS Captain Jesse Blaire explained that the program initially looked at the Palm Beach County model but realized that it did not have the resources and had to develop a scaled-down version. The initial program was pretty basic—the local hospitals called when someone presented with an overdose, and a community paramedic met with the patient at the hospital and encouraged them to go to treatment. The program has now evolved into a coordinated approach involving not only EMS but also detoxification services, addiction, mental health treatment, and medical and dental care. The Ocala Recovery Project houses all the services at a single campus known as Beacon Point. After EMS paramedics resuscitate and transport an overdose patient to the hospital, the patient is screened at the hospital by a community paramedic and a peer support specialist and, most often, taken to the Beacon Point campus. Captain Blaire said that he and his community paramedics have come a long way in understanding addiction since they have been involved with the program. He recalls earlier days on the ambulance (prior to the community paramedicine program) when he resuscitated the same overdose

patient five times in one shift, which caused him to question if he was making a difference. He reported that his attitude and approach toward these patients have completely changed after learning about the disease of addiction. The Ocala program currently has 2 full-time board-certified community paramedics and about 20 other emergency medical technicians and paramedics with specialized training who fill in as needed. The program's intention was for the paramedics to be able to administer buprenorphine, but the drug has been on back-order for an extended time.

The mover and shaker behind Florida's CORE Program and its expansion to multiple counties is Dr. Ken Scheppke, Florida's Assistant Secretary of Health. Dr. Scheppke, an emergency physician who served as the state's EMS medical director for 3 years before he was promoted to the number two spot in the health department, understands how EMS works. In fact, Dr. Scheppke was Palm Beach County Fire Rescue's EMS Medical Director when the opioid initiative began. He has seen the revolving door of drug overdose and understands that while the 9-1-1 call starts the process, overcoming addiction requires a sustained and coordinated approach. Several years earlier, at a national EMS meeting, Dr. Scheppke

reported the success that Palm Beach County was having with an approach that incorporated MAT with traditional treatment models. The test will be to see whether the model, now known as the CORE Program, can be successfully duplicated in multiple counties and eventually throughout the state of Florida. In fact, the CORE Program is really much larger than a community paramedicine program. According to the Florida Department of Health, it is a network of addiction care:

The network does not solely depend on emergency response for overdoses and SUD, ensuring that patients are also stabilized and treated for coexisting medical and mental health conditions. Patients will need dental care, primary care, psychiatric evaluation, maternal care, and social support services. Social support services can address career training, housing, or food insecurity.

For more information, see [Florida's Opioid Response/ CORE](#).

The National Association of State EMS Officials (NASEMSO) is a partner of Treatment Alternatives for Safe Communities' (TASC) Center for Health and Justice (CHJ).



Visit the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center) at [www.cossup.org](http://www.cossup.org).

## About COSSUP

COSSUP has transitioned from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). This change in title for the program is indicative of efforts to reduce the stigma related to substance use and to support impacted people in their recovery journey.

Visit the National Association of State EMS Officials at <https://nasems.org/>.

## About TASC's Center for Health and Justice (CHJ)

CHJ helps COSSUP grantees implement evidence-based, systemic solutions at the front end of the justice system to respond to the substance use that often underlies criminal justice involvement. CHJ helps build integrated criminal justice, behavioral health, and community systems by assisting first responders in developing pathways to treatment for individuals at risk for illicit substance use and misuse. CHJ offers online resources and in-person training and technical assistance (TTA) engagements customized to the needs of specific jurisdictions with the goals of connecting and maximizing the treatment resources of the community to improve public health and safety. Request TTA from CHJ by contacting the COSSUP Project Lead, Hope Fiori, at [hfiori@tasc.org](mailto:hfiori@tasc.org).

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