

Appendix

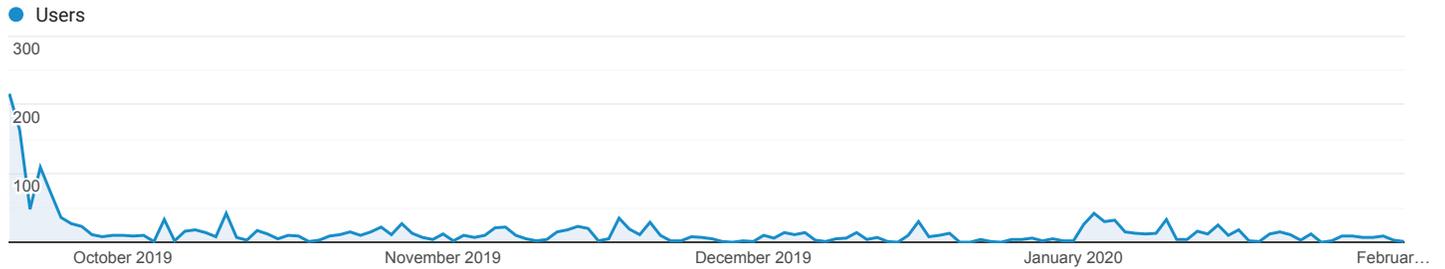
Part I

Audience Overview

Sep 20, 2019 - Feb 2, 2020

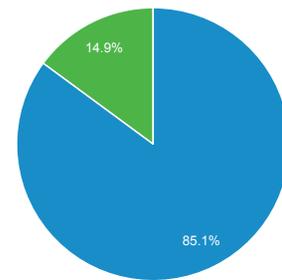
All Users
100.00% Users

Overview



Users 1,690	New Users 1,685	Sessions 2,297
Number of Sessions per User 1.36	Pageviews 5,523	Pages / Session 2.40
Avg. Session Duration 00:02:57	Bounce Rate 51.02%	

■ New Visitor ■ Returning Visitor



Language	Users	% Users
1. en-us	1,559	92.25%
2. en-gb	52	3.08%
3. de	12	0.71%
4. fr	10	0.59%
5. zh-cn	6	0.36%
6. de-de	5	0.30%
7. es-es	5	0.30%
8. es	4	0.24%
9. it	4	0.24%
10. it-it	4	0.24%

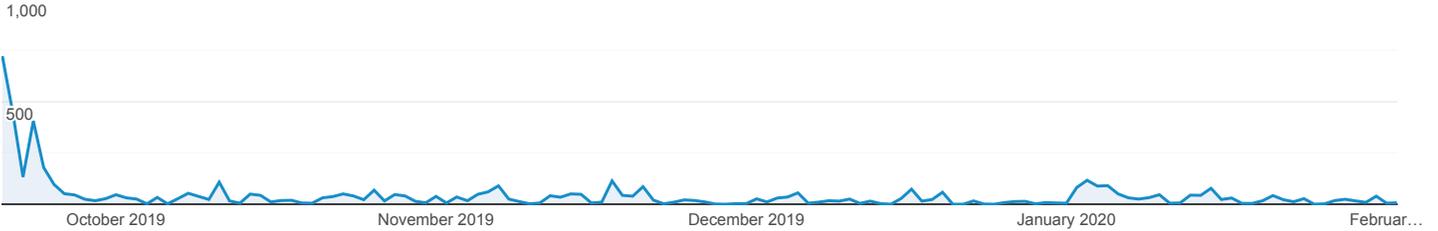
Pages

Sep 20, 2019 - Feb 2, 2020

All Users
100.00% Pageviews

Explorer

Pageviews



Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	5,523 <small>% of Total: 100.00% (5,523)</small>	3,868 <small>% of Total: 100.00% (3,868)</small>	00:02:06 <small>Avg for View: 00:02:06 (0.00%)</small>	2,297 <small>% of Total: 100.00% (2,297)</small>	51.02% <small>Avg for View: 51.02% (0.00%)</small>	41.59% <small>Avg for View: 41.59% (0.00%)</small>	\$0.00 <small>% of Total: 0.00% (\$0.00)</small>
1. /	2,655 <small>(48.07%)</small>	1,750 <small>(45.24%)</small>	00:02:26	1,691 <small>(73.62%)</small>	43.88%	42.30%	\$0.00 <small>(0.00%)</small>
2. /opioid-task-force.html	1,111 <small>(20.12%)</small>	806 <small>(20.84%)</small>	00:01:47	366 <small>(15.93%)</small>	72.13%	51.40%	\$0.00 <small>(0.00%)</small>
3. /drug-take-back.html	330 <small>(5.98%)</small>	223 <small>(5.77%)</small>	00:01:38	36 <small>(1.57%)</small>	80.56%	35.45%	\$0.00 <small>(0.00%)</small>
4. /general-information.html	262 <small>(4.74%)</small>	205 <small>(5.30%)</small>	00:02:39	37 <small>(1.61%)</small>	75.68%	32.82%	\$0.00 <small>(0.00%)</small>
5. /need-help.html	244 <small>(4.42%)</small>	179 <small>(4.63%)</small>	00:02:07	35 <small>(1.52%)</small>	65.71%	41.80%	\$0.00 <small>(0.00%)</small>
6. /medical.html	199 <small>(3.60%)</small>	138 <small>(3.57%)</small>	00:01:28	6 <small>(0.26%)</small>	50.00%	29.65%	\$0.00 <small>(0.00%)</small>
7. /parents.html	189 <small>(3.42%)</small>	144 <small>(3.72%)</small>	00:01:37	15 <small>(0.65%)</small>	53.33%	35.98%	\$0.00 <small>(0.00%)</small>
8. /students.html	95 <small>(1.72%)</small>	78 <small>(2.02%)</small>	00:01:33	39 <small>(1.70%)</small>	51.28%	38.95%	\$0.00 <small>(0.00%)</small>
9. /businesses.html	76 <small>(1.38%)</small>	51 <small>(1.32%)</small>	00:01:41	5 <small>(0.22%)</small>	100.00%	27.63%	\$0.00 <small>(0.00%)</small>
10. /seniors.html	70 <small>(1.27%)</small>	52 <small>(1.34%)</small>	00:02:32	5 <small>(0.22%)</small>	80.00%	28.57%	\$0.00 <small>(0.00%)</small>

Rows 1 - 10 of 53

PRESIDENT

Jeff Landry

Louisiana Attorney General

PRESIDENT-ELECT

Tim Fox

Montana Attorney General

VICE PRESIDENT

Karl A. Racine

*District of Columbia
Attorney General*

IMMEDIATE PAST PRESIDENT

Derek Schmidt

Kansas Attorney General

EXECUTIVE DIRECTOR

Chris Toth

August 5, 2019

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230, The Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, The Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
S-221, The Capitol
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell,
and Minority Leader Schumer,

The undersigned attorneys general share your concern about the impact of the opioid epidemic on our country. As President Trump has recognized in the National Drug Control Strategy he released earlier this year, the opioid crisis has resulted in more American deaths in just two years than in the course of the entire Vietnam War. In 2017, there were more than 70,200 drug overdose deaths in the United States. More than 47,500 of these deaths involved an opioid, and more than half of these deaths involved a synthetic opioid such as illicit fentanyl or one of its analogues.

The impact of the epidemic has been so pervasive and so severe that life expectancy in the United States has declined for three years in a row for the first time since the influenza pandemic of 1918. The epidemic has contributed to a rise in Hepatitis C and heart valve infections (endocarditis), a rise in the number and rate of hospitalizations associated with drug withdrawal in newborns, and other significant and costly health impacts.

This loss of life and these major health consequences are matched by significant and continuing costs imposed on our criminal justice and social service systems. And the economic cost of the opioid crisis exceeded \$500 billion in 2015 – equal to 2.8 percent of the U.S. Gross Domestic Product (GDP) that year – according to the White House Council of Economic Advisers.

We all understand that effective treatment is key to saving lives and helping to stop this epidemic. In particular, research shows that Medication-Assisted Treatment (MAT) – the use of medications, in combination with counseling and behavioral therapies – is a highly effective approach to the treatment of opioid use disorders.

Unfortunately, there are three significant barriers to treating opioid use disorder that we cannot change at the state level and that must be tackled at the federal level. We share these barriers below in the hope that we can work together to remove them and allow more providers to offer treatment for opioid use disorder and other substance use disorders.

- 1. Replace the cumbersome, out-of-date, privacy rules contained in 42 CFR Part 2 with the effective and more familiar privacy rules contained in the Health Insurance Portability and Accountability Act (HIPAA).**

42 CFR Part 2 sets forth strict requirements for the use and disclosure of patients' substance use disorder treatment records. The complexities of complying with 42 CFR Part 2 often prevent general practice providers from even attempting to treat patients with substance use disorders through the use of medication-assisted treatment (MAT), because – while providers are familiar with how to comply with the privacy requirements of HIPAA – they may be intimidated by the requirements of 42 CFR Part 2.

This regulatory scheme also sets up a strange situation in which office-based MAT providers do not have to follow the specialized requirements of 42 CFR Part 2 unless they advertise to the public that they provide MAT. So, in an era when we are trying to promote access to MAT, we are encouraging office-based MAT providers to keep secret the fact that they provide this life-saving service so they can avoid the cumbersome 42 CFR Part 2 rules.

These privacy rules were created more than 40 years ago in a time of intense stigma surrounding substance use disorder treatment. They were created to assure patients that they would not face adverse legal or civil consequences when seeking treatment by protecting confidentiality of substance use disorder patient records. Unfortunately, they now serve to perpetuate that stigma, as the principle underlying these rules is that substance use disorder treatment is shameful and records of it should be withheld from other treatment providers in ways that we do not withhold records of treatment of other chronic diseases. While maintaining confidentiality is imperative to encouraging individuals to seek and obtain treatment, the inability to share records among providers can burden coordination of care, potentially resulting in harm to the patient.

To be effective in fighting the opioid epidemic, we must treat substance use disorder as the chronic disease that it is—and that means aligning the rules regarding disclosure of substance use disorder treatment records with the protections against unwanted disclosure of patient records already contained in HIPAA, particularly as it relates to disclosure of substance abuse treatment information to authorized providers.

In seeking needed changes in 42 CFR Part 2, we are joined by Democratic and Republican lawmakers in both houses of Congress. In the House, the Overdose Prevention and Patient Safety Act (OPPS Act) (H.R. 2062) was introduced by Reps. Markwayne Mullin (R-OK) and Earl Blumenauer (D-OR); and in the Senate, the Protecting Jessica Grubb's Legacy Act (Legacy Act) (S. 1012) was introduced by Sens. Joe Manchin (D-WV) and Shelley Moore Capito (R-WV). Both bills will align Part 2 with HIPAA for the purposes of health care treatment, and both are supported by the Partnership to Amend 42 CFR Part 2, a growing coalition of more than

40 national health care organizations that includes the American Hospital Association, the American Psychiatric Association, and the American Society of Addiction Medicine.

2. Pass H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, and eliminate unnecessary burdens on buprenorphine prescribing imposed by the Drug Addiction Treatment Act of 2000 (DATA 2000).

DATA 2000 was a step forward in substance use disorder treatment because it allowed the treatment of opioid use disorder in an office-based setting. However, it created a cumbersome bureaucratic system whereby providers who wish to prescribe buprenorphine in an office-based setting must prove to the Substance Abuse and Mental Health Services Administration (SAMHSA) that they have taken special trainings and then apply to the Drug Enforcement Administration (DEA) for a special DEA “X” number to indicate when buprenorphine is being prescribed to treat substance use disorder.

This is the only drug on the market for which prescribers have to prove they have received specialized training in order to prescribe the drug. This requirement was put in place well before the rapid rise in opioid use disorder and opioid overdose deaths that have become a national crisis. Just as opioid use disorder and opioid overdose deaths have risen dramatically in recent years, so the need for MAT with buprenorphine has risen just as dramatically. Because the need for MAT is far out-pacing the availability of such treatment, it is time to reconsider the DATA 2000 regulatory framework and other barriers that stand in the way of expanded use of buprenorphine to treat opioid use disorder and help prevent opioid overdose deaths.

The fact is that, as a partial agonist, buprenorphine is a safer drug than opioid agonists such as oxycodone and fentanyl that are readily prescribed without any requirements for training or specialized DEA numbers. So, doctors need not prove any special training to prescribe more addictive opioid pain killers but must follow complicated bureaucratic steps to prescribe a less addictive opioid (buprenorphine) for substance use disorder treatment.

Buprenorphine should not be singled out from all other drugs because it is a treatment for substance use disorder. Providers should be trained to prescribe buprenorphine the same way they are trained to prescribe other drugs – in medical schools, nurse practitioner schools, medical residencies, and continuing medical education. The stigma-based policy is endangering lives by suppressing access to treatment and should be changed.

In our effort to eliminate this antiquated policy that restricts a healthcare provider’s ability to prescribe buprenorphine, we are joined by a coalition of 22 states, led by the New York State Department of Health, seeking exactly this change.

H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, would address this issue by eliminating the redundant and outdated requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for the treatment of substance use disorder. We urge Congress to pass – and President Trump to sign – the MAT Act or similar legislation as expeditiously as possible.

3. Fully repeal the Medicaid Institutions for Mental Diseases (IMD) exclusion.

The Institutions for Mental Diseases (IMD) exclusion generally prohibits state Medicaid programs from receiving federal reimbursement for adults between 21 and 65 receiving mental health or substance use disorder treatment in a residential treatment facility with more than 16 beds.

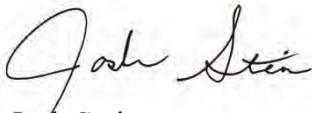
This arcane federal policy, while well intentioned at its inception to encourage treatment in community-based settings, has proven to detrimentally limit states' ability to provide the full continuum of clinically appropriate care for Medicaid enrollees with a substance use disorder. We join the National Governor's Association and a wide range of health care and public health groups in calling on the Administration to continue working with states to expedite approval of IMD waivers, while also recognizing the need for a permanent, statutory solution to resolve this issue for all states.

The recently-enacted Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act took a step in the right direction, but it did not go far enough. The SUPPORT Act partly eliminates the IMD exclusion for a five-year period by allowing states to cover IMD services to people with at least one substance use disorder for up to 30 days over a 12-month period under certain circumstances. Congress needs to go further, by fully repealing the IMD exclusion.

We applaud the federal government for its recent constructive steps to address the opioid epidemic through both legislative and executive action, but we all know that there is more work to be done. By making the changes recommended, Congress would make effective treatment for opioid use disorders more widely and readily available so that we can save more lives and help turn the tide on this crisis.

Thank you for your consideration.

Sincerely,



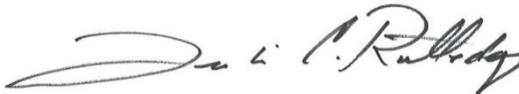
Josh Stein
North Carolina Attorney General



Mike Hunter
Oklahoma Attorney General



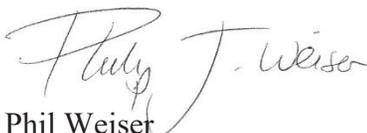
Kevin G. Clarkson
Alaska Attorney General



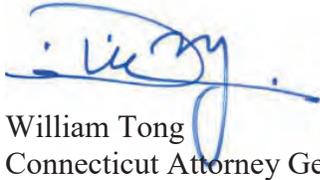
Leslie Rutledge
Arkansas Attorney General



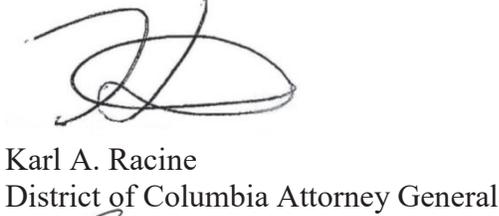
Xavier Becerra
California Attorney General



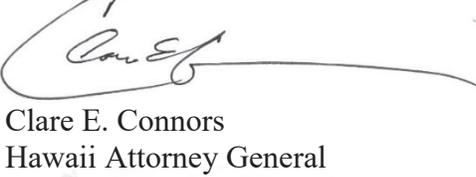
Phil Weiser
Colorado Attorney General



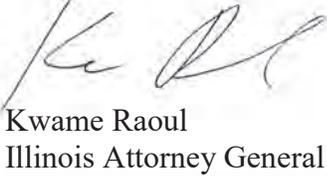
William Tong
Connecticut Attorney General



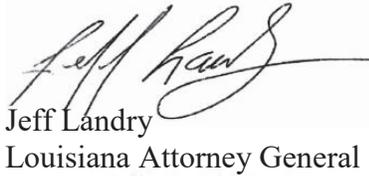
Karl A. Racine
District of Columbia Attorney General



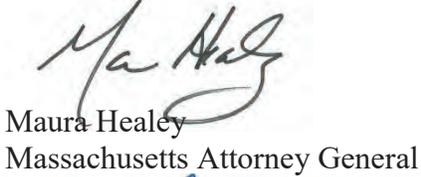
Clare E. Connors
Hawaii Attorney General



Kwame Raoul
Illinois Attorney General



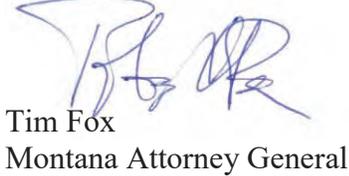
Jeff Landry
Louisiana Attorney General



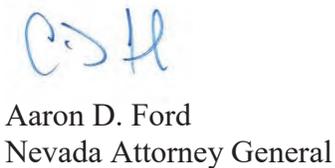
Maura Healey
Massachusetts Attorney General



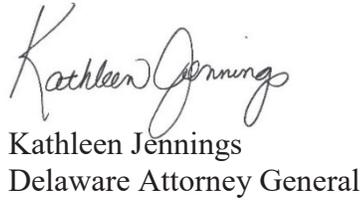
Keith Ellison
Minnesota Attorney General



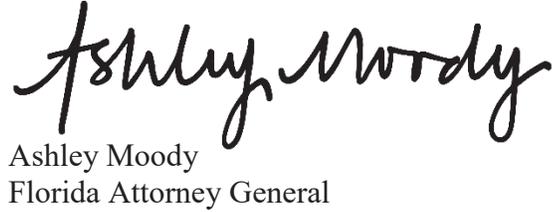
Tim Fox
Montana Attorney General



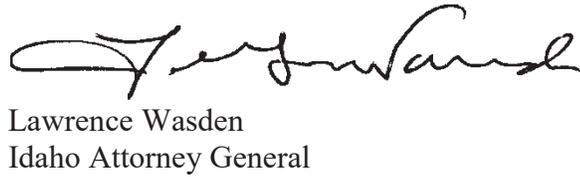
Aaron D. Ford
Nevada Attorney General



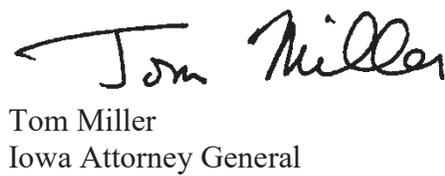
Kathleen Jennings
Delaware Attorney General



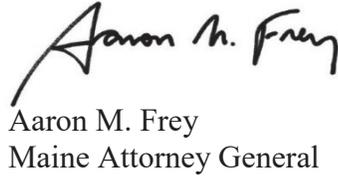
Ashley Moody
Florida Attorney General



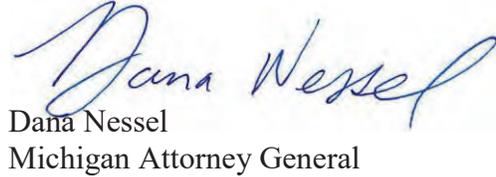
Lawrence Wasden
Idaho Attorney General



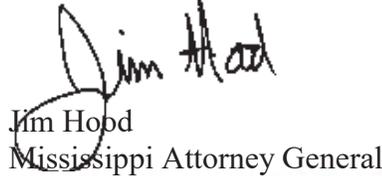
Tom Miller
Iowa Attorney General



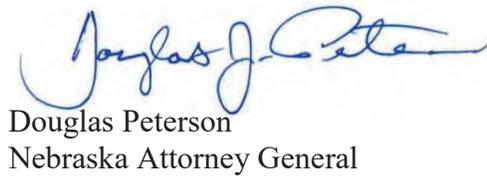
Aaron M. Frey
Maine Attorney General



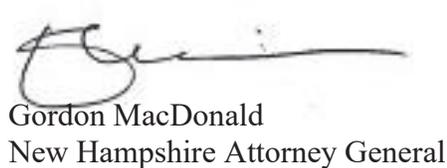
Dana Nessel
Michigan Attorney General



Jim Hod
Mississippi Attorney General



Douglas Peterson
Nebraska Attorney General



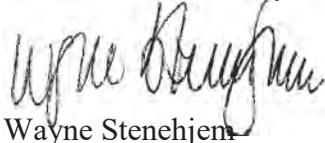
Gordon MacDonald
New Hampshire Attorney General



Hector Balderas
New Mexico Attorney General



Letitia James
New York Attorney General



Wayne Stenehjem
North Dakota Attorney General



Dave Yost
Ohio Attorney General



Ellen F. Rosenblum
Oregon Attorney General



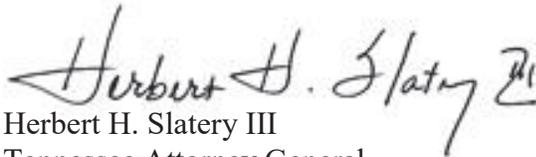
Josh Shapiro
Pennsylvania Attorney General



Peter F. Neronha
Rhode Island Attorney General



Jason R. Ravensborg
South Dakota Attorney General



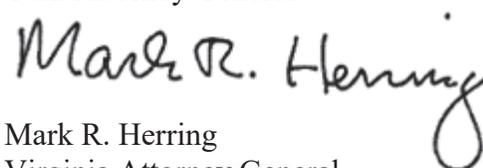
Herbert H. Slatery III
Tennessee Attorney General



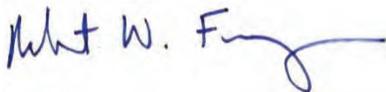
Sean Reyes
Utah Attorney General



T.J. Donovan
Vermont Attorney General



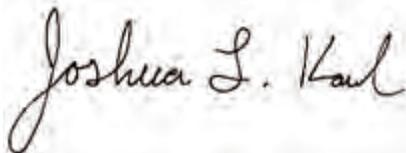
Mark R. Herring
Virginia Attorney General



Robert W. Ferguson
Washington Attorney General



Patrick Morrissey
West Virginia Attorney General



Joshua L. Kaul
Wisconsin Attorney General



UNIFIED DRUG ENFORCEMENT STRIKE TEAM NFHIDTA Initiative

OVERDOSE DEATH RESPONSE/STRATEGIC PLAN

OVERVIEW

The misuse of, and addiction to, opioids—which includes prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that has seriously affected public health as well as social and economic welfare. The opioid epidemic, which has been declared as a national emergency, has resulted in over 60,000 overdose deaths as of 2017. The Centers for Disease Control and Prevention (CDC) has estimated that the total economic burden of prescription opioid misuse alone in the United States is \$78.5 billion per year, which includes costs associated with healthcare, lost productivity, addiction treatment and criminal justice involvement. This is unquestionably the deadliest drug crisis in American history.

Drug trafficking organizations and criminal groups responsible for masterminding the practice of mixing a more severe opioid, such as fentanyl, with heroin and pharmaceuticals have brought about new concerns of overdoses in users unaware or intolerant of the stronger substance. Unfortunately, Marion County has not been exempt from the crisis. Similar to the nationwide trend, Marion County experienced a noticeable increase in drug overdoses and deaths attributed to opioids, specifically an addictive and deadly fentanyl-heroin drug combination. There were 98 drug deaths in 2016 and 236 drug deaths in 2017.

MISSION

The mission of the NFHIDTA UDEST Initiative is to pursue, disrupt, and dismantle major drug trafficking organizations (DTOs) by identifying, arresting, and prosecuting individuals or networks responsible for the importation and distribution of illicit drugs in Marion County. UDEST shall also prevent overdoses and overdose deaths by limiting, or eliminating, the availability of illicit opioids within its area of responsibility (AOR) *and* to assist the Ocala Police Department and Marion County Sheriff's Office Major Crimes counterparts with investigating and criminally charging drug dealers with the deaths of their customers.

METHODOLOGY

To realize its mission, UDEST's opioid-response strategy will involve a two-prong approach: an *intelligence-based approach* and an *overdose death scene rapid response approach*.

Intelligence-Based Approach

UDEST will utilize an intelligence-based approach leveraging data and intelligence from various sources, including but not limited to the North Florida High Intensity Drug Trafficking Area (NFHIDTA) and the North Florida Fusion Center (NFFC). UDEST will analyze trends and patterns that could lead to the identification of opioid drug markets, supply chains, and ultimately to the identification, arrest, disruption and dismantlement of drug trafficking organizations (DTO) and criminal groups trafficking heroin, fentanyl and like opioid substances.

UDEST has also employed a new tool, namely the Overdose Detection Mapping Application Program (ODMAP). ODMAP provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to an overdose spike. It links first responders on scene to a mapping tool to track overdoses. This tool stimulates real-time response and strategic analysis across jurisdictions. The system, designed with analytic tools to assist local agencies better understand trends and patterns within their respective jurisdictions, is also showing data linkages across county

jurisdictions connecting overdose spikes. This can potentially serve as an early warning system for officials in areas that are impacted by the same source of supply.

UDEST Overdose Death Scene Rapid Response Approach

Historically, overdose deaths, absent suspicious circumstances, have been handled by uniformed patrol. UDEST's response to overdose death scenes will allow UDEST an opportunity to assist in death investigations by combing each overdose death crime scene for witnesses and evidence, e.g., drug samples, paraphernalia, cellular telephones, ledgers/notes, etc., that could later be utilized to identify the victim's dealer and establish a nexus between the two.

The overdose death scene rapid response/investigative protocol is as follows:

1. UDEST will respond to all opioid-related overdose (OD) deaths occurring with UDEST's AOR. Additionally, UDEST will respond to any OD, not resulting in death, wherein sufficient evidence (opportunity) exists to establish a nexus between the OD victim and the drug dealer supplying the near fatal dosage.
2. UDEST will work (investigate) the crime scene in conjunction with uniformed patrol and Major Crimes. UDEST's primary role, during the preliminary investigation, is (1) locating illicit drugs and/or paraphernalia that can later, through forensic analysis, be compared to blood samples collected from the victim and drug samples collected/seized from the victim's drug dealer and (2) locate documents (e.g., ledgers, journals, notes, etc.), devices (e.g., cellular telephones, tablets, computers, cameras, DVRs, etc.) and witnesses for the purposes of uncovering evidence/information that ultimately reveals the identity of the victims' dealer. In summary, UDEST will leverage its expertise and investigative tools/resources with the objective of establishing a nexus between the OD victim and the drug dealer who provided the deadly dosage. If proactive measures can be taken to identify and develop drug cases against the suspected

dealer, UDEST Agents are expected to explore those options as soon as practical. For example, utilizing the decedent's cellular telephone, with family's consent, to arrange a controlled drug purchase between agents and suspected drug dealer.

3. The assigned uniformed patrol officer/deputy is responsible for completing the initial ODMAP entry. In every death case, the responding on-call UDEST Agent(s) will be responsible for ensuring case information is entered into Case Explorer, as soon as practical, thus generating a CE case number (note: the Case Filter/Label heading will be listed as **Overdose**; the Involved Crime heading will be listed as **Homicide**). Specific information/intelligence (as noted above in section 2) related to the OD case should be included in the Case Explorer entry. This information/intelligence is securely stored within Case Explorer (and not accessible to the public). UDEST will utilize Case Explorer to track overdose investigations, as well as ensure the efficiency, effectiveness and accountability of, its OD investigations. Overdose Death investigations may be listed as new drug crime investigations for the purposes of monthly reporting.
4. After the initial response, UDEST supervisors will ensure that a UDEST agent(s) is assigned to co-investigate the OD death case with Major Crimes. As Major Crimes works to solidify charges related to the OD victim's death, the assigned UDEST agent(s) should work (e.g. utilizing surveillance, drug buys, etc.), with a sense of urgency, to establish criminal drug trafficking cases against the dealer. Should the prosecuting authority decline to file criminal charges (relative to the OD victim's death), arrest and aggressive prosecution of the drug dealer (for drug law violations) will remain a possibility.
5. In *every* case, wherein the identity of the drug dealer is identified and a nexus (with the victim) established, UDEST, along with Major Crimes, will present those cases to the State Attorney's

Office - Fifth Judicial Circuit, or if applicable, the United States Attorney's Office for prosecutorial consideration.

STATE ATTORNEY'S OFFICE INSIGHT/ RECOMMENDATIONS

Prosecutors throughout the circuit, tasked with litigating criminal overdose murder cases, were interviewed as part of constructing this plan. The purpose of the conversation was to identify perceived strengths, weaknesses, opportunities and threats associated with prosecuting these type cases in hopes of including, within this plan, methods for leveraging strengths and opportunities and eliminating (or, at minimum, mitigating) weaknesses and threats.

The prosecutors collectively responded as follows:

Each kind of crime has its special prosecutorial qualities. One might argue that an overdose murder is entirely unique. Because of the very nature of the crime, juries are hesitant to convict, regardless of whether the burden has been satisfied. There is a strong feeling that the user of illegal drugs assumes the risks of taking them. For this reason, even the best cases are especially difficult.

Some cases are better than others in that the supplier of the drugs also does nothing to help the victim or actively prevents others from assisting the victim when it is obvious that the victim is in distress. This creates a more compelling argument to the jury as compared to a case where the supplier provides what the victim is asking/begging/paying for, and has no other culpability.

All overdose homicide cases have the prosecutorial hurdle of proving that the supplier provided the exact drugs that killed the victim beyond and to the exclusion of every reasonable doubt. This is most often an impossible burden because the victim typically suffers from a substance abuse disorder. Victims frequently have multiple drugs in their system, multiple suppliers, irregular communication systems, and other complicating circumstances.

Prosecutors believe that the best investigation occurs within twenty-four to forty-eight hours after the incident. Collecting phones, taking statements, collecting drugs and drug paraphernalia from the scene and other personal areas of the victim and suspect are very important. If the law enforcement agency is seeking a first-degree murder charge, the incident should be treated as a first-degree murder immediately despite the fact that the toxicology and cause of death will not be determined for a significant period of time after the incident. Law enforcement - both as an organization and as individual investigators - must be willing to put in the time and effort without the definitive toxicology and cause of death.

High quality interviews would assist prosecutors. Prosecutors suspect that witnesses are hesitant to describe how much detail they know about a victim's drug activity because they are involved and they think they will get into trouble. Furthermore, the use of real investigatory interview techniques by skilled interviewers would produce the best possible suspect interviews. As an example, prosecutors noted one agency that prevented the suspect from learning that the victim had died and then obtained inculpatory statements from the suspect at a controlled buy.

A prosecutor will always believe that more evidence is needed in a case, but it is particularly true in an overdose homicide - an investigator must understand and agree.

OUTLOOK

The opioid epidemic will continue unabated until the culture changes from one of despair into hope, drug dealers responsible for the deaths of their victims are successfully prosecuted for manslaughter, and those prosecutions are made public.

To that end, UDEST, through its Public Information Officers, will leverage local media outlets, public service announcements and social media presence to publicize its efforts, raise awareness of the dangers of opioids, and educate people about the nobility of struggle and personal success.

EXHIBIT 1

1. MODIFICATION OF F.S.381.887: EXPANSION OF AVAILABILITY OF NARCAN

A bill to be entitled

An act relating to emergency treatment for opioid overdoses; amending s. 381.887, F.S.; providing immunity from civil or criminal liability for certain persons who are authorized to administer emergency opioid antagonists; authorizing any member of a law enforcement agency or other first responder agency to administer emergency opioid antagonists under certain circumstances; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (4) of section 381.887, Florida Statutes, is amended to read:

381.887 Emergency treatment for suspected opioid overdose.—

(4) The following persons are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated and are immune from any civil or criminal liability as a result of administering an emergency opioid antagonist:

(a) Emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians.

(b) Crime laboratory personnel for the statewide criminal analysis laboratory system as described in s. 943.32, including, but not limited to, analysts, evidence intake personnel, and their supervisors.

(c) Any member of a law enforcement agency or other first responder agency who, while acting within the scope or course of employment, may come into contact with a controlled substance or a person who is at risk of experiencing an opioid overdose.

Section 2. This act shall take effect July 1, 2020.

2. MODIFICATION OF 893.13: ENHANCED PENALTIES FOR SELLING CONTROLLED SUBSTANCES WITHIN 1000 FEET OF SUBSTANCE ABUSE TREATMENT FACILITIES.

A bill to be entitled

An act relating to controlled substances; amending s. 893.13, F.S.; prohibiting specified activities involving controlled substances within 1,000 feet of specified facilities; providing criminal penalties; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (h) of subsection (1) of section 893.13, Florida Statutes, is amended to read:

893.13 Prohibited acts; penalties.—

(1)

(h) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising an assisted living facility, as that term is used in chapter 429, a mental health care facility, as that term is used in chapter 394, a health care facility that provides substance abuse treatment licensed under chapter 395, a substance abuse facility licensed under chapter 397, a facility providing a service as described in s. 397.311(26), a recovery residence as defined in s. 397.311, or a pain management clinic as defined in s. 458.3265 or s. 459.0137. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

Section 2. This act shall take effect October 1, 2020.

3.DELETE F.S. 893.03 SECTION (3)(c) AND SECTION (5)(a) 1 & 2: CODEINE MIXTURE FROM SCHEDULE III & SCHEDULE V AND REVERT ALL FORMS TO SCHEDULE 2

A bill to be entitled

An act relating to controlled substances; amending s. 893.03, F.S.; deleting certain mixtures containing codeine or isoquinoline alkaloids of opium from Schedules III and V of controlled substances; amending

s. 893.135, F.S.; conforming provisions to changes made by the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (3) and paragraph (a) of subsection (5) of section 893.03, Florida Statutes, are amended to read:

893.03 Standards and schedules.—The substances enumerated in this section are controlled by this chapter. The controlled substances listed or to be listed in Schedules I, II, III, IV, and V are included by whatever official, common, usual, chemical, trade name, or class designated. The provisions of this section shall not be construed to include within any of the schedules contained in this section any excluded drugs listed within the purview of 21 C.F.R. s. 1308.22, styled "Excluded Substances"; 21 C.F.R. s. 1308.24, styled "Exempt Chemical Preparations"; 21 C.F.R. s. 1308.32, styled "Exempted Prescription Products"; or 21 C.F.R. s. 1308.34, styled "Exempt Anabolic Steroid Products."

(3) SCHEDULE III.—A substance in Schedule III has a potential for abuse less than the substances contained in Schedules I and II and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence or, in the case of anabolic steroids, may lead to physical damage. The following substances are controlled in Schedule III:

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following controlled substances or any salts thereof:

~~1. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.~~

~~2. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.~~

~~1.3.~~ Not more than 300 milligrams of hydrocodone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.

~~2.4.~~ Not more than 300 milligrams of hydrocodone per 100 milliliters or not more than 15 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients that are not controlled substances.

~~3.5.~~ Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.

~~4.6.~~ Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

~~5.7.~~ Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.

For purposes of charging a person with a violation of s. 893.135 involving any controlled substance described in subparagraph ~~1. 3.~~ or subparagraph ~~2. 4.~~, the controlled substance is a Schedule III controlled substance pursuant to this paragraph but the weight of the controlled substance per milliliters or per dosage unit is not relevant to the charging of a violation of s. 893.135. The weight of the controlled substance shall be determined pursuant to s. 893.135(6).

(5) SCHEDULE V.—A substance, compound, mixture, or preparation of a substance in Schedule V has a low potential for abuse relative to the substances in Schedule IV and has a currently accepted medical use in treatment in the United States, and abuse of such compound, mixture, or preparation may lead to limited physical or psychological dependence relative to the substances in Schedule IV.

(a) Substances controlled in Schedule V include any compound, mixture, or preparation containing any of the following limited quantities of controlled substances, which must include one or more active medicinal ingredients that are not controlled substances in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the controlled substance alone:

~~1. Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams.~~

~~2. Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.~~

~~1.3.~~ Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.

~~2.4.~~ Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.

~~3.5.~~ Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

~~4.6.~~ Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

Section 2. Paragraph (c) of subsection (1) of section 893.135, Florida Statutes, is amended to read:

893.135 Trafficking; mandatory sentences; suspension or reduction of sentences; conspiracy to engage in trafficking.—

(1) Except as authorized in this chapter or in chapter 499 and notwithstanding the provisions of s. 893.13:

(c)1. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 4 grams or more of any morphine, opium, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), ~~(3)(c)1.~~ ~~(3)(e)3.~~, or ~~(3)(c)2.~~ ~~(3)(e)4.~~, or 4 grams or more of any mixture containing any such substance, but less than 30 kilograms of such substance or mixture, commits a felony of the first degree, which felony shall be known as "trafficking in illegal drugs," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 4 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of \$50,000.

b. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of \$100,000.

c. Is 28 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of \$500,000.

2. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 28 grams or more of hydrocodone, as described in s. 893.03(2)(a)1.k., codeine, as described in s. 893.03(2)(a)1.g., or any salt thereof, or 28 grams or more of any mixture containing any such substance, commits a felony of the first degree, which felony shall be known as "trafficking in hydrocodone," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 28 grams or more, but less than 50 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of \$50,000.

b. Is 50 grams or more, but less than 100 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years and shall be ordered to pay a fine of \$100,000.

c. Is 100 grams or more, but less than 300 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of \$500,000.

d. Is 300 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of \$750,000.

3. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 7 grams or more of oxycodone, as described in s. 893.03(2)(a)1.q., or any salt thereof, or 7 grams or more of any

mixture containing any such substance, commits a felony of the first degree, which felony shall be known as "trafficking in oxycodone," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 7 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of \$50,000.

b. Is 14 grams or more, but less than 25 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years and shall be ordered to pay a fine of \$100,000.

c. Is 25 grams or more, but less than 100 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of \$500,000.

d. Is 100 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of \$750,000.

4.a. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 4 grams or more of:

(I) Alfentanil, as described in s. 893.03(2)(b)1.;

(II) Carfentanil, as described in s. 893.03(2)(b)6.;

(III) Fentanyl, as described in s. 893.03(2)(b)9.;

(IV) Sufentanil, as described in s. 893.03(2)(b)30.;

(V) A fentanyl derivative, as described in s. 893.03(1)(a)62.;

(VI) A controlled substance analog, as described in s. 893.0356, of any substance described in sub-sub-subparagraphs (I)-(V); or

(VII) A mixture containing any substance described in sub-sub-subparagraphs (I)-(VI),

commits a felony of the first degree, which felony shall be known as "trafficking in fentanyl," punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

b. If the quantity involved under sub-subparagraph a.:

(I) Is 4 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years, and shall be ordered to pay a fine of \$50,000.

(II) Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years, and shall be ordered to pay a fine of \$100,000.

(III) Is 28 grams or more, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years, and shall be ordered to pay a fine of \$500,000.

5. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 30 kilograms or more of any morphine, opium, oxycodone, hydrocodone, codeine, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)1. ~~(3)(e)3.~~, or (3)(c)2. ~~(3)(e)4.~~, or 30 kilograms or more of any mixture containing any such substance, commits the first degree felony of trafficking in illegal drugs. A person who has been convicted of the first degree felony of trafficking in illegal drugs under this subparagraph shall be punished by life imprisonment and is ineligible for any form of discretionary early release except pardon or executive clemency or conditional medical release under s. 947.149. However, if the court determines that, in addition to committing any act specified in this paragraph:

a. The person intentionally killed an individual or counseled, commanded, induced, procured, or caused the intentional killing of an individual and such killing was the result; or

b. The person's conduct in committing that act led to a natural, though not inevitable, lethal result,

such person commits the capital felony of trafficking in illegal drugs, punishable as provided in ss. 775.082 and 921.142. A person sentenced for a capital felony under this paragraph shall also be sentenced to pay the maximum fine provided under subparagraph 1.

6. A person who knowingly brings into this state 60 kilograms or more of any morphine, opium, oxycodone, hydrocodone, codeine, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)1. ~~(3)(e)3.~~, or (3)(c)2. ~~(3)(e)4.~~, or 60 kilograms or more of any mixture containing any such substance, and who knows that the probable result of such importation would be the death of a person, commits capital importation of illegal drugs, a capital felony punishable as provided in ss. 775.082 and 921.142. A person sentenced for a capital felony under this paragraph shall also be sentenced to pay the maximum fine provided under subparagraph 1.

Section 3. This act shall take effect July 1, 2020.

4.CREATION OF MANDATORY REPORTING: REQUIRE ALL LICENSED CLINICAL FACILITIES TO REPORT OPIOID OR SUSPICIOUS OVERDOSE

Current statute 401.253 mandates reporting for all EMS to make sure overdoses are reported and gives instances when to report. Here is a link to current statute, language to be created.

http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=401.253&URL=0400-0499/0401/Sections/0401.253.html

5.CREATION OF 784.051: CULPABLE NEGLIGENCE RESULTING IN OVERDOSE

784.051 Culpable negligence resulting in overdose —

(1) Whoever, through the distribution, delivery, sale or dispensing of a controlled substance described in s. 893.03 or a mixture containing a controlled substance described in s. 893.03, results in injury or overdose to the user of the said substance or mixture, when such substance as described in s. 893.03 or mixture containing a controlled substance described in s. 893.03 is proven to be the proximate cause or a contributing factor to the injury or overdose suffered by the user, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(2) Any person 18 years of age or older who commits a violation of paragraph one (1) commits a felony of the second degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, if the controlled substance as described in s. 893.03 or mixture containing a controlled substance described in s. 893.03 is:

- a. A substance controlled under s. 893.03(1);
- b. Cocaine, as described in s. 893.03(2)(a)4.;
- c. Opium or any synthetic or natural salt, compound, derivative, or preparation of opium;
- d. Methadone;
- e. Alfentanil, as described in s. 893.03(2)(b)1.;
- f. Carfentanil, as described in s. 893.03(2)(b)6.;
- g. Fentanyl, as described in s. 893.03(2)(b)9.;
- h. Sufentanil, as described in s. 893.03(2)(b)30.;
- i. Methamphetamine, as described in s. 893.03(2)(c)5; or
- j. A controlled substance analog, as described in s. 893.0356, of any substance specified in sub-subparagraphs a.-i.

(3) A violation of subsection one (1) is an offense ranked in level 6 of the Criminal Punishment Code, F.S. 921.0022. A violation of subsection two (2) is an offense ranked in level 7 of the Criminal Punishment Code, F.S. 921.0022.

(4) A person who commits a violation of subsection one and who has previously been convicted of any violation of subsection one or two commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083 or s. 7775.084 and is an offense ranked in level 7 of the Criminal Punishment Code, F.S. 921.0022. A person who commits a violation of subsection two and who has previously been convicted of any violation of subsection one or two commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083 or s. 7775.084 and is an offense ranked in level 8 of the Criminal Punishment Code, F.S. 921.0022.

(5) The distribution, delivery, sale or dispensing of any controlled substance described in s. 893.03 or a mixture containing a controlled substance described in s. 893.03 may be directly to the person injured or who overdosed or indirectly to said person or as a result of further distribution, delivery, sale or dispensing by another person.

(6) As used in this section the term “injury” or “overdose” means drug toxicity or the temporary loss of locomotor activity, motor coordination, consciousness or cognitive impairment.

(7) The administration of medical care by an emergency responder, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians or the administration of an “emergency opioid antagonist” by an emergency responder is prima facie evidence that the person receiving medical care was injured or overdosed.

(8) “Medical care” means the administration of treatment for purposes of preserving or sustaining life or the administration of an “emergency opioid antagonist.”

(9) “Emergency Opioid antagonist” shall have the same meaning as that in s.381.887(1)(d).

6.MODIFICATION OF 782.04 (3): REMOVAL OF “PROXIMATE CAUSE” FROM STATUTE

A bill to be entitled

An act relating to the unlawful killing of a human being by distribution of controlled substances; amending s. 782.04 (1)(a)3 F.S.; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (1)(a) 3 section 782.04, Florida Statutes, is amended to read:

3. Which resulted from the unlawful distribution by a person 18 years of age or older of any of the following substances, or mixture containing any of the following substances, when such substance or mixture is proven to ~~be the proximate cause of~~ have caused, tended to cause, or contributed to the death of the user:

- a. A substance controlled under s. 893.03(1);
- b. Cocaine, as described in s. 893.03(2)(a)4.;
- c. Opium or any synthetic or natural salt, compound, derivative, or preparation of opium;
- d. Methadone;
- e. Alfentanil, as described in s. 893.03(2)(b)1.;
- f. Carfentanil, as described in s. 893.03(2)(b)6.;
- g. Fentanyl, as described in s. 893.03(2)(b)9.;
- h. Sufentanil, as described in s. 893.03(2)(b)30.; or
- i. Methamphetamine, as described in s. 893.03(2)(c)5
- j. A controlled substance analog, as described in s. 893.0356, of any substance specified in sub-paragraphs a.-~~i~~, ~~h~~,

is murder in the first degree and constitutes a capital felony, punishable as provided in s. 775.082.

Section 2. This act shall take effect October 1, 2020.

Exhibit 2

Fusion Center

Role of FDLE in 1) resources that could be added to forensically examine digital evidence, and 2) ~~Florida Fusion Center to coordinate other centers throughout the state~~; also evaluate HIDTA to work with all fusion centers in the same regard

Resource Estimates for Digital Evidence Cell Phone Analysis for all Post Mortem Overdose Cases

FDLE crime laboratory system currently houses two Digital Evidence sections in the Tampa Bay Regional Operations Center and the Tallahassee Regional Operations Center. The current maximum capacity for these sections is 500 cases a year for all case types. The lab system is at maximum capacity with the average turnaround time to complete analysis at 96 days.

For the laboratory to work an additional 5,000 phones it would take physical space, personnel, equipment and training. Below is an rough estimate of the cost to provide the same level of cell phone service currently being offered which primarily consist of data retrieval only.

\$78,566- Salary and Benefits for a Crime Laboratory Analyst

Training:

- FDLE Training Program would be approximately six months excluding the selection process.
- External Training class with Cellebrite- CCOCCP Analysis Course- \$4,000 per person

Equipment:

- Forensic computer (without write blocking capability): \$5,000 **per person**
- Cellebrite UFED 4PC/Physical Analyzer* software license: \$15,000 (reduced amount for yearly renewal) **per person***
- Axiom (Internet Evidence Finder) software: \$7,000 (reduced amount for yearly renewal) **per person**
- Graykey: \$15,000 (recurring yearly cost) **per location**

Space Estimates:

- Estimate 250 square feet per FTE. This considers analysis area office and evidence storage facilities. ~~There is not a cost estimate associated with this yet.~~

Workload Capacity:

Each CLA will have a capacity based on the amount of equipment and software license available. There is an increase in CLA capacity with additional resources but it will plateau around 400 phones per analyst per year. I do think the 400 phone per analyst is a little too optimistic. See below:

1 computer/1 Cellebrite license/1 Axiom license = 250 phones

2 computers/2 Cellebrite licenses/2 Axiom licenses = 325 phones

3 computers/3 Cellebrite licenses/3 Axiom licenses = 400 phones

*Cellebrite UFED 4PC/Physical Analyzer should NOT be confused with Cellebrite Premium unlocking service, which we currently do not have and do not have any specifics on.

Total for (1) FTE (lab) including equipment: (Could be lower if done with analyst in the region.)

\$78,566 - Salary and Benefits for a Crime Laboratory Analyst

\$31,000 – Equipment per person

\$15,000 – Equipment per location

So one CLA with 1 computer/1 Cellebrite license/1 axiom license could would cost approximately \$124,456 per year (without office space estimate).

So 5,000 phones/250 phones requires approximately 20 new analysts

20 X \$124,566 is approximately \$2.5M

With additional equipment, we could have fewer analysts but we don't have an estimate for the equipment in bulk

EXJBIT 3



OFFICE OF THE STATE ATTORNEY
FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY



DAVID ARONBERG
STATE ATTORNEY

MEMORANDUM OF UNDERSTANDING BETWEEN
COOPERATING LAW ENFORCEMENT AGENCIES

This Agreement is made on this _____ day of _____, 2020, between the State Attorney's Office for the Fifteenth Judicial Circuit in and for Palm Beach County, Florida, and the **Insert Police Agency**.

PURPOSE:

The purpose of this agreement is to set forth terms and conditions of the initiative to address criminal law violation within the substance abuse treatment industry.

MISSION:

The mission of the joint task force operation between the State Attorney's Office and the **Insert Police Agency** is to disrupt, dismantle and render ineffective any person or groups of persons who are involved in criminal law violations related to patient brokering and insurance fraud or any type of crime that involves or is related to persons or entities within the substance abuse treatment industry or pertaining to recovery residences, also known as sober homes.

TERMS AND CONDITIONS:

1. Each local agency will assign one Detective/Investigator to the unit. The supervising authority from the State Attorney's Office will be responsible for the daily management and coordination of all investigatory and operational activities of law enforcement personnel assigned. The ultimate responsibility for the officer assigned remains with the employing agency.
2. Supervisory personnel or representatives of the law enforcement agency and the prosecutor's office may meet regularly to discuss cases and strategies, and whenever necessary any relevant issues related to the assignment of the officer.
3. Personnel from local law enforcement agencies assigned will be cross sworn as Investigators for the State Attorney. Personnel shall sign a loyalty oath with the State Attorney's Office. Each party to this agreement shall remain liable for the acts and omissions of its own employees.
4. Personnel cross designated shall adhere to all State Attorney's Office Policies, except where those policies conflict with the policies and or procedures of the employing agency. In these instances, the employee will follow the policies and or procedures of the employing agency.
5. Personnel will follow their employing agency's administrative reporting requirements for time, attendance and payroll, etc.
6. Personnel will be headquartered in a location where resources, information and daily interaction can be best accomplished.
7. Determination of a secure location for the storing of evidence and any other property seized will be determined by the State Attorney or his designee and the respective Chief and or their designee.
8. All leads or referrals from other agencies or sources will be coordinated through the State Attorney's Office.

BEST PRACTICES IN CREATING A LOCAL OPIOID/SOBER HOMES TASK FORCE

Dave Aronberg, State Attorney 15th Judicial Circuit

Alan Johnson, Chief Assistant State Attorney 15th Judicial Circuit

January 21, 2020

BACKGROUND: During the past decade an opioid crisis has developed in Florida. Along with the human costs there has been a significant increase in fraud and abuse in the treatment and sober homes industries. The economic engine feeding this fraudulent activity is mostly found in the private pay segment of the industry.

Several years ago Optum released a white paper entitled, *Young Adults and the Behavioral Health System*. The report estimated that 75% of private pay behavioral health patients came from outside the State of Florida and attended out-of-network facilities. Well-meaning Federal laws such as the Affordable Care Act (ACA), Americans with Disabilities Act (ADA) and Fair Housing Act (FHA) all resulted in the unintended consequence of encouraging the migration of young adults, not subject to insurance denial for pre-existing conditions, and still on their parents insurance policies, to be induced into valuable out-of-network treatment programs, ultimately living in shady sober homes protected from government oversight by the ADA and FHA. Significant unregulated marketing programs steered thousands of addicts seeking treatment to Florida, with South Florida being the epicenter. Bad actors began to push established, legitimate providers aside by illegally brokering patients, offering inducements, poaching patients and misrepresenting their programs. The key to this process was the sober home. A well run certified sober home is an integral part of recovery, while a poorly run unregulated sober home is a warehouse at best, and a drug house at worst. As a result, thousands of patients were shuffled through treatment, encouraged to relapse, and then recycled into more treatment. The economic model favored relapse over recovery.

With this background, Dave Aronberg, the State Attorney for the 15th Judicial Circuit, requested and received a proviso in 2016 from the legislature to review existing laws and rules, and to take action against these bad actors by forming a Task Force. Named the Palm Beach County Sober Homes Task Force (SHTF), its structure was bifurcated into civilian and criminal sections. The civilian side brought various state and local stakeholders together to discuss the issues and make concrete proposals to address statutory clarifications and enhancements to existing law and regulations. As a result, Florida adopted significant legislation in 2017 and 2019 enhancing the oversight and regulation of the treatment and marketing industries. In addition, the civilian SHTF provided an avenue for local stakeholders to explore new and novel approaches, creating a clearinghouse for both local government and industry to work together on issues involving harm reduction, homelessness, the development of ordinances protecting vulnerable residents of sober homes by making certification of sober homes mandatory and the effective use of limited local, state and federal dollars.

The criminal side of the SHTF has investigated and prosecuted 87 defendants, totaling 100 cases since October, 2016. In part, as a result of these efforts, many of the rogue sober homes and treatment facilities have closed or moved out of the county. The rate of opioid caused overdose deaths in Palm Beach County declined by 40% in 2018 (647/401). While it is impossible to ascertain how many unregistered and uncertified sober homes exist, code enforcement officers in two major municipalities within Palm Beach County estimate that the number of shady sober homes has been reduced by over 50% since 2016. Many have reopened in other jurisdictions, within and without the State. The Department of Children and Families (DCF) has reported a significant reduction of licensed facilities in the Southeast Region, but have noted a migration north and west of Palm Beach County. The Florida Association of Recovery Residences (FARR) has recently released data showing very few certified sober homes exist north of Palm Beach County. We are receiving anecdotal information on our tip-line regarding patient brokering abuses increasing in other parts of the state, as well as other issues related to these uncertified sober homes.

FORMING A LOCAL TASK FORCE: We believe that the SHTF in Palm Beach County has been an effective tool in addressing issues such as harm reduction, ancillary services provided through peer support, sober housing and clinical engagement. We recommend that other jurisdictions create a similar TF to locally address the current crisis. The following are some best practices that we believe will assist in this regard:

CIVILIAN TF

- A broad-based TF should include: ethical treatment providers, certified recovery residence owners, civic groups and associations, local elected officials, parent advocates, clinical specialists, lawyers familiar with zoning and health care law, medical doctors, the local managing entity and DCF regional personnel.
- Leadership of the TF should be handled by one entity within the circuit/county. On the civilian side that entity could include the State Attorney, County or principle municipal commission or mayor's office, a county sheriff or a county-wide organization such as a health-care district.
- Regular public meetings should be scheduled on a monthly or bi-monthly basis with the agenda and attachments coordinated by the leader organization. A schedule of future meetings should appear on the Leader entity's website, or a designated website for the TF.
- Agendas and attachments should be provided in advance of each meeting, not only to TF members, but liberally distributed to interested stakeholders and later made available at the public meeting.

- Meetings should be audio recorded, and uploaded to the Leader entity's or designated website along with the agenda and all attachments
- Regular updates should be included in each meeting regarding specific pilot programs, and other efforts being undertaken by entities represented on the TF. Opportunities to include multiple stakeholders in ongoing projects should be encouraged and, if feasible, initiated by the Leadership.
- Members of the TF should be encouraged to collaborate in their efforts to both innovate and serve the needs of those suffering from Opioid Use Disorder (OUD), most notably in the areas of harm reduction, sober living environments, best practices and efficient ways to foster public-private partnerships.

Law Enforcement TF

- We recommend that the State Attorney within each circuit establish a TF and provide a dedicated prosecutor, investigative and support personnel. As an alternative, a county sheriff or principle municipal police agency can spearhead this effort, however, a dedicated prosecutor is still necessary.
- The physical location of the TF should be located at the State Attorney's Office or, in the alternative, at the offices of the lead police agency.
- The commencement of the TF should be discussed with members of the local police chiefs association or a law enforcement planning group within the jurisdiction of the State Attorney. Local agencies should be solicited to contribute investigative resources to the TF.
- Agencies joining the TF should sign a memorandum of understanding (MOU) as to the terms and conditions associated with participation in the TF (MOU template attached)
- Participating agencies can dedicate an investigator(s) either part or full time.
- Investigators should be able to handle white-collar investigations, or possess the skillset to learn how to process forensic investigations that involve bank records, electronic medical records, search warrants, social media and electronic messaging data including text messages and email communication.

- Investigators should have good writing ability and be able to synthesize witness statements, business and medical records and electronic communications into a cohesive probable cause affidavit.
- Cases involve numerous witnesses who are either addicts themselves, recently sober, complicit in the target criminality, sober home or treatment center employees or expert addiction professionals. Investigators should be prepared to take numerous detailed statements from these witnesses.
- These cases are not simply drug prosecutions. Prosecutors assigned should be highly computer literate, and motivated to tackle white collar criminal activity.
- A sober homes tip-line should be established and publicized to the treatment and sober home community. This line should be monitored frequently, calls returned and where appropriate, result in timely investigative follow-up.
- The Palm Beach County SHTF began in July, 2016. The 15th Circuit, as well as the Attorney General's State-Wide Prosecutors Office have memorandum of law and examples of motions and responses, including templates, for most, if not all issues that affect investigations and prosecutions under current Florida Law. It should not be necessary for a new TF to re-invent the wheel.
- TF investigators should take advantage of any training opportunities offered by the 15th Judicial Circuit and Attorney General.

CONCLUSION:

A TF can be a useful tool in addressing the Opioid Crisis within each jurisdiction. The civilian TF can be easily established without significant time and cost. Participation by the representatives of the industry, public officials, subject matter attorneys, citizen and advocacy groups as well as concerned addiction professionals is easily obtained, especially in those areas of the state hardest hit by the crisis. The criminal side of the TF depends heavily on the willingness of law enforcement agencies to devote resources to the investigation and prosecution of bad actors in each jurisdiction. There are tools available to go after this criminal activity, and although we can't prosecute our way out of this crisis, law enforcement scrutiny is an effective means to cause bad actors to close or re-locate their fraudulent and abusive enterprises.

Exhibit 4

Florida Data Tracking Systems / Data Sources for Opioids

This list describes the core data sources available for use in the prevention, treatment and law enforcement surveillance of opioids and neonatal abstinence syndrome in Florida.

TREATMENT

- Emergency Medical Services Tracking and Reporting System (EMSTARS) • ESOOS Fatal Opioid Overdose Data

Emergency Medical Services Tracking and Reporting System (EMSTARS)

Description:	EMSTARS is a database system that collects prehospital incident level data from EMS agencies for benchmarking and quality improvement initiatives. Currently in transition to version 3.
Size:	71% of FL EMS providers; ~90% of patient-incidents in Florida; as of December, 2018
Collected Since:	2007
Availability:	Immediate availability
Local Data:	Data are available by county and zip code
Use in Surveillance:	Naloxone use, suspected opioid overdose, opioid-involved non-fatal drug overdose
Limitations:	Not all EMS agencies submit data to EMSTARS
Source:	Florida Department of Health, Bureau of Emergency Medical Oversight
Website:	http://www.floridaemstars.com/

ESOOS Fatal Opioid Overdose Data

Description:	Fatal overdose data involves utilizing the Department’s Bureau of Vital Statistics Death Certificate (DC) data and establishing data partnerships with the Medical Examiner (ME) community to access risk factor and toxicology data, increase the timeliness of aggregate fatal opioid overdose reporting.
Size:	Initial six-month period collected 71% of opioid-overdose deaths in Florida.
Collected Since:	June 1, 2017
Availability:	Complete and verified data are available one year following death event.
Local Data:	Data are available by county and zip code
Use in Surveillance:	Number of fatal opioid overdoses
Limitations:	Complete surveillance is not comprehensive of Florida
Source:	Florida Department of Health, Bureau of Emergency Medical Oversight
Website:	http://www.floridahealth.gov/statistics-and-data/fl-esoos/index.html

Mandatory Reported Medical Health Data

- Hospital Discharge Data • Emergency Department Data • Vital Statistics Mortality Data

Hospital Discharge Data (HDD)

Description:	This dataset contains a record of each inpatient discharge for Florida hospitals.
Size:	Approximately 2.5 million records per year
Collected Since:	1988
Availability:	Annual data must be submitted by 5/31 of the following year – available after this point, but changes/corrections are allowed for 18 months following submission.
Local Data:	Data are available by county and zip code
Use in Surveillance:	Number of hospitalizations and rate for opioid overdose and NAS (primary and/or secondary diagnosis and/or external cause of injury); demographic characteristics; charges; payer; length of stay; facility information
Limitations:	State operated, federally funded, or Shriner’s hospitals are not required to report; Records are a medical billing dataset and may not be clinically accurate in all cases
Source:	Agency for Health Care Administration (AHCA)
Website:	http://www.floridahealthfinder.gov/Researchers/OrderData/order-data.aspx

Emergency Department Data (ED)

Description:	This dataset contains a record of each Florida.
Size:	Approximately 5.5 million records per year
Collected Since:	2005
Availability:	Annual data must be submitted by 5/31 of the following year – available after this point, but changes/corrections are allowed for 18 months following submission.
Local Data:	Data are available by county and zip code
Use in Surveillance:	Number of ED visits related to opioid overdose and NAS (primary and/or secondary diagnoses and/or external cause of injury); demographic characteristics; charges; payer; length of service; facility information
Limitations:	State operated, federally funded, or Shriner’s hospitals are not required to report; Records are a medical billing dataset and may not be clinically accurate in all cases
Source:	Agency for Health Care Administration (AHCA)
Website:	http://www.floridahealthfinder.gov/Researchers/OrderData/order-data.aspx

Vital Statistics Mortality Data (VS)

Description:	This dataset contains a record of each Florida resident death.
Size:	Approximately 170,000 records per year
Collected Since:	2009
Availability:	Annual data available by spring of the next calendar year (April)
Local Data:	Data are available by county and zip code
Use in Surveillance:	Opioid mortality counts and rates (underlying cause of death and multiple causes of death);

	demographic characteristics
Limitations:	Cause of death data as recorded on death certificates are known to be incomplete; Limited details of death
Source:	Florida Department of Health, Bureau of Vital Statistics
Website:	http://www.flhealthcharts.com/charts/

Managed Care Data

- Publicly Funded Managed Care: Medicaid and Medicare Claims Data • Private Insurers: Health Management Plan Data

Publicly Funded Managed Care: Medicaid and Medicare Claims Data

Description:	Medicaid and Medicare are two of several publicly funded managed care organizations serving Floridians. Medicaid is the state and federal partnership that provides health coverage for selected categories of people with low incomes. Medicare is a federal health program for people who are 65 years or older or disabled.
Population:	Those who meet the above criteria
Collected Since:	1988 – However, not all measures are available from this time
Availability:	Data collection is ongoing.
Local Data:	Data are available by county and zip code
Use in Surveillance:	Diagnoses; Prescription data; Therapies; Demographic characteristics; Charges;
Limitations:	Currently do not have a data sharing agreement established
Source:	Agency for Health Care Administration
Website:	http://ahca.myflorida.com/SCHS/data.shtml

Private Insurers: Health Management Plan Data

Description:	Private insurers/managed care plans keep records of all the claims they process. Data sharing agreement can hopefully be established with these entities to gather specific information on treatment, medication, etc.
Population:	Varies depending on the size of the population served by each managed care organization.
Collected Since:	Varied
Availability:	Data collection is ongoing
Local Data:	Yes
Use in Surveillance:	To gather more specific information on treatment, medication, etc.
Limitations:	Difficult / time consuming to obtain agreements with data owners.
Sources:	Each individual group

PREVENTION

Prescription Drug Monitoring Program Data

- Prescription Drug Monitoring Program: Interventions
- Prescription and Patient Data from the Prescription Drug Monitoring Program

Prescription Drug Monitoring Program: Interventions

Description:	This dataset contains a record of each registrant authorized to utilize the controlled substance dispensing data maintained in the PDMP and number of queries performed by profession and specialty.
Population:	Varies depending on the number of health care professionals licensed by the regulatory boards.
Collected Since:	October 2011
Availability:	Data collection is on-going
Local Data:	Data are available by county and zip codes.
Use in Surveillance:	Standardize data metrics for opioid surveillance.
Limitations:	PDMP data is not publicly available, and access is limited to authorized users only.
Source:	Florida Department of Health, Prescription Drug Monitoring Program
Website:	www.e-forcse.com

Prescription and Patient Data from the Prescription Drug Monitoring Program

Description:	This dataset contains a record of each opioid prescription dispensed in or into the state along with the number of patients; number of prescribers; number of prescriptions per patient; number of prescriptions per prescriber; total morphine milligram equivalents per patient; and number of opioid prescriptions dispensed per capita.
Population:	Varies depending on the number of patients receiving a controlled substance prescription.
Collected Since:	September 2011
Availability:	Data collection is on-going
Local Data:	Data are available by county and zip codes
Use in Surveillance:	Standardize data metrics for opioid analgesics considering the varying levels of access to PDMP data, including: prescriptions filled per population, median day supply; morphine milligram equivalent calculations; and combination therapy analyzing opioid analgesics and benzodiazepines.
Limitations:	The PDMP operates independently, and is not currently linked into a larger system, no comprehensive national PDMP prescription data are available. PDMP does not collect data on patients' race and ethnicity. PDMP does not include patient diagnosis making it difficult to distinguish nonmedical use from legitimate use (e.g., high opioid doses for cancer pain management as opposed to pediatrics)
Sources:	Florida Department of Health, Prescription Drug Monitoring Program
Website:	www.e-forcse.com

Florida Drug-Related Outcomes Surveillance and Tracking System (FROST)

Description:	A publicly available data dissemination tool that centralizes a wide-range of drug-related data sources.
Population:	Varies
Collected Since:	
Availability:	Data available on an annual basis
Local Data:	County level reports are available
Use in Surveillance:	Drug specific rates (per 100,000 population), number of drug and alcohol injuries and fatalities, drug arrest rates, prescription rates
Limitations:	
Source:	University of Florida College of Medicine
Website:	https://frost.med.ufl.edu/frost/

LAW ENFORCEMENT

- Overdose Detection Mapping Application Program (ODMAP)
- Drug Enforcement Administration Analysis & Response Tracking Systems (DARTS)
- Drug Enforcement Administration’s Deconfliction & Information Endeavor (DICE)
 - Florida Department of Highway Safety and Motor Vehicles Patrol Crash Data

Overdose Drug Mapping (ODMAP)

Description:	ODMAP provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike. It links first responders on scene to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions. It is a mobile tool, capable of being used in the field on any mobile device or data terminal connected to an agency CAD system. Agencies sign a teaming agreement and can upload data and view the map in real time.
Population:	Over 2,800 agencies in 48 states; 60 of 67 FL counties have some level of participation
Collected Since:	April 2017
Availability:	Data collection is ongoing
Local Data:	Street level OD data for participating agencies.
Use in Surveillance:	Standardized data collection on fatal/non-fatal overdoses, whether naloxone was administered and notification of OD spikes within participating agency jurisdiction
Limitations:	Data only available to participating agencies
Sources:	Washington / Baltimore High Intensity Drug Trafficking Area
Website:	www.odmap.org

DEA Analysis and Response Tracking Systems (DARTS)

Description:	DARTS is a DEA database that serves as a phone number bank to assist in overdose death investigations. Specifically, this program enables an OD decedent’s phone to be forensically examined, information uploaded to the system, and can highlight telephone numbers that overlap in other cases. Telephone numbers that are frequently called by the victim can also be gleaned from this system and thereby assist in identifying drug dealer numbers.
Population:	Any law enforcement agency can access from DEA
Collected Since:	2017
Availability:	Data collection is ongoing
Local Data:	Specific user data is available.
Use in Surveillance:	Using information from fatal OD events to investigate drug dealers
Limitations:	
Sources:	U.S. Drug Enforcement Administration
Website	

DEA’s Deconfliction & Information Endeavor (DICE)

Description:	An investigative deconfliction tool for HIDTA, state, local, tribal and federal law enforcement agencies providing real-time connectivity to deconfliction information to all DICE users throughout the United States against all crimes. Operated and maintained by the DEA’s Office of Special Intelligence, DICE is the internet interface that all law enforcement agencies other than DEA use to access DARTS, the National Deconfliction system.
Population:	Users with approved accounts can access from DEA
Collected Since:	2016
Availability:	Accounts are no-cost and are requested through an EPIC portal at https://esp.usdoj.gov
Local Data:	Specific user data is available.
Use in Surveillance:	Everything from aircraft tail #s to emails to social network IDs, VIN #s, financial accounts, addresses and a host of other exploitable information sources
Limitations:	
Sources:	U.S. Drug Enforcement Administration
Website	https://esp.usdoj.gov

Crash Data

Description:	The Florida Department of Highway Safety and Motor Vehicles collects data and conducts research to provide lawmakers, partners and stakeholders, the media, and citizens with important facts and valuable information related to public safety and motor services. The Department compiles and analyzes traffic and safety data and emerging trends and disseminates this research—as well as public safety expertise—to support public safety education efforts and policy decisions.
Population:	Varies
Collected Since:	1994
Availability:	Available on an annual basis between October to December timeframe.

Local Data:	County level data is available.
Use in Surveillance:	Crash and citation annual reports; number of drug and alcohol crash injuries/fatalities.
Limitations:	
Sources:	Florida Department of Highway Safety and Motor Vehicles
	https://www.flhsmv.gov/resources/crash-citation-reports/

Medical Examiner Data by County for Opioid-Related Deaths 2010-2017

County	2010 Deaths	2010 Deaths per 100,000	2011 Deaths	2011 Deaths per 100,000	2012 Deaths
Alachua County	51	20.62	60	24.26	75
Baker County	9	33.19	4	14.85	10
Bay County	40	23.69	26	15.36	42
Bradford County	9	31.56	10	34.89	9
Brevard County	210	38.65	179	32.83	184
Broward County	372	21.28	314	17.91	261
Calhoun County	2	13.68	4	27.24	4
Charlotte County	45	28.13	67	41.75	65
Citrus County	52	36.82	46	32.63	53
Clay County	48	25.15	49	25.64	45
Collier County	61	18.97	61	18.84	51
Columbia County	38	56.27	16	23.69	21
DeSoto County	1	2.87	8	23.05	4
Dixie County	6	36.54	12	73.24	7
Duval County	205	23.72	211	24.40	226
Escambia County	48	16.13	51	17.04	55
Flagler County	21	21.94	18	18.70	10
Franklin County	3	25.98	4	34.70	2
Gadsden County	4	8.62	6	12.45	6
Gilchrist County	4	23.61	0	0.00	5
Glades County	0	0.00	5	39.03	1
Gulf County	4	25.22	4	25.33	3
Hamilton County	4	27.03	5	33.91	5
Hardee County	1	3.61	4	14.46	2
Hendry County	3	7.66	2	5.14	7
Hernando County	66	38.20	61	35.24	41
Highlands County	19	19.23	21	21.27	22
Hillsborough County	364	29.61	368	29.70	320
Holmes County	3	15.05	5	25.12	4
Indian River County	35	25.36	39	28.12	31
Jackson County	7	14.07	5	10.01	5
Jefferson County	2	13.55	2	13.64	0
Lafayette County	4	45.10	2	22.85	2
Lake County	52	17.51	53	17.77	55
Lee County	150	24.24	160	25.59	127
Leon County	31	11.25	32	11.58	27
Levy County	11	26.96	10	24.53	17
Liberty County	1	11.95	1	11.95	0
Madison County	3	15.61	3	15.55	2
Manatee County	102	31.60	77	23.63	72
Marion County	95	28.68	78	23.51	72
Martin County	31	21.19	44	30.00	36
Miami-Dade County	237	9.49	200	7.95	204
Monroe County	32	43.78	32	44.03	20

Nassau County	23	31.37	23	31.21	17
Okaloosa County	23	12.72	23	12.66	23
Okeechobee County	17	42.50	16	40.13	12
Orange County	319	27.84	236	20.39	276
Osceola County	59	21.96	60	21.91	55
Palm Beach County	282	21.36	232	17.50	206
Pasco County	221	47.56	184	39.44	149
Pinellas County	373	40.70	332	36.15	267
Polk County	124	20.59	125	20.67	94
Putnam County	30	40.34	19	25.66	10
Santa Rosa County	33	21.80	30	19.37	18
Sarasota County	101	26.62	100	26.22	79
Seminole County	64	15.14	74	17.43	64
St. Johns County	43	22.63	38	19.70	25
St. Lucie County	76	27.36	74	26.46	57
Sumter County	15	16.06	12	12.42	13
Suwannee County	10	24.07	16	37.02	8
Taylor County	4	17.72	6	26.67	6
Union County	6	38.62	6	38.78	10
Volusia County	190	38.42	130	26.24	107
Wakulla County	10	32.49	7	22.67	6
Walton County	15	27.25	9	16.23	12
Washington County	7	28.12	4	16.24	4

2012 Deaths per 100,000	2013 Deaths	2013 Deaths per 100,000	2014 Deaths	2014 Deaths per 100,000	2015 Deaths	2015 Deaths per 100,000
30.39	50	20.16	37	14.77	54	21.19
37.12	6	21.94	6	21.52	5	18.51
24.79	39	22.87	45	26.10	46	26.54
33.04	6	22.46	6	21.89	9	32.95
33.72	167	30.42	160	28.85	211	37.56
14.74	213	11.93	210	11.71	273	14.94
27.32	1	6.82	1	6.76	2	13.75
39.79	60	36.20	55	32.99	62	37.09
37.65	42	29.60	35	24.33	17	12.01
23.43	43	21.99	33	16.51	50	24.84
15.46	49	14.54	65	18.98	66	19.20
31.01	20	29.26	12	17.35	16	23.47
11.63	4	11.64	6	17.34	1	2.88
42.95	15	90.78	3	17.75	11	66.80
25.99	203	23.14	205	23.19	230	25.40
18.36	30	10.01	62	20.61	83	27.04
10.29	15	14.95	17	16.32	13	12.83
17.35	4	34.29	3	25.34	2	16.89
12.63	3	6.40	4	8.47	2	4.14
29.51	3	17.58	2	11.57	2	11.88
7.89	2	15.74	2	15.53	4	31.12
18.86	3	18.78	3	18.79	5	30.59
33.70	3	20.09	2	13.34	3	20.51
7.20	3	10.77	3	10.76	2	7.23
18.36	2	5.29	6	15.74	4	10.50
23.69	49	27.92	33	18.42	26	14.70
22.23	29	29.09	25	24.83	15	14.89
25.48	273	21.35	235	18.10	262	19.77
20.02	1	4.99	2	9.94	3	15.07
22.23	23	16.28	38	26.48	35	24.42
10.03	4	8.04	8	16.05	3	5.95
0.00	0	0.00	1	6.87	2	13.78
23.09	3	34.51	3	34.21	1	11.54
18.35	37	12.12	38	12.16	32	10.11
19.91	125	19.07	142	21.18	157	23.58
9.72	32	11.43	37	13.09	24	8.44
42.14	14	34.58	16	38.89	10	24.72
0.00	0	0.00	1	11.02	0	0.00
10.40	2	10.43	1	5.20	2	10.42
21.80	81	24.12	111	32.59	163	46.66
21.62	72	21.30	63	18.29	51	14.95
24.46	41	27.58	38	25.26	35	23.32
8.00	199	7.70	245	9.41	315	11.87
27.44	12	16.48	16	22.05	36	48.51

23.05	23	30.77	16	20.98	9	11.76
12.28	15	7.86	26	13.62	55	28.66
30.15	20	50.06	15	37.27	10	24.97
23.47	252	20.99	329	26.93	349	27.87
19.58	64	22.02	73	24.38	73	23.68
15.43	245	18.15	275	20.15	385	27.93
31.80	134	28.13	129	26.51	143	29.33
29.01	227	24.66	253	27.48	230	24.34
15.49	119	19.34	119	19.00	131	20.69
13.67	13	17.86	13	17.78	13	17.87
11.58	24	11.88	24	14.98	25	15.34
20.59	68	23.82	61	15.56	120	30.61
14.95	54	34.37	55	12.60	78	17.61
12.75	22	5.68	24	11.52	21	9.83
20.33	59	13.64	65	22.19	68	23.63
12.97	15	14.34	8	7.39	12	10.38
18.27	7	15.83	7	15.66	10	22.50
26.20	6	25.89	3	12.93	3	13.14
64.47	5	32.00	5	31.77	3	18.85
21.52	113	22.58	126	24.99	142	27.82
19.50	7	22.55	5	15.83	2	6.39
21.07	9	15.35	6	10.04	12	19.77
16.05	6	23.77	6	23.64	3	12.01

2016 Deaths	2016 Deaths per 100,000	2017 Deaths	2017 Deaths per 100,000
55	21.40	57	21.92
8	29.67	8	29.42
64	36.36	53	29.64
9	32.80	7	25.32
243	42.71	293	50.94
537	28.96	591	31.54
2	13.72	6	40.00
77	45.17	51	29.53
55	38.45	46	31.99
72	35.07	86	41.24
79	22.56	67	18.74
12	17.50	20	29.01
3	8.54	9	25.27
10	59.62	5	29.89
460	49.80	557	59.46
59	19.03	55	17.55
15	14.55	19	18.07
3	25.18	0	0.00
3	6.19	6	12.43
0	0.00	5	29.03
2	15.33	3	22.92
0	0.00	5	30.68
4	27.28	4	27.28
3	10.86	3	10.94
9	23.46	3	7.68
34	18.94	36	19.79
25	24.62	23	22.52
310	22.92	317	22.98
4	20.00	4	19.79
35	23.91	38	25.51
4	7.95	13	25.78
2	13.80	1	6.84
1	11.60	1	11.79
43	13.27	77	23.21
167	24.54	249	35.65
46	15.99	39	13.55
8	19.73	14	34.13
1	11.45	2	22.94
2	10.40	4	20.64
181	50.62	156	42.30
180	52.06	146	41.80
47	31.15	44	28.75
444	16.44	441	16.08
29	38.13	33	42.92

21	26.98	18	22.37
50	25.92	51	26.09
18	44.11	15	36.46
342	26.71	418	31.81
73	22.61	106	31.40
670	48.14	749	52.96
163	32.87	167	33.02
302	31.64	280	29.11
127	19.63	141	21.31
16	21.93	17	23.23
24	14.37	28	16.39
110	27.53	122	29.96
78	17.37	94	20.67
42	19.07	38	16.54
125	42.69	101	33.93
19	16.02	16	13.26
12	27.06	7	15.66
7	31.14	6	26.91
4	25.18	1	6.27
155	29.96	181	34.58
7	22.15	3	9.40
12	19.06	19	29.10
1	4.02	3	12.01

County	Methadone		Morphine		Oxycodone		All Opioids	
	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000
Alachua County	6	2.28	12	4.56	11	4.18	41	15.57
Baker County	0	0.00	2	7.23	2	7.23	6	21.70
Bay County	3	1.66	18	9.93	21	11.59	68	37.53
Bradford County	0	0.00	0	0.00	1	3.56	2	7.13
Brevard County	30	5.14	66	11.31	93	15.94	304	52.09
Broward County	13	0.68	113	5.95	58	3.06	434	22.87
Calhoun County	0	0.00	0	0.00	0	0.00	3	19.88
Charlotte County	4	2.25	18	10.11	14	7.87	49	27.53
Citrus County	6	4.12	11	7.55	17	11.67	47	32.25
Clay County	5	2.36	17	8.02	16	7.55	74	34.90
Collier County	5	1.36	37	10.07	20	5.44	73	19.87
Columbia County	3	4.30	4	5.74	10	14.34	25	35.86
DeSoto County	1	2.82	0	0.00	0	0.00	1	2.82
Dixie County	0	0.00	0	0.00	0	0.00	1	6.06
Duval County	30	3.15	107	11.23	78	8.19	392	41.14
Escambia County	6	1.88	37	11.61	14	4.39	94	29.51
Flagler County	2	1.86	5	4.65	1	0.93	13	12.09
Franklin County	0	0.00	0	0.00	0	0.00	2	16.65
Gadsden County	0	0.00	1	2.09	1	2.09	4	8.36
Gilchrist County	1	5.74	0	0.00	2	11.48	5	28.70
Glades County	0	0.00	0	0.00	0	0.00	0	0.00
Gulf County	0	0.00	0	0.00	0	0.00	4	24.24
Hamilton County	0	0.00	0	0.00	0	0.00	0	0.00
Hardee County	0	0.00	0	0.00	1	3.66	3	10.99
Hendry County	1	2.53	1	2.53	2	5.05	7	17.68
Hernando County	2	1.08	10	5.39	9	4.85	31	16.70
Highlands County	2	1.95	4	3.90	11	10.73	20	19.51
Hillsborough County	28	1.99	152	10.79	81	5.75	350	24.84
Holmes County	0	0.00	0	0.00	0	0.00	5	24.83
Indian River County	3	1.98	8	5.27	10	6.59	51	33.59
Jackson County	0	0.00	1	1.98	1	1.98	7	13.88

County	Methadone		Morphine		Oxycodone		All Opioids	
	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000
Jefferson County	1	6.79	0	0.00	0	0.00	1	6.79
Lafayette County	1	11.76	1	11.76	2	23.53	2	23.53
Lake County	2	0.58	11	3.21	10	2.92	44	12.83
Lee County	7	0.98	69	9.67	31	4.34	270	37.82
Leon County	3	1.03	13	4.45	11	3.76	35	11.97
Levy County	2	4.87	3	7.31	2	4.87	13	31.67
Liberty County	0	0.00	0	0.00	2	22.43	2	22.43
Madison County	0	0.00	1	5.14	0	0.00	3	15.41
Manatee County	11	2.91	29	7.68	16	4.23	99	26.20
Marion County	18	5.09	60	16.95	30	8.48	143	40.41
Martin County	4	2.57	10	6.43	12	7.71	53	34.07
Miami-Dade County	15	0.54	126	4.53	95	3.42	328	11.80
Monroe County	0	0.00	4	5.41	5	6.76	20	27.05
Nassau County	3	3.63	4	4.83	8	9.67	23	27.80
Okaloosa County	4	2.02	34	17.16	10	5.05	64	32.30
Okeechobee County	1	2.43	2	4.86	1	2.43	14	34.05
Orange County	24	1.78	149	11.04	50	3.70	434	32.16
Osceola County	9	2.55	44	12.48	14	3.97	111	31.49
Palm Beach County	19	1.33	251	17.51	123	8.58	556	38.79
Pasco County	27	5.24	56	10.87	56	10.87	186	36.11
Pinellas County	33	3.40	119	12.26	78	8.04	333	34.31
Polk County	7	1.04	48	7.13	35	5.20	125	18.57
Putnam County	2	2.74	4	5.48	8	10.96	24	32.89
Santa Rosa County	4	1.68	7	2.93	2	0.84	18	7.54
Sarasota County	12	3.97	27	8.93	25	8.27	81	26.78
Seminole County	4	2.29	39	22.30	13	7.43	97	55.46
St. Johns County	5	1.20	4	0.96	7	1.68	29	6.95
St. Lucie County	5	1.08	19	4.10	23	4.96	85	18.34
Sumter County	1	0.80	10	8.00	2	1.60	13	10.41
Suwannee County	2	4.46	2	4.46	6	13.37	10	22.28
Taylor County	1	4.49	2	8.98	1	4.49	6	26.93

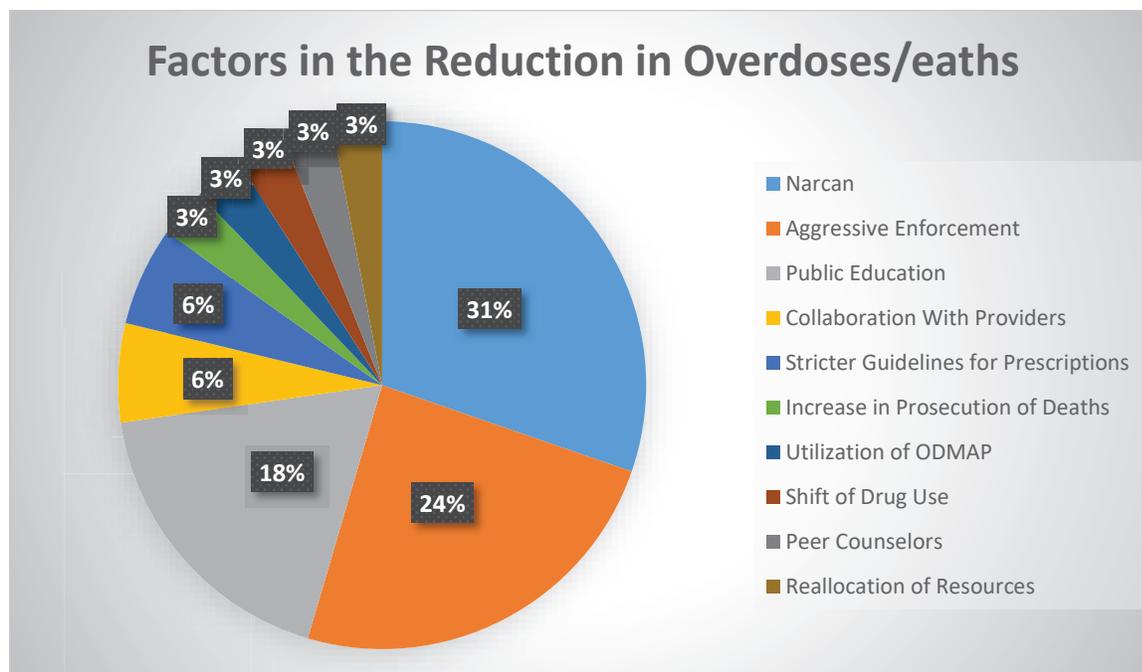
2018 Medical Examiner Data

County	Methadone		Morphine		Oxycodone		All Opioids	
	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000	Deaths	Deaths per 100,000
Union County	2	12.60	2	12.60	1	6.30	4	25.21
Volusia County	17	3.20	82	15.44	26	4.90	209	39.36
Wakulla County	1	3.13	0	0.00	1	3.13	7	21.91
Walton County	1	1.48	6	8.87	0	0.00	14	20.69
Washington County	2	7.96	1	3.98	1	3.98	4	15.92

Florida Sheriff's Association Opioid Survey (September 2019) Executive Summary

Out of 67 Sheriff's Offices in Florida, 51 responded to the survey sent out requesting information about their opioid epidemic and how they are addressing it as an agency.

21 out of 51 agencies responded that they had experienced a decrease in overdoses and/or overdose deaths in the last 12 months. Of the 21 agencies that realized a reduction in overdoses and/or deaths, most attributed the reduction to the deployment of Narcan (10), aggressive enforcement targeting distributors and responding to overdoses (8), an increase in public awareness and education on the dangers of opioids/fentanyl (6), an increase in collaboration with treatment providers and coordinating services (2), and stricter guidelines and policies for an opioid prescription (2). Also noted, but only once, was an increase in homicide prosecutions for deaths, utilization of ODMAP, a shift in drug use (increase in methamphetamine), usage of peer counselors, and reallocation of resources.

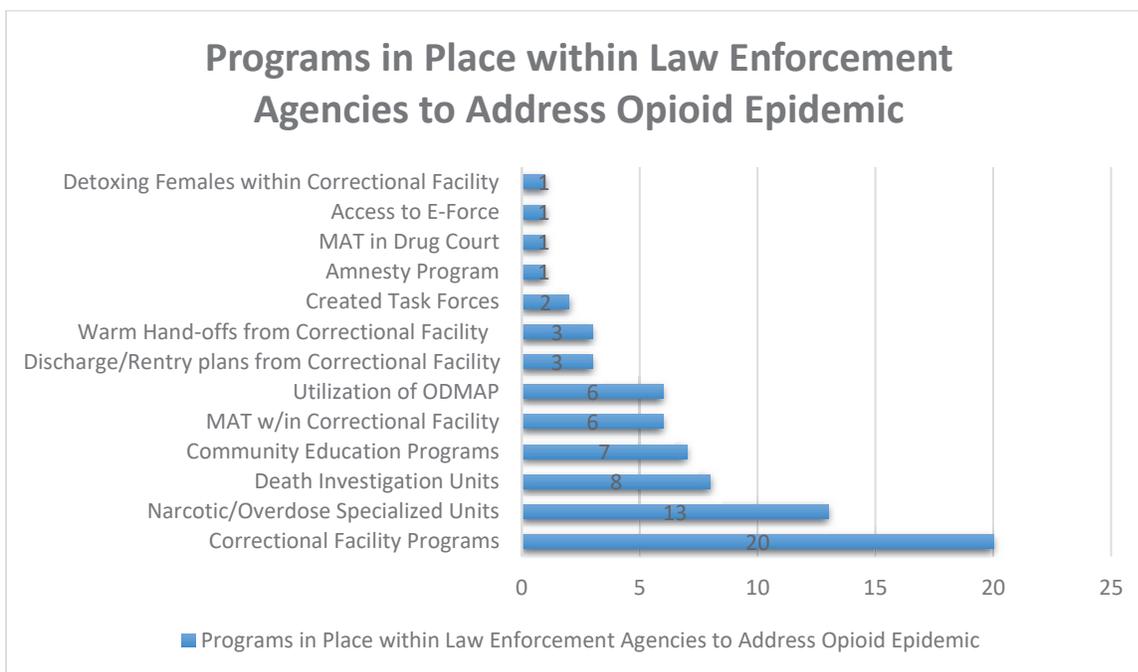


47 out of the 51 agencies have issued Narcan to their deputies. A majority of the agencies distributed them around 2017, but there was a range from December 2015 to July 2019.

33 out of the 51 agencies that responded stated they have programs in place to specifically address the opioid crisis. Their programs consisted of a specialized drug treatment program within their correctional facility (20) that ranged from a few hours of counseling to entirely

Florida Sheriff's Association Opioid Survey (September 2019) Executive Summary

separate pods that only housed those battling addiction, a range of specialized narcotic and/or overdose investigations units or responses that included mental health units, patrol, and/or drug units (13), as well as units/investigators to focus on overdose death investigations and pursue criminal charges in the deaths (8). Conducting community education programs (7), Agencies utilized ODMAP (6), medication-assisted treatment (Vivitrol) within their correctional facility (6), performed discharge planning from release from correctional facility (3), continued treatment upon release by partnering with community provider or a warm handoff (5), and created task forces (2). Individual responses also included creating an amnesty program, utilizing medication-assisted treatment in drug court, sharing information with families about the Marchman Act procedures, access to E-Force, and detoxing protocols for pregnant inmates.



27 out of 51 agencies stated they are collaboratively working with community partners, treatment providers, or clinicians that demonstrate quantifiable results. These partnerships include task forces, hospitals, federal agencies, community organizations, universities, school boards and treatment providers.

15 out of 51 agencies are in the process of implementing new opioid initiatives (solely or in partnership), with most partnering with their public organizations like hospitals, department of health, recovery network and schools (4) and partnering with other agencies, local state and federal (4). The individual responses included MAT program within a jail, opioid pre-arrest diversion program, and a jail re-entry coordinator position.

38 of the 51 agencies currently have at least one prescription drug take-back box.

FADAA-Funded Medication-Assisted Treatment (MAT) in Jails

FY 2019-2020

As of 11/13/2019



Community Treatment Providers

Community Treatment Providers	County Jails	Status	MAT Med(s) Used	Funding Source	When Med(s) Offered
Agape Network					
Agency for Community Treatment Services	Hillsborough	Operational	Injectable Naltrexone	OSCA	Pre-release and following release
Aspire Health Partners	Orange	Operational	Injectable Naltrexone/Methadone	OSCA	In community only; transported to facility for dosing
Banyan Community Health					
Baycare Behavioral Health	Pasco	Operational	Injectable Naltrexone	OSCA/DCF	Pre-release or upon release
Better Way of Miami					
Bridges of America - Auburndale					
Bridges of America - Orlando	Orange	Planned	Injectable Naltrexone	OSCA	Post-release
Broward Addiction Recovery Center					
Camillus Health Concern		No Response			
Care Resource		No Response			
Centerstone	Manatee	Operational	Injectable Naltrexone	OSCA	Upon release.
Central Florida Recovery Centers					
Charlotte Behavioral Health Care	Charlotte	Operational	Injectable Naltrexone	OSCA	Pre-release and following release
Chemical Addictions Recovery Effort (CARE)		No Response			
Circles of Care	Brevard	Planned	Injectable Naltrexone	OSCA	Pre-release and following release
CL Brumback	Palm Beach	Planned	Injectable Naltrexone	OSCA	Pre-release and following release
Clay Behavioral Health Center					
Community Health of South Dade					
David Lawrence Center	Collier	Operational	Injectable Naltrexone	OSCA	Pre-release and following release (drug court clients)
DISC Village	Leon	Operational	Injectable Naltrexone	OSCA/DCF	Pre-release and following release
	Taylor	Planned	Injectable Naltrexone	OSCA	Pre-release and following release
	Franklin	Planned	Injectable Naltrexone	OSCA	Pre-release and following release
Drug Abuse Comprehensive Coordinating Office-DACCO	Hillsborough	Operational	Injectable Naltrexone	OSCA	Pre-release and following release
Drug Abuse Foundation of Palm Beach County					
EPIC Behavioral Healthcare					
Evolutions					
Fifth Street Counseling					
First Step of Sarasota	Sarasota	Planned	Injectable Naltrexone	OSCA	To be determined
Gateway Community Services	Duval	Planned	Injectable Naltrexone	OSCA	To be determined
Guidance Care Center					
Gulf Coast Addiction Medicine	Bay	Operational	Injectable Naltrexone	OSCA	Pre-release and following release
	Escambia	Operational	Injectable Naltrexone	OSCA	Pre-release and following release
	Flagler	Operational	Injectable Naltrexone	OSCA	Pre-release and following release
Health Institute/Journey to Independence	Volusia	Operational	Injectable Naltrexone	OSCA	To be determined (new)
House of Freedom					
Impact Behavioral Health					
IMPower					

FADAA-Funded Medication-Assisted Treatment (MAT) in Jails

FY 2019-2020

Jackson Behavioral Hospital									
Jerome Golden Center	Monroe	Operational	Injectable Naltrexone	OSCA					2 shots pre-release, then follow-up
Key Bridge	Escambia	Planned	Methadone	OSCA					Pre-release or upon release
Lakeview Center		No Response							
LifeStream Behavioral Healthcare	Alachua	Planned	Injectable Naltrexone	OSCA					To be determined
Meridian Behavioral Center		No Response							
New Horizons CMHC	St. Lucie	Planned	Injectable Naltrexone	OSCA					To be determined
New Horizons of the Treasure Coast									
Operation PAR									
Orange Blossom Family Health	Orange	Operational	Injectable Naltrexone	OSCA					Pre-release and following release
	Seminole	Operational	Injectable Naltrexone	OSCA					Pre-release and following release
	Orange	Operational	Injectable Naltrexone/Buprenorphine	OSCA					Pre-release and following release
Osceola Mental Health / Park Place	Osceola	Operational	Injectable Naltrexone	OSCA					Pre-release and following release
Peace River									
Phoenix House									
River Region	Duval	Operational	Injectable Naltrexone	OSCA					Pre-release and following release
Salus Care									
SMA Behavioral Health Services									
Specialized Treatment, Education and Prevention Services (STEPS)	Orange	Operational	Injectable Naltrexone	OSCA					Pre-release and following release
Starting Point Behavioral Healthcare	Nassau	Planned	Injectable Naltrexone	OSCA					In-jail services on hold; engage offenders upon release
Substance Awareness Center of Indian River County	Indian River	Operational	Injectable Naltrexone	OSCA					2-3 pre-release injections, then community
The Centers	Marion	Operational	Injectable Naltrexone	OSCA					Pre-release and following release
The Recovery Research Network	Palm Beach	Planned	Injectable Naltrexone	OSCA					To be determined
TLS Consulting	Glades	Planned	Injectable Naltrexone	OSCA					Pre-release or upon release
Transition House	Henry	Planned	Injectable Naltrexone	OSCA					Pre-release or upon release
Tri-County Human Services	Seminole	Planned	Injectable Naltrexone	OSCA					To be determined
Village South	Highlands	Planned	Injectable Naltrexone	OSCA/DCF					Pre-release and following release
Wayside House									
WestCare GulfCoast Florida, Inc.		No Response							

SPOTLIGHT: Pennsylvania's Warm Hand-Off



Background

Pennsylvania has the fourth highest overdose death rate in the country, with more than 4,600 deaths in 2016. This is the equivalent of 13 drug overdose deaths every day—an increase from 10 deaths a day in 2015. Governor Tom Wolf's first response to this crisis was to get the opioid reversal medication naloxone in the hands of local and state police and first responders. The state Department of Health (DOH) also instituted a standing order to make naloxone available through a prescription written for the general public. With these policies in place, an increased number of patients started presenting to emergency departments (EDs) following an overdose. But unlike with other diseases, which have established processes to connect patients who receive emergency care with specialists for follow-up treatment, there were no such protocols in place for patients with a substance use disorder.

How It Works

In January 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) started requiring Single County Authorities (SCAs), the county offices that oversee local substance use disorder (SUD) programs, to develop a "warm hand-off" plan for patients who survived a recent overdose. This requirement, a part of DDAP's 2015-2020 grant agreement with SCAs, aims to ensure that patients who require emergency medical care due to the use of drugs or alcohol are directly referred to treatment if medically appropriate.

DDAP defines a warm hand-off as a seamless transition for opioid overdose survivors from emergency medical care to specialty substance use disorder treatment that improves their prospects for recovery. The department's treatment manual does not specify a standardized protocol but requires the plan to include screening, assessment, treatment and tracking of individuals who receive emergency care for an overdose, as well as 24/7 direct referral from the ED to treatment.

Depending on the model each SCA chooses to implement, providers designated to offer the warm hand-offs can include:

- SCA case management staff or treatment staff
- Contracted providers, including case management units, treatment providers or crisis intervention staff
- Certified recovery specialists

"As we invest in and promote naloxone use around Pennsylvania, we must also be sure that patients treated for an overdose are properly screened for a substance use disorder and directed to treatment if necessary. Establishing a warm hand-off process allows emergency responders and drug and alcohol treatment providers to coordinate care that is vital to a patient's long-term health when they need it most."

— Jennifer Smith, Secretary, Pennsylvania Department of Drug and Alcohol Programs

- Local addiction treatment providers
- Social worker, detox personal or other hospital staff
- Recovery organization staff or volunteers
- Another approved alternative

To support SCAs' development of these processes, DDAP, DOH and the College of Emergency Physicians' Pennsylvania chapter released a recommended warm hand-off clinical pathway in February 2017. Modeled after protocols used for other disease states, the flowchart breaks the warm hand-off into single tasks to identify and move patients who have an SUD from the ED to treatment. It also provides guidance on addressing the patient's overdose, motivating them to seek treatment, and providing resources to patients who decline treatment.

SCAs can use federal block grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) that are designated for case management services to pay for warm hand-off programs. They also received a significant allocation from the Opioid State Targeted Response (STR) grants created by the 21st Century Cures Act. Additionally, they have pursued collaborative payment models with local hospitals and payers.

Focus on Innovation: *Transitioning overdose survivors from the emergency department to treatment*

While patients' insurance coverage and payment for services were anticipated to be barriers to implementation, transportation from midnight to 8 AM was recently identified as the top challenge to developing warm hand-off plans. Some options that have been proposed to address the need for more transportation options included using Uber; contracting with EMS providers; establishing regular, volunteer driving schedules with recovery support and other grassroots organizations; contracting with independent-living communities to use their shuttle services in the evening and nighttime hours; and purchasing vehicles that remain at the hospital for use by certified recovery specialists.

How it is Innovative

When a person has a heart attack, the first step is to rush him or her into the nearest ED and rapidly provide lifesaving treatment. But the second step, ensuring these patients receive the care they need for their underlying heart condition after discharge—through referral to a cardiologist, is just as important. It is this aspect of medical care that is often missing for people who survive an overdose and receive emergency services. Recognizing this second step as essential, the state of Pennsylvania's policy requires all county offices that provide drug and alcohol programs to establish protocols for seamless transitions—"warm hand-offs"—for patients leaving the ED and entering substance use disorder treatment in their communities. The goal is to increase the number of Pennsylvanians who are in recovery.

Demonstrating Success

Armstrong, Indiana and Clarion counties in Western Pennsylvania implemented a warm hand-off program, called ARMOT for Addiction Recovery Mobile Outreach Team, in May 2015. The program received 789 referrals involving 685 people through April 30, 2018.

Total Patient Referrals: 789

Admitted After An Overdose: 95 (12 percent)*

Screened: 511 (65 percent)

Assessed: 376 (48 percent)

Discharged Prior to ARMOT Meeting: 109 (14 percent)

Entered Treatment After Assessment: 275 (73 percent)

Completed Treatment: 163 (59 percent)

Discharged Prior to ARMOT Meeting: 109 (14 percent)

Refused Treatment: 69 (9 percent)

Case managers continue to follow patients throughout their entire continuum of care.

*Though the program's target population is patients who have survived an overdose, ARMOT's referrals come from people receiving care throughout the hospital who are found to be in active withdrawal. The top two substances among those referred are opioids and alcohol. Its outcomes are summarized below.

Stakeholders & Partners

In March and April 2018, the DDAP and DOH held six regional summits to bring together people working in the public and private sectors to assess progress, address challenges and develop local action plans to further the development of local warm hand-off plans. Those in attendance included: state government, county government, county and regional services, private insurers, the Hospital and Healthsystem Association of Pennsylvania, behavioral health facilities, and the hospital and provider community. The state plans to hold another series of summits at the same time next year. The state conveners found the SCAs that had strong relationships with local ED providers rapidly implemented these plans and are reporting early results on their effectiveness. Other SCAs that first had to establish the local relationships necessary to develop their plans are still working on implementation.

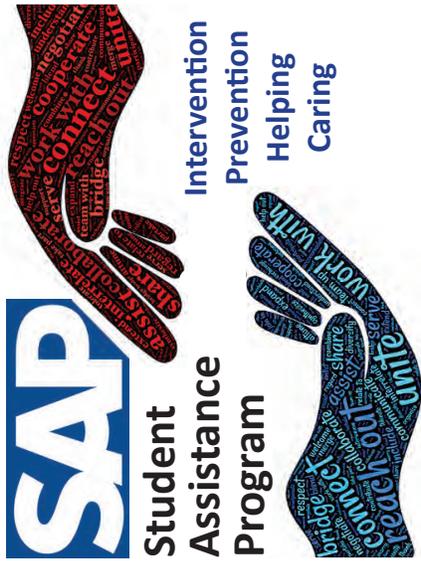
The Future of Warm Hand-Offs

On Jan. 10, 2018, Governor Wolf declared that the heroin and opioid epidemic was a statewide disaster emergency, renewing this declaration after 90 days. His goal is to further coordinate health and public safety agencies to increase access to treatment and save more lives. State health experts say that the focus of the warm hand-off program, to ensure people are not left without help, permeates all of Pennsylvania's efforts to address the opioid crisis. The state is continuing its work to ensure that warm hand-off plans are implemented, with the next step to develop tool kits based on findings from the recent summits to support regions that are having difficulty complying with the program's requirements.

Resources & References

Pennsylvania DDAP's Warm Hand-Off website: <http://www.ddap.pa.gov/Pages/Warm-Hand-Off.aspx>

Warm Hand-Off Flow Chart: <http://www.ddap.pa.gov/SiteAssets/Pages/Warm-Hand-Off/WarmHandoff%20Schematic.pdf>



**Intervention
Prevention
Helping
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This program is funded through a partnership with:



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Federal ID number is 59-1304472.

ABOUT OUR STUDENT ASSISTANCE PROGRAM

The Student Assistance Program Specialist is here to help you deal with problems that are stopping you from doing well in school or that are stressing you out. You may feel uncomfortable or embarrassed to ask for help. But if you know how and where to find help, you can take the important first step.



Participation in the program is voluntary, unless you are required by the Administration. Whether you see us weekly in the beginning or do check-ins later on; we are available all year long.

FOR STUDENTS - NEED HELP WITH ANY OF THE BELOW?

- Trouble staying focused on school
- Not feeling like hanging out with friends or family
- Not getting along with parents or teachers
- Being bullied or harassed
- Experimenting with drugs, alcohol or vaping
- Attending school daily
- Feeling overwhelmed
- Someone hurting you physically or emotionally
- Death of someone close to you
- Parents are getting divorced
- Homelessness
- Finding help in the community
- Relationship issues
- Thoughts of hurting yourself or others
- Something else?

Do you have to tell my parents? The staff of the Student Assistance Program respects you and your family's privacy. Parental consent is not required to talk to us. If your concerns involve your safety or the safety of someone else, we are mandated reporters. We can assist you in telling your parents/guardians something that they may need to know to keep you safe.

My Assistant Principal or Guidance Counselor said I have to come see the Student Assistance Program Specialist. Our offices are a "Safe Space", where students may drop in. Learning from your mistakes is part of growing up. We want to help you achieve your personal goals in life. When you are involved with this program your school administrators notice that you are taking steps to make better decisions and take responsibility for your actions.

Want to refer a friend? The SAP Specialist or Guidance Counselor can help. You can try to convince them to come see us, or you can come with them. If that doesn't work you can talk to your Guidance Counselor or Assistant Principal who will refer them to us and with their Guidance Counselor, we will reach out to them. They won't have to know it was your idea unless you want them to know.

When issues lie beyond the scope of school, First Step's Student Assistance Program can help • www.fsos.org

HOW THE PROGRAM WORKS

The SAP Program is primarily for students who are at risk for substance use, mental health concerns, violence/bullying, academic failure, school suspension, or dropping out. Our SAP Specialists focus on early problem identification, referral, and intervention for students exhibiting problem behaviors or for students feeling overwhelmed with the many changes and pressures confronting teenagers.

Referrals from any school staff may be made through Guidance staff, Administrators, or SWST meetings. Referral forms are available from SAP Specialists. Students may also come directly to the SAP Specialist who will provide mentoring and support in collaboration with the appropriate school staff, as needed. Students may also join the various groups offered from time to time.

What is D-FY? Drug Free Youth is an organization of youth who share the commitment to make positive choices and live a healthy, drug free life. Members are eligible to receive local discounts and attend special DFY events. To enroll, applicants attend recruitment events, complete an application, and commit to an alcohol, tobacco, and drug free life. Watch for the monthly recruitment events held at your school or in your community.

STUDENT ASSISTANCE PROGRAM SPECIALISTS

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aphinney@fsos.org

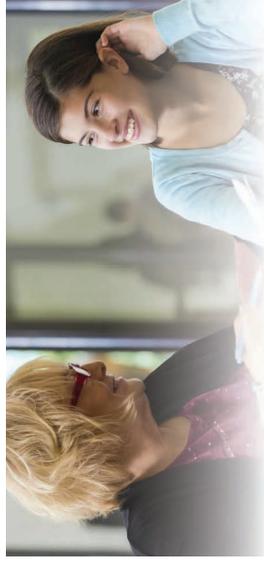
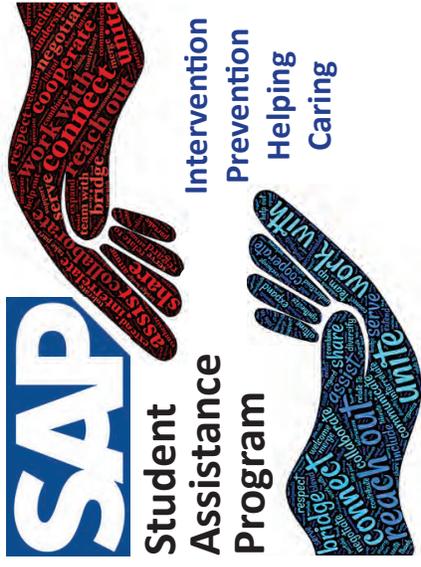
Venice High School - Brian Ryals

brian.ryals@sarasotacountyschools.net
bryals@fsos.org

First Step Outpatient Offices

Sarasota - 1750 17th St., Suite J-2, Sarasota, FL 34234
941-552-2075, Ext. 1300 • Fax: 941-552-2079

Venice - 166 Center Road, Venice, FL 34285
941-497-7742 • Fax: 941-497-7683



This program is funded through a partnership with:



First Step is a 501 (c) (3) non-profit organization.
Federal ID number is 59-1304472.

Get connected with your Student Assistance Program Specialists to learn more.

When issues lie beyond the scope of school, First Step's Student Assistance Program can help • www.fsos.org

Appendix

Part II

BAY COUNTY RESPONSE TO STATEWIDE SURVEY OF COUNTIES

1. How has and is the opioid epidemic impacting your community?

The opioid epidemic in Bay County is characterized by an increase in prescription opioid use, addiction, overdose, and death, as well as an increase in nonprescription (*i.e.*, heroin, fentanyl, and other opioids) substance abuse, addiction, overdose, and death. The number of opioid prescriptions continues to rise and flood Bay County. In 2013, Florida medical providers wrote 69.6 opioid prescriptions for every 100 persons (approximately 13.6 million prescriptions), compared to the average U.S. rate of 79.3. In keeping with these trends, opioid prescription rates in Bay County itself steadily rose between 2006 and 2016, when they reached 135.3 prescriptions per every 100 persons in 2009. There are more opioid prescriptions than people in Bay County.

Currently, on average, Bay County EMS responds to at least one drug overdose per day. In 2016, prescription drugs killed more Floridians than street drugs, such as heroin, and Oxycodone-caused deaths increased by 28 percent.

The opioid epidemic has cost Bay County an incalculable amount of money on the increased costs of first responders, law enforcement, incarceration, substance abuse treatment, courts, social services and the medical examiner. In addition, opioid abuse by employees of Bay County has resulted in loss of productivity, disciplinary issues, and an increase in health care and workers compensation costs.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

The Bay County Sheriff's Office (BCSO), other local law enforcement agencies, a representative of the Bay County Commission, Bay County Emergency Services, community groups, social service agencies and medical providers participated in the statewide Recovery Oriented Systems of Care "ROSC" initiative which began on April 21, 2017. Bay County's coalition is engaged in addressing mental health and substance abuse issues locally, including opioid addiction. The program was started by Big Bend Community Based Care and is coordinated by Ann Wing. Attached as Exhibit "A" is Bay County's ROSC Sequential Intercept Mapping Report, which documents this effort.

In November of 2019, the Bay County Opioid Council (BCOC) was formed. BCOC is a group made up of law enforcement, health service providers, and judicial members that are working together to help combat the opioid crisis in Bay County. While the group has many objectives, its primary mission is to create a response team for non-fatal overdoses. This team's focus will be to respond to a non-fatal overdose and offer prevention and treatment services in hopes to break the cycle of addiction.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Bay County has problems with all three opioid threats – prescription opioids, heroin and fentanyl-laced drugs. It would be difficult to pinpoint the primary threat as the level of these problems fluctuates.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

See response to No. 2. In addition, the BCSO has a year round prescription disposal program and accepts prescriptions at its main administrative office. The program started approximately five years ago.

The BCSO also started its Lifeline Drug Treatment Program (“Lifeline”) approximately 9 years ago at the Bay County Jail. Lifeline is a 120-day substance abuse behavioral modification program. Lifeline employs four counselors to begin the treatment process during incarceration. BCSO also partners with various organizations to increase Lifeline’s effectiveness. Bay County is one of only 11 counties statewide that has brought medicated assisted treatment into its jail to provide to inmates before release. This is done through Gulf Coast Addiction Medicine (GCAM). Upon referral from the Jail Mental Health Team, GCAM meets with the inmate to assess and determine if he or she is appropriate for the Vivitrol Program to combat opioid addiction. If the inmate agrees and no medical issues exist, the first injection occurs two weeks prior to release. The inmate is given a follow up appointment with GCAM.

From February 2019 to present, GCAM has been tracking the effectiveness of having “in house” medicated assisted treatment begin in the jail versus having inmates simply released from jail or the criminal justice system with a treatment referral. According to GCAM, 75% of inmates who begin receiving medicated assisted treatment while incarcerated continue receiving treatment after release. In contrast, only 30-40% of inmates and defendants who simply receive referrals for treatment upon release from jail or referrals through the criminal justice system follow through to obtain treatment.

In addition, Chemical Addiction Recovery Effort (CARE) is offering peer recovery services to inmates in Bay County Jail. The purpose of this program is to connect with inmates that have a substance use history and assist with connecting individuals to services upon release. Peer services target individuals who are resistant to treatment. Peers are individuals that have lived experience or family members with lived experience of mental health and substance use. These services are also able to bridge the gap between jail and the community. BCSO has recently contracted with Big Bend Community Based Care to provide Care Coordination Services. These services will target high utilizers that have multiple arrests with mental health and substance use. The Care Coordinator will work with the target population to identify needs and connect the inmate to services upon release. The Care Coordinator will also work with the community providers to ensure that the inmate engages in services and will follow up with the

individual in the community until services are in place. This is a pilot program that started in January 2020.

Bay County is in the 14th Judicial Circuit, which has three treatment courts to divert eligible participants from the traditional justice system – Veterans Treatment Court, Drug Court and Therapeutic Justice Court. Although targeted to different populations, many participants in each program struggle with opioid addiction. These programs provide access to substance abuse and mental health treatment as a condition of probation or deferred prosecution. In particular, judicially monitored participants are provided access to individual treatments plans that may include counseling and medication assisted treatment, where appropriate. Like the Lifeline program, the treatment courts also coordinate with community organizations to provide participants with resource referrals for housing, transportation and other basic needs. The goal of the treatment courts is to facilitate recovery, reduce recidivism, and improve life stability for participants. All of these programs need more funding to increase available case managers, counselors, and to provide sufficient resources to monitor participants.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

The BCSO provides year round drug abuse prevention education and outreach to schools, employers and community groups. For example, the BCSO provides School Resource Officers (“SRO”) at local schools. The SRO’s duties and responsibilities include speaking with students about the dangers of drugs. In 2017, the BCSO created a formal drug abuse prevention and education program that is utilized by the local school system.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

See response to No. 5 In addition, Big Bend Community Based Care (BBCBC) has access to education resources through the State of Florida. BBCBC offers education and prevention services through Life Skills and Too Good for Drugs.

7. What law enforcement initiatives does your community have to target the opioid crisis?

See response to No. 4 & No. 5

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

The BCSO believes the most effective law enforcement strategy to address the opioid crisis is aggressive enforcement efforts against illegal drug dealers and manufacturers. The BCSO has also worked in the past with DEA to coordinate enforcement efforts. The BCSO also remains strongly committed to mandatory minimum sentencing for drug trafficking.

Drug trafficking is the most serious narcotics offense in Florida and we must punish criminals who possess large quantities, import, sell, manufacture or distribute opioids and other illegal drugs in our community

a. Does your community have an opioid-related task force?

See response to No. 2

b. Does your community have an opioid-related coalition?

See response to No. 2

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

The biggest barriers for individuals seeking medication assisted treatment are: 1) not enough money to fund sufficient treatment resources; 2) individuals who don't have access to free or subsidized treatment and lack the money to pay out of pocket; 3) transportation for individuals to treatment; and 4) lack of knowledge regarding the treatment resources that are available.

a. How do you suggest those barriers be overcome?

Some treatment providers, such as Treatment Center of Panama City, are trying to become a Medicaid provider and to have the ability to accept private insurance. This will help some have access to treatment. In general, Bay County simply needs more money to increase treatment resources and individuals need free or subsidized medication assisted treatment. In addition, in order to spread community awareness of treatment resources, more information needs to be available in non-traditional places. For example, individuals are likely to receive education about treatment resources through the criminal justice system or in clinical settings. However, we have additional resources to assist with spreading awareness to community groups, churches, and other places that individuals get information.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Unknown.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Bay County has few housing resources designated for individuals receiving treatment for OUD, especially since Hurricane Michael. Oxford House is currently trying to open male and female recovery houses.

d. How many additional treatment beds would your community need to meet the demand?

Bay County proposes to construct a 5,000 sq. ft. standalone dormitory in our County jail with minimum security for people with substance abuse diagnosis. The stand-alone facility would allow for expansion of the Lifeline program to a much needed 100-bed capacity and the setting would facilitate a more rehabilitative environment.

Outside of the jail setting, there are limited inpatient residential treatment programs offered in Bay County. We need more treatment beds but do not have a precise number. Journey Pure is a private for-profit center that accepts self-pay and private insurance. Florida Springs is a for-profit detox and inpatient program that accepts Medicaid, private insurance, and self-pay. Chemical Addiction Recovery Effort (CARE) provides detox services to indigent and uninsured patients in the 14th Judicial Circuit. In addition, CARE has a 15 bed level two and 15 bed level four female residential program that accepts indigent/ non-insured women and pregnant/post-partum women. CARE was in the process of opening a male residential program prior to Hurricane Michael. Once repairs are completed additional resources should be available for males who are indigent and uninsured. Finally, CARE did have an adolescent program, but this facility was damaged in Hurricane Michael and has not yet reopened. Finally, Keeton House offers a Bars to Bed program.

10. What wrap-around services to you offer for individuals who overdose from opioids?

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

CARE provides Peer Support Services in the Jail in an effort to assist with warm hand-offs. BBCBC did contract with CARE to offer peers services within the hospitals prior to Hurricane Michael, but since the storm, those services have not been reinstated. BBCBC contracts with Life Management Center (LMC) and CARE to provide Care Coordination Services to individuals identified as High Utilizers (individuals who have multiple admissions to Detox and Crisis Stabilization Units).

b. Do you have peer support coaches for individuals who overdose in your community?

Yes. There are some peer support coaches. BBCBC continues to work with State and providers to expand these services.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Reports from Brevard County local law enforcement and medical systems show an increase in adult overdoses and deaths and associated rising costs to provide related county services. According to data provided, Brevard County has recently had the second highest incidence of opioid misuse leading to overdose in the state of Florida. In terms of deaths, between January 1, 2012 and December 31, 2018, the Brevard County Medical Examiner determined approximately 41 percent of deaths examined by its office were due to an opioid related death. Additionally, there is an increased number of children entering the child welfare system due to opioid misuse. Brevard County's lead agency for child welfare, Brevard Family Partnership, reports that more and more children are entering care as a result of the parents' death by opioid overdose. As a result, more grandparents are raising grandchildren due to the deaths of one or both of the children's parents. Furthermore, Brevard Public Schools has had to involve law enforcement on school campuses where students have brought opioids to school, as well as experienced student overdoses on campuses.

While the death rate, overdose and crime statistics are often the most frequently cited impact of the opioid epidemic. It is important to round out the community impact with additional information that speaks to the economic and workforce implications. In Brevard County, employers share that with the unemployment rate now hovering at 2.7% (December 2019), the need for workers in almost all business and industry is critical. Manufacturing and construction employers have been the most vocal in terms of needed workers. Employers in opioid-affected

areas have difficulty finding dependable workers and filling job openings. Brevard has seen a decline in prime-age workers (ages 24-54) because the impact of opioid misuse and overdoses, according to data cited by CareerSource Brevard.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

There are multiple treatment providers that offer a holistic continuum that includes Medication Assisted Treatment (MAT), peer support, individual and group counseling, as well as vocational assistance, available at no cost to the recipient or for minimal fees as determined by sliding fee scale. Funding made available through our region's managing entity for SAMH funds, Central Florida Cares Health System (CFCHS), has provided treatment resources through contracts with local service providers.

Additionally, the Brevard County Fire Rescue (BCFR) has started a Community Paramedic program. After an opioid related emergency medical services (EMS) call, a community paramedic will make a home visit with the affected person and their family member(s) or care giver(s). Part of the discussion typically includes provision of NARCAN. The Florida Department of Children and Families (DCF) has provided 1,000 kits to BCFR's Community Paramedic program.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

In answering this question, it is possible to distinguish between the primary cause of deaths, versus non-deaths. The Brevard County Medical Examiner's statistics between 2012 and 2019 suggest opioid related deaths in Brevard County are most often caused by (1) oxycodone, (2) fentanyl and fentanyl analogs, and (3) morphine. It should be noted that some patients have more than one drug in their system at death. The Brevard County Sheriff's Office reports that fentanyl, followed by heroin, are both continuing to increase in our communities. Additionally, for non-death incidents, although the abuse of opioid related substances is increasing, a prevalence of methamphetamines and alcoholism has been observed.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

The Brevard County Opioid Abuse Task Force was formed in 2018 with multiple subcommittees related to prevention, education, awareness, treatment, healthcare and criminal justice enforcement intervention. The Children's Council and the community-focused steering committee, Together In Partnership (TIP), which reports out to the Brevard County Board of Commissioners, has made the opioid epidemic a priority. Furthermore, Brevard Prevention Coalition has arranged awareness events and distribution of prescription drop box location fliers. These efforts strive to educate the general public and provide healthcare consumers the proactive questions they can ask their doctor to prevent uninformed acceptance of prescription opioids. Brevard Prevention Coalition partnered with Seminole Prevention Coalition and Orange County Drug Free Office to offer educational opportunities for criminal justice professionals and pertinent providers that provide tools, resources and data useful in combatting the opioid crisis locally. This collaborative initiative is under a broader substance abuse prevention media campaign from these prevention coalitions funded by Central Florida Cares Health System (CFCHS). This media campaign includes local PSAs, online messaging, social media, billboards, radio ads, promotional items, and community awareness events.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

There are some school-based initiatives that provide education to caregivers about opioids, including symptoms of abuse and how to recognize danger signs. There are also school-based substance use prevention programs funded by Eckerd Connects and funded through Central Florida Cares Health System (CFCHS) and State of Florida, Department of Children and Families (DCF). However, they are only in six (6) out of 131 Brevard County Public Schools. The media campaign addressed in Question #4 also includes a youth-focused campaign called "I Choose ME" which encourages youth to think of healthy alternative activities instead of using substances to cope with challenges (see attachments). This campaign includes educational tools and activities focused on engaging the youths in creatively expressing their protective factors against opioid misuse and misusing other substances. Partnerships with other organizations are being cultivated to encourage continued youth participation in student-led groups within schools, as well as hosting educational community events that are appealing to the youth which engage them in learning and discussion.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

Public Service Announcements, community trainings, collaboration of multiple partners and stakeholders for joint efforts, billboards, social media messages and specific opioid text support through our local 2-1-1.

7. What law enforcement initiatives does your community have to target the opioid crisis?

Law enforcement is a part of a local stakeholder committee, there are also crisis intervention training initiatives, and linkages to community resources. Local providers and officials have organized an effort with Central Florida Cares Health System (CFCHS) to encourage Brevard County Jail to enhance its reentry procedure for discharged inmates. The suggested enhancements include adding a warm-handoff procedure which could include peer recovery support specialists. This support would help inmates with opioid use disorder have a point-of-contact upon release to help forestall relapse and/or associated criminal recidivism. Additionally, a plan is being formulated to approach the sentencing judges in the county with the option of mandating treatment, counseling and peer recovery support for defendant offenders who come before them on opioid use-related charges. Brevard County Sheriff's Office is part of Central Florida HIDTA.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

The collaboration and increased communication from multiple stakeholders in the Brevard Opioid Abuse Task Force.

- **Does your community have an opioid-related task force?**
Yes, as described above.
- **Does your community have an opioid-related coalition?**

Yes. Brevard Prevention Coalition (www.BrevardPrevention.org), which oversees the Brevard Opioid Abuse Task Force initiative mentioned above.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Even with additional funding for Medication-Assisted Treatment (MAT) many persons needing treatment and their relatives do not know the path to access the treatment. In Brevard, MAT is hosted by a local substance use and mental health treatment facility for which the waiting period is long. Because of the shortage of options, many seeking services are instructed by facilities to call back on certain days to find out if beds are open in detox (the entry point).

- **How do you suggest those barriers be overcome?**

Brevard County needs more providers of MAT services and citizens need to know how to access them. There needs to be a campaign and materials provided to the public showing the path to treatment.

Transportation is a key barrier. There is a bus system in Brevard, but it is not as efficient as it needs to be to address the needs of those with transportation challenges. At times, the agencies that offer the assistance are also not located near bus stops. Whether it is getting individuals to MAT appointments for treatment or to group sessions – having transportation readily available that can at least help would be key. This also pertains to getting judicially challenged individuals to court appointments and parole meetings.

Also, many MAT treatment facilities have limited hours. So, it creates access challenges for individuals seeking treatment who work a standard 9AM to 5PM job.

- **How much would it cost to remove those barriers to treatment?** Please be as specific as possible. Unfortunately, it is difficult to accurately estimate this cost since the barriers stem from multiple systems. For instance, it could take anywhere from \$2 million to \$5 million dollars annually to cure the public transportation issue. Additionally, it could take twice that amount over the next 5 to 10 years to start up more treatment facilities or expand the capacity of existing facilities, while ensuring they are on the path to sustainability.

- **What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?**

There are some agencies that provide inpatient treatment services for patients with opioid use disorder, known as OUD. However, resources are limited, and affordable housing is in short supply for independent living for that population in Brevard County. Central Florida Cares Health System (CFCHS) funds housing case management services and financial assistance for those with SUD. However, there are very few options for affordable housing in Brevard County. Transitional (sober living) housing is critical for those coming out of a rehab program and more are needed in Brevard. Currently, many Brevard County residents seeking such treatment have to go out of county for it.

- **How many additional treatment beds would your community need to meet the demand?** Brevard County needs more resources in this area. A needs assessment is ongoing, and the need is growing daily. To give perspective, in the first 6 months of 2019,

Circles of Care (a treatment facility in Brevard) added 77 people to the wait list for Residential Level 1 treatment, with an average stay on the wait list of 16.6 days. The median client spends 27 days in Residential Level 1 care.

10. What wrap-around services do you offer for individuals who overdose from opioids?

Brevard County needs more resources in this area. There are many faith-based alternatives for treatment and recovery, but they are not well known and have not been efficiently coordinated. The Brevard Opioid Abuse Task Force's Treatment and Recovery subcommittee is working on coordinating and mapping alternatives so that those desiring this type of recovery can participate. Brevard County does not have any well-known local effort to promote sober living activities.

- **Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?**

Brevard County needs more resources in this area, particularly as to Brevard County Jail. Although resources are provided in printed format, there are currently no organized warm hand-off procedures from Brevard County Jail. Efforts have been made to create a process with the jail, but no progress has been made. Central Florida Cares Health System (CFCHS) currently funds a peer support specialist at Palm Bay Hospital in Brevard County which provides a warm hand-off. More discussions are occurring between Brevard Prevention Coalition members and member agencies to expand warm hand-offs at the hospitals.

- **Do you have peer support coaches for individuals who overdose in your community?**

Yes. The managing entity, Central Florida Cares Health System (CFCHS), funds peer recovery support services through an organization called RASE Project. Additionally, a local organization called Doctors' Goodwill Foundation has begun onboarding peer support specialists. However, the current number of certified peer support specialists is low in comparison to the need. The local workforce board has expressed that the path to becoming a peer support specialist is still somewhat nebulous in some sense and may need to be cleared up by the Florida Board of Certification.



2020 MEDIA CAMPAIGN



2020 MEDIA CAMPAIGN

Brevard | Orange | Osceola | Seminole



CAMPAIGN GOALS:

Efficiently and effectively raise awareness for each topic and reaching our audience of those in need. Ads will direct ones to our website where they can learn the facts and find resources for help related to each topic covered. Advertising focus will be shifted to web based strategies that will give accurate tracking and reporting on the performance of each ad. Doing so will also provide more details in measuring the overall impact of the campaign. New display, audio, and video ads will be created. New resources, updated information, and tools will also be added to the website.

In addition, funds will be allocated for the purchase of new Street Drug Guides and the expenses of sending staff to the Rx Drug Abuse & Heroin Summit.

TOPICS TO COVER:

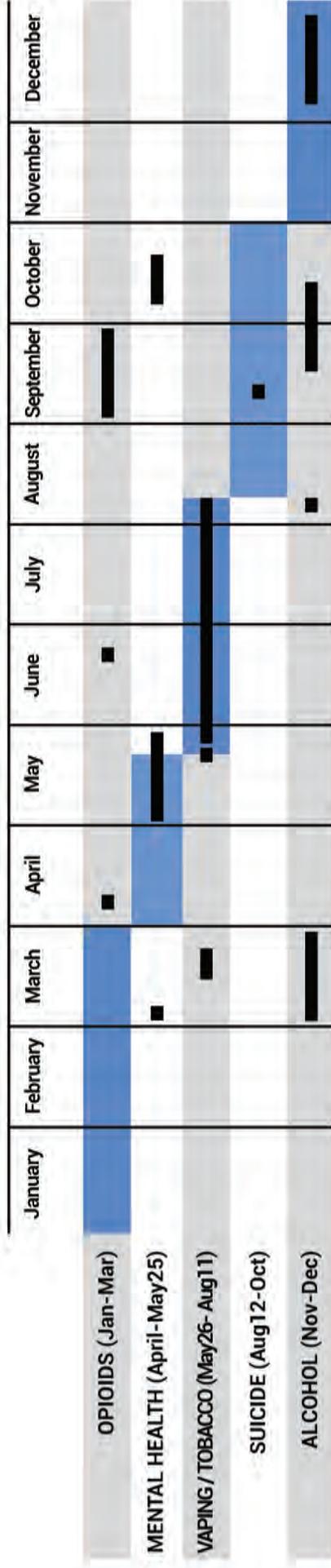
- Opioid Crisis
- Vaping / Tobacco
- Alcohol
- Mental Health
- Suicide

CAMPAIGN OVERVIEW

2020 I Choose ME Media Campaign
Eckerd Connects (admin)
Information Dissemination
Rx Summit
Publishers Group West (Street Drug Guides)
Coalition Discretionary
Creative Development
Website Tools & Hosting
Social Media Ads
New Video Ads
New Radio Ads
Vendors
Clear Channel
iHeart Media
National CineMedia
Orlando Sentinel
Spectrum

MARKETING CALENDAR

& AWARENESS DATES 2020



AWARENESS DATES

OPIOIDS (91 Days)

- April 9: National D.A.R.E Day
- June 26: International Day Against Drug Abuse and Trafficking
- September: National Alcohol and Drug Addiction Recovery Month

VAPING / TOBACCO (78 Days)

- March 16-23: Spring Break
- May 31: World NO Tobacco Day
- May 28 - Aug 9: Summer Break

ALCOHOL (61 Days)

- March: National Kidney Month
- March 12: World Kidney Day
- August 7: International Beer Day
- Sept 19 - Oct 4: Oktoberfest
- December: National Impaired Driving Prevention Month

MENTAL HEALTH (55 Days)

- March 1: Self-harm Awareness Day
- May: Mental Health Awareness Month
- October 5-11: Mental Illness Week
- October 10: World Mental Health Day

SUICIDE (80 Days)

- September 10: World Suicide Prevention Day

LEGEND

Awareness Dates:

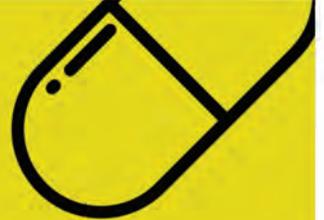
Ad Run Dates:

2020 CREATIVE CONCEPTS

Billboard Layouts



OPIOIDS: THERE'S MORE TO THE STORY



ICHOOSEME.NET

SPONSORED BY CFCHS, INC. AND THE STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES



Healthy Choices Over Getting High



SPONSORED BY CFCHS, INC. AND THE STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES

ICHOOSEME.NET



MY TEAM OVER PILLS

What motivates you?

ICHOOSEME.NET

SPONSORED BY CFCHS, INC. AND THE STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES



I Choose ME Media Campaign - January 2020 - December 2020

Counties & 2017 Population: Brevard – 589,162 | Orange – 1.349 Mil. | Osceola – 352,180 | Seminole – 462,659

Clear Channel – Digital Billboards & Display Ads – All 4 Counties

Billboards Per Week: 2 Billboards that will rotate between 26 total locations changing location each week.

Delivery: Retargeted mobile display ads. Each billboard cycles up to 8 ads for 8 seconds each = 1,250 showings / 24hrs

Projection: Approximately 6,250,000 total impressions.

Length of Campaign: 8 Months (Display Ads) 6 Months (Billboards)

Run Dates: Billboards & Ads (Feb/April/June/Aug/Oct/Dec) Display Ads Only (March/Nov)

iHeart Media – Audio, App, & Display Ads – All 4 Counties

Delivery: Retargeted mobile and desktop display ads, streaming audio spots, & newsletter e-mails across their network.

Projection: Approximately 3,526,087 total impressions.

Length of Campaign: 12 Months (January 2020 – December 2020)

National CineMedia – Display Ads – All 4 Counties

Delivery: Retargeted mobile and desktop display ads across their network.

Projection: Approximately 8,689,296 total impressions.

Length of Campaign: 12 Months (January 2020 – December 2020)

Orlando Sentinel – Display & Front Page Web Ads – All 4 Counties

Delivery: Retargeted display ads across their network & front-page fixed ads on specific dates.

Projection: Approximately 2,644,625 total impressions.

Length of Campaign: 12 Months (January 2020 – December 2020)

Spectrum – Display & Video Ads – All 4 Counties

Delivery: Retargeted display & video ads across their network.

Projection: Approximately 2,850,000 total impressions.

Length of Campaign: 12 Months (January 2020 – December 2020)

Social Media – All 4 Counties

Delivery: Retargeted display & video ads across Instagram, Facebook, and Twitter.

Length of Campaign: 12 Months (January 2020 – December 2020)

National RX and Heroin Summit – Nashville, TN – All 4 Counties

Timeframe: April 12-16, 2020

Total Number of Attendees: 50 people split between all 4 counties

Measurement: Develop short electronic survey to measure knowledge gained.

Coalition Awareness and Promotional Materials - All 4 Counties

Delivery: Drug prevention materials, thumb drives, utility bill inserts, promotional items such as pens, lanyards, pencils, notebooks, magnets, stress balls, etc., that market the Coalition's website and contact information.

Measurement: Provide estimated number of events and attendees where materials were distributed.

Publisher's Group West - Street Drug Guide – All 4 Counties

Copies: 600 per county

Timeframe: Purchase during the fiscal year.

Measurement: Number of copies distributed, provide conference/training name of where copies were distributed and survey satisfaction rate for training (if available)

Focus9x – Vendor for New Video Ads - All 4 Counties

Delivery: Develop a minimum of 5 custom video ads, each including all layouts and versions required for the platforms they will be played on.

Timeframe: Videos will be completed in line with the attached marketing calendar, with a new ad for each topic.

iHeart Media – Vendor for New Audio Ads – All 4 Counties

Delivery: Develop 5 new audio recordings to be played through their streaming service.

Timeframe: Recordings will be completed in line with the attached marketing calendar, with a new ad for each topic.

Website Tools & Hosting

Delivery: Running the “I Choose Me” website including creating tools and additional features.

Timeframe: 12 Months (January 2020 – December 2020)



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Although opiate use is on a downtrend, in Charlotte County it has affected families substantially.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

1. Sheriff's recovery initiative to encourage individuals to seek treatment without fear of arrest.
2. Expansion of medication-assisted treatment in the behavioral health center and in the jails.
3. ER partnership and efforts
4. Mental health unit works with individuals after overdose, as does a peer in recovery.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Heroin

4. What prevention initiatives has your community engaged in to address the opioid crisis?

In early 2019, Punta Gorda Chief Davis made the decision to begin a Narcan program to further reduce Charlotte County's opioid issues.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

Community organized coalitions like ‘Drug Free Punta Gorda’ help drive youth substance abuse prevention by creating a well-informed community, empowered to make healthy, drug-free choices.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

N/A

7. What law enforcement initiatives does your community have to target the opioid crisis?

Sheriff’s recovery initiative to encourage individuals to seek treatment without fear of arrest. Expansion of medication-assisted treatment in the behavioral health center and in the jails. Mental health unit works with individuals after overdose, as does a Peer in recovery.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

The County is unaware of such a program.

a. Does your community have an opioid-related task force?

The County is unaware of such a program.

b. Does your community have an opioid-related coalition?

The County is unaware of such a program.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

The primary barriers clients (veterans/family members) have expressed in seeking treatment are:

1. The costs of substance abuse residential treatments. Clients who may want to assist their loved ones with detox and/or substance abuse treatments are faced with the high costs of services. Veterans do not always have access to VA residential substance abuse programs nor have adequate or any private insurance to assist with fees.
2. Family members may also be faced with the inability to refer clients to treatments due to consent laws.
3. Lack of funding to cover vivitrol program and many barriers/limits to the opiate funding.

a. How do you suggest those barriers be overcome?

Charlotte County Opioid Survey Response

- A. A suggestion would be to involve more community and state agencies to create programs with scholarships, grants and/or sliding scale fees for residential treatment programs. Continue/improve current funding for MAT.
- B. Another suggestion would be to work on programs that incorporate more family/caregiver input to assist clients affected by addiction and not yet ready to voluntarily participate or consent to detox and/or treatments. This may be helpful to establish healthy communication between the individual in need, family/caregiver and providers to ease the transition towards participating in substance abuse programs.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

N/A

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

N/A

d. How many additional treatment beds would your community need to meet the demand?

N/A

10. What wrap-around services to you offer for individuals who overdose from opioids?

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Warm hand off with SOR case manager when individuals leave the jail and Peer in the hospitals meeting with individuals post-overdose

b. Do you have peer support coaches for individuals who overdose in your community?

Yes, although local hospitals have been hesitant to accept the peer on site, which creates barriers and time delays.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

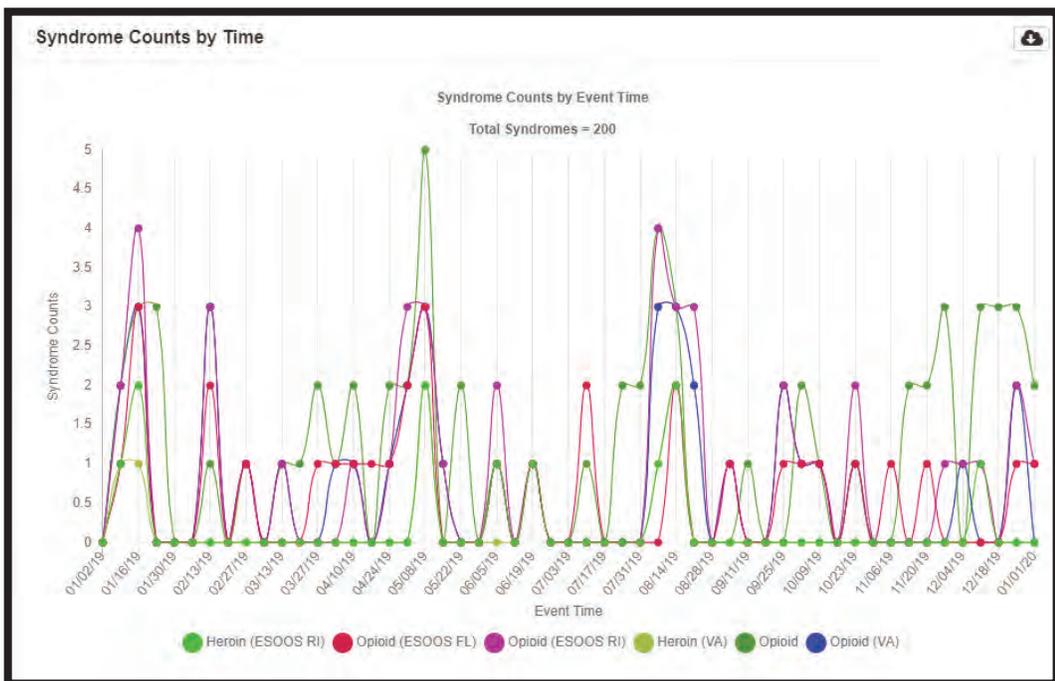
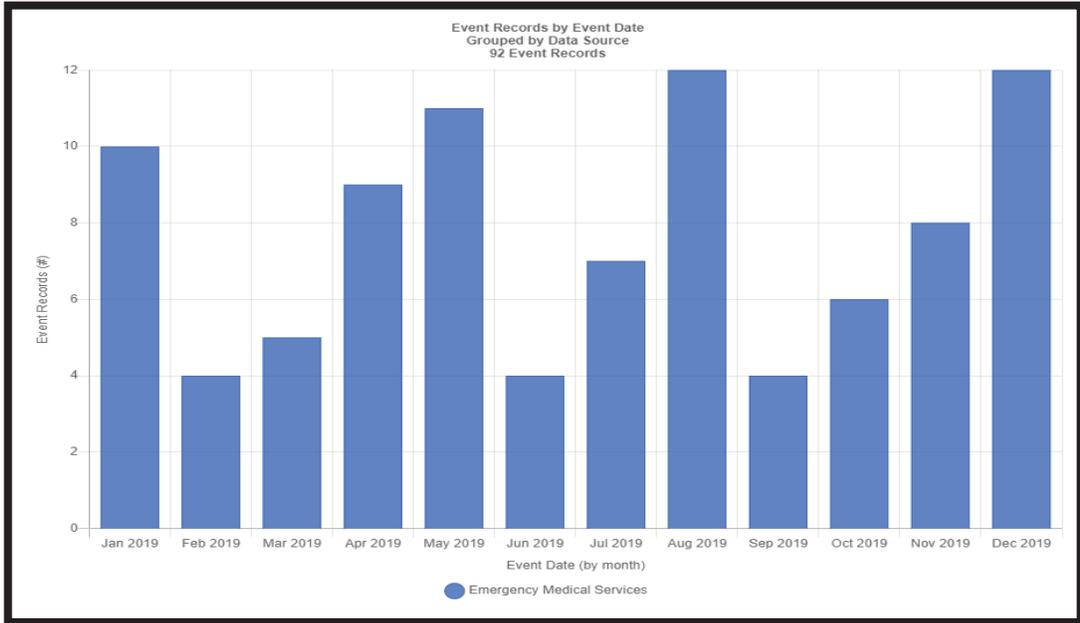
STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

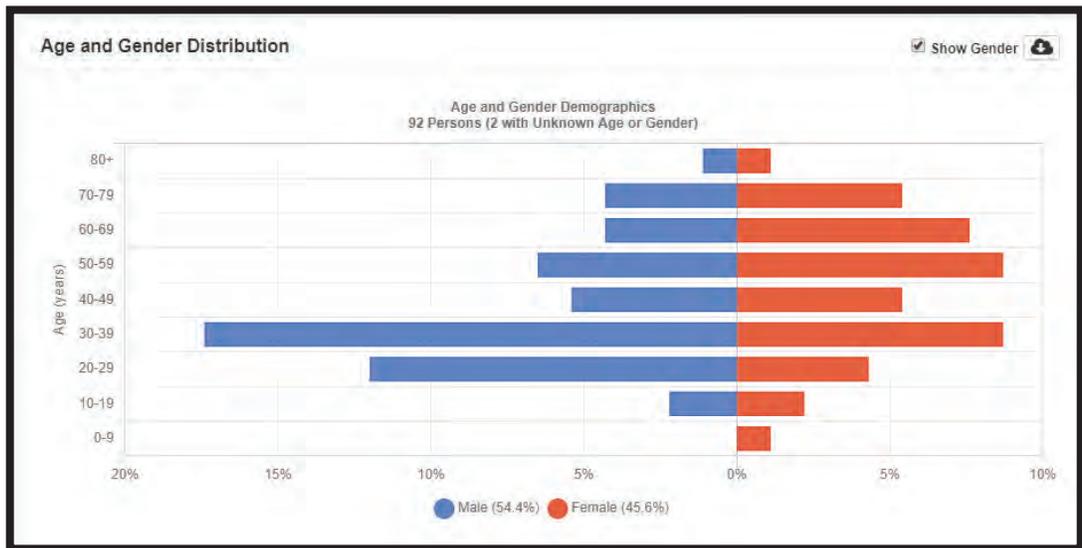
1. How has and is the opioid epidemic impacting your community?

- a. In 2019 Hendry County EMS reported 92 events 200 collective syndromes associated involving opioids.

Source: Bio-spatial Reports 2/2020



There also appears to be a gender disparity with opioids impacting males 30-39 more than any other category. This disparity is also impacted by location within the county as well.



2. What is your community’s action plan to address the opioid crisis in your community and what are the measurable results of your community’s action plan?

- a. Our community has come together for a comprehensive behavioral health plan to achieve the following objectives:
 - Increase access to behavioral health services
 - Reduce the amount of people experiencing behavioral health crises.
 - Reduce the amount of addition and associated crimes related to addictive behavior and drug-seeking activities.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

- a. Heroin, Prescription medication

4. What prevention initiatives has your community engaged in to address the opioid crisis?

- a. The Healthier Hendry Glades taskforce has adopted a prevention and comprehensive strategy to break the cycle of generational dysfunctions as they related to abuse, neglect or household dysfunction.
- b. The community health improvement plan is based upon research in adverse childhood experiences and mitigating strategies to create a protective environment from prenatal to graduation from high school.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

- a. Drug Free Hendry
- b. Students Working Against Tobacco (and other drugs)
- c. In school curriculum to enhance positive behavior and negative short-term thinking leading toward risky behavior and self-abusive behavior.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

- a. Law enforcement provides training.

- b. Several behavioral health providers have training and group activities.
- c. Health Department provides in home risk assessment and training.
- d. In school curriculum provided by Health Department.
- e. Health Dept prescription drug disposal kits.

7. What law enforcement initiatives does your community have to target the opioid crisis?

- a. Interdiction strategies
- b. Pharmacy partnerships
- c. Community policing
- d. School resource officers

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

- a. Pharmacy intervention
- b. Education
- c. Early intervention
- d. Drug court

9. Does your community have an opioid-related task force?

- a. Mental Health Taskforce
- b. Healthier Hendry Glades

Does your community have an opioid-related coalition? - See above

10. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

- a. How do you suggest those barriers be overcome?**
 - Lack of local in patient facility for drug treatment and crisis stabilization
- b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.**
 - Provide grant funding to establish a comprehensive behavioral health facility on both sides of the county to provide the following:
 - Onsite therapy services
 - Outpatient addiction therapy
 - Nalaxone treatment center
 - Group therapy
 - Family therapy
- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?**
 - Little to none.
- d. How many additional treatment beds would your community need to meet the demand?**
 - 25 bed facility with 5 beds for crisis stabilization unit.
 - 5-10 outpatient offices for therapy services

- 1-2 Rooms for group activities.

11. What wrap-around services to you offer for individuals who overdose from opioids?

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?**
 - United Way 211
 - We have developed a community behavioral health services guide by provider, types of insurances accepted and sliding fee scale
 - We have also developed a list of telemedicine providers
- b. Do you have peer support coaches for individuals who overdose in your community?**
 - Not formally, through Narcotics Anonymous and other civic organizations.

Hillsborough County Response:

Hillsborough County has a history of addressing drug related crises that arise in our community. As part of the local effort to address the opioid crisis, Hillsborough County has completed several actions including initiating a lawsuit against the pharmaceutical manufacturers of opioids. This lawsuit will bring responsibility for this crisis to the appropriate entities and will provide the necessary funds to address this epidemic within the county.

In addition, Hillsborough County developed the Behavioral Health Task Force, which brings together various local stakeholders involved in this crisis. These include the health care community, law enforcement, state agencies, local governments, nonprofits, local substance abuse and behavioral health treatment providers, the county jail medical provider, and others. This task force is focused not only on the opioid epidemic but also on the challenges that individuals with substance use disorders and co-occurring behavioral health disorders face.

In September 2017, Hillsborough County held an Opioid Summit that brought together clinical experts, leaders, law enforcement, clinical providers, and other key stakeholders to discuss actions necessary to begin addressing the opioid crisis. The three primary goals of the summit were to: build greater awareness and partnerships to manage drug issues facing the county, to identify current resources available in Hillsborough County to address the crisis, and to discuss and identify best practices that can be implemented at the local level.

In May 2018, a follow-up meeting was held with 25 people. This group of individuals is now referred to as the Opioid Task Force. Each member of the task force is committed to serving as an integral partner in solving the opioid epidemic.

During the May follow up meeting, the Opioid Task Force worked to develop goals and specific strategies for resolving the crisis in our community. They also identified responsible entities and possible funding mechanisms that can be accessed by the community and various partners and stakeholders for addressing the opioid crisis.

Those present at this meeting identified the following as the primary goals of Hillsborough County's Opioid Strategy Initiative:

- Increase education and awareness
- Focus on prevention related activities
- Implement treatment options
- Promote recovery efforts

To tackle the four goals, the Opioid Task Force was divided into four subcommittees; one for each of the four goals. Upon forming the subcommittees, facilitators led each group through a brainstorming process to determine the specific strategies needed to achieve their goals. Then, the subcommittees developed targeted tactics and action items to complete each of the identified strategies. Collectively, the goals, strategies, tactics, and actions that the subcommittees identified make up Hillsborough County's strategic action plan for addressing the opioid crisis.

To summarize the action plan:

- The plan identifies \$13.7 million in costs for the various strategies and tactics
- The average implementation time for the identified items on the plan is expected to be around 12 months
- Funding for the plan will be a collaborative effort between Hillsborough County, Central Florida Behavioral Health Network (CFBHN), and other available sources
 - Currently, a significant portion of the initial requested cost can be accommodated within the FY19 Health Care Services (HCS) budget due to approved BOCC increases and existing funds in the HCS operational budget.
 - CFBHN has indicated that it can provide over \$600,000 to support the plan.

The attachment outlines the various impacts this crisis has had on the community and the steps that are being taken locally. Hillsborough County is supportive of the state efforts to address and eliminate this crisis within our communities. We believe the solutions begin at the local level and can only be attained through a community driven approach.

Attorney General Survey Questions

How has and is the opioid epidemic impacting your community?

In Hillsborough County, illicit opioid use continues to increase, resulting in a growing number of fatalities. Historical mortality data in Hillsborough County has shifted from prescription medications to illicit drugs as per the information provided by the Hillsborough County Medical Examiner. The recent trends reflect just how serious the opioid issue is and how important it is that we develop a comprehensive approach to solving it.

The epidemic adversely impacts many residents from all walks of life, community providers, stakeholders, and the county government. Specific groups affected by this epidemic include:

- Senior citizens;
- Adolescents;
- Children;
- Families;
- Health care providers;
- Law enforcement and judicial systems; and
- Employers, taxpayers, and local economies.

Hillsborough County has spent over \$35 million in the last five years on behavioral health related services for the community. This averages out to approximately \$7 million per year. The top three expenditures over this time period were related to substance abuse, mental health, and specialty services. The CFBHN spends, on average, nearly \$40 million per year on adult and child mental health and substance abuse programs in Hillsborough County. Together, these two partners have spent a total in excess of \$225 million dollars on behavioral and substance abuse programs in our community during the last five years.

Impact within Hillsborough County/Florida

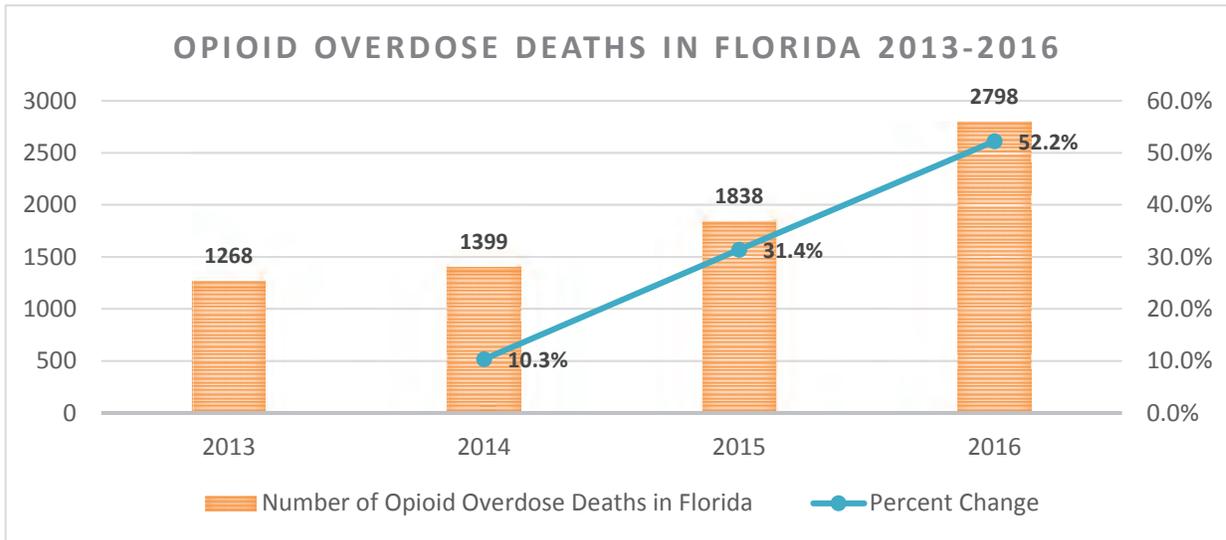
According to the CDC (2017), on average, 115 Americans die every day from an opioid overdose (that includes prescription opioids, synthetic opioids, and heroin).

In Florida, the deaths of known opioid related deaths have increased over the last four years:

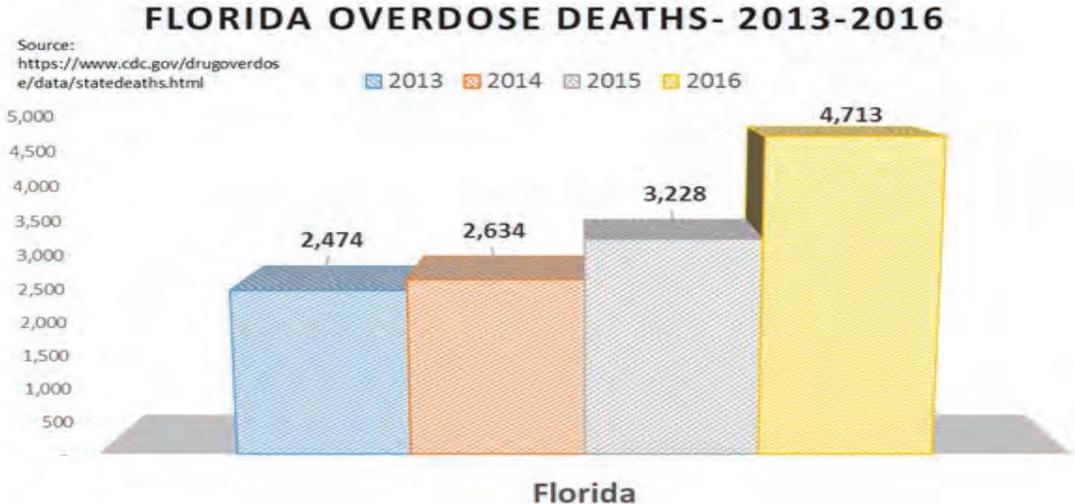
Opioid Overdose Deaths in Florida		
<i>Year:</i>	<i>Number of Deaths:</i>	<i>Percent Change:</i>
2013	1,268 (3.5 per day)	
2014	1,399 (3.8 per day)	10.3%
2015	1,838 (5.0 per day)	31.4%
2016	2,798 (7.7 per day)	52.2%

Source: Henry J Kaiser Family Foundation (KFF, 2018)

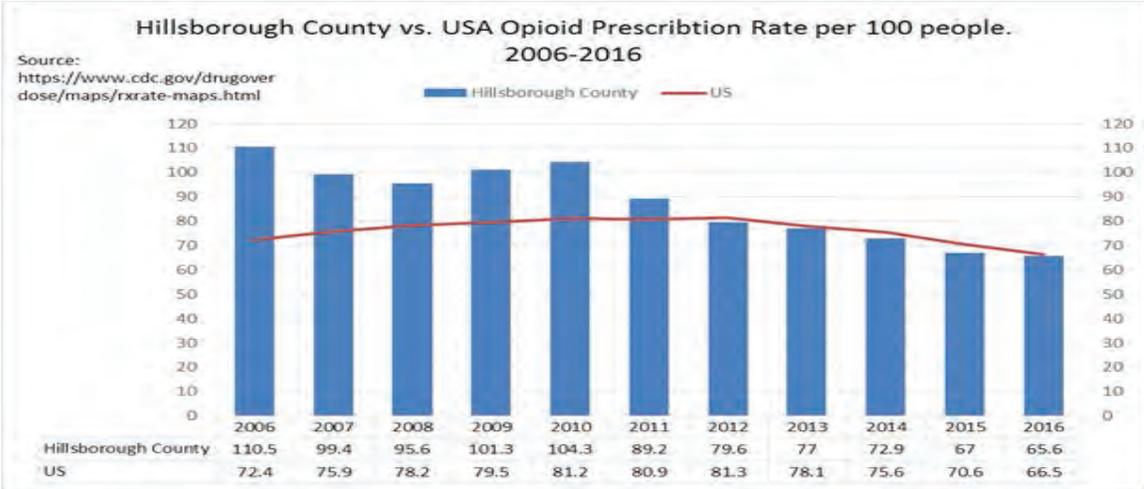
The cumulative change between 2013 and 2016 is 120.7%.



In addition, Florida overdose rates have increased every year since 2013; more specifically, rates have gone from 2,474 in 2013 to 4,713 in 2016. Many times, a person who overdoses has multiple types of drugs in their system consisting of opioids and other illicit or prescribed drugs. These combinations are key components of the epidemic because of the wide range of opioid uses and because of the way opioids can enter into a person’s system with deadly effects.

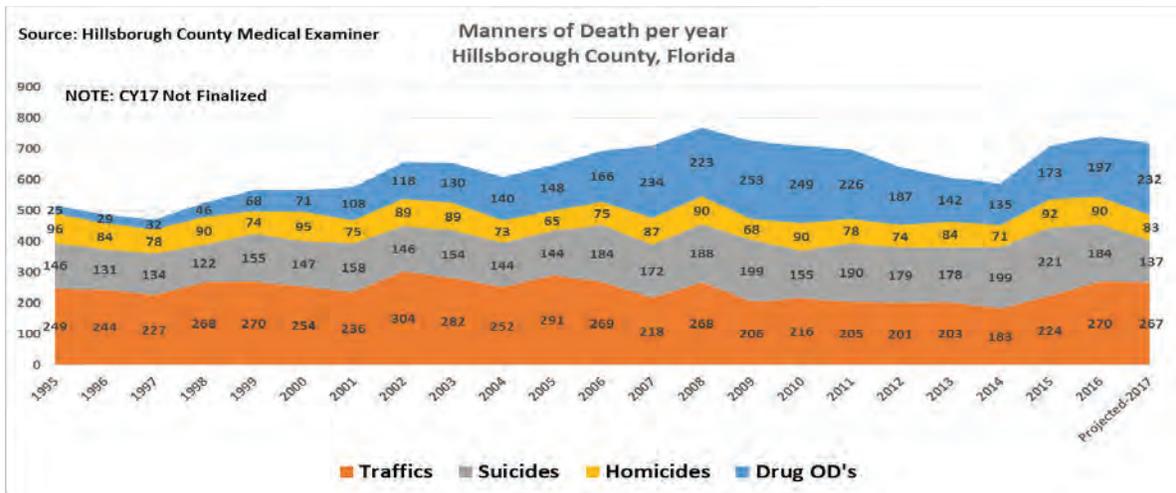


From 2006-2011, the opioid prescription rate per 100 persons in Hillsborough County was higher when compared to the entire country. Since 2012 Hillsborough County prescription rates have declined significantly and have fallen slightly below the national rate. Hillsborough County prescription rates have decreased by an average of 5% per year since 2006. (CDC, 2017)



According to the Hillsborough County Medical Examiner, of autopsied cases, drug overdose deaths have steadily increased since 2000. Drug overdoses make up over nearly 30% of known cases that are seen by the Medical Examiner’s office on an annual basis. Below, are the yearly totals for the last five years:

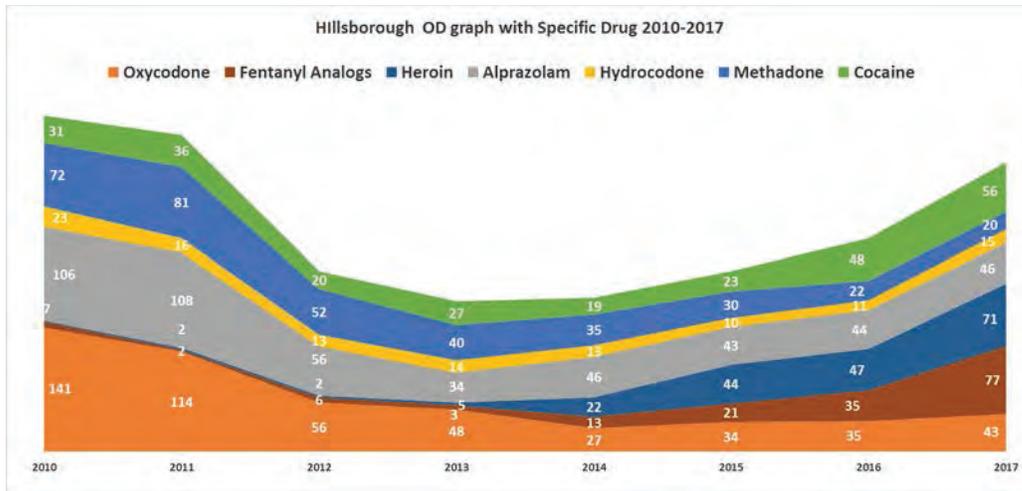
Drug Overdose Deaths in Florida		
Year:	Number of Deaths:	Percent Change:
2012	187	
2013	142	(24.1%)
2014	135	(4.9%)
2015	179	32.6%
2016	197	10.1%
2017	232 (projected)	17.8%



Within the last five years in Hillsborough County, there has been a decrease in Methadone and Oxycodone related deaths due to various administrative actions. These actions include:

- Hillsborough Board of County Commission (BOCC) enacting an ordinance to eliminate pill mills in 2010
- Developing a behavioral health Jail Diversion Program
- Creating a pilot program for co-locating behavioral health and primary care for Hillsborough County Health Care Plan (HCHCP) participants
- Establishing a Mental Health Drug Court
- Increasing the integration of social determinants of health into our services, such as the connection to housing resources
- Expanding the number of intermediary beds (60-120 day length of stay)
- Hosting an Opioid Summit with all providers to discuss the issues associated with the epidemic in September 2017
- Implementing the SSI/SSDI Outreach, Access, and Recovery Program (SOAR)
- Increasing the HCHCP eligibility level to 125% of the Federal Poverty Level (FPL) in April 2018
- Expanding the services covered under the HCHCP to include additional substance abuse treatments
- Hillsborough County bringing a lawsuit against the Opioid manufacturers, distributors, and other responsible parties in 2018

As an indirect result of these administrative actions, there has been a rise in Heroin and Fentanyl deaths as user's transition to other illicit drugs in place of prescription opioids.



What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

Hillsborough County adopted the Opioid Plan of Action and Milestones in 2019 (See attachment). This plan outlines the strategies, tactics, and actions to be taken by the community. As part of the Action Plan, evidence-based evaluations will be conducted by the University of South Florida to determine the measurable results. These results will focus on arrest data, Medical examiner data, enrollment in the Hillsborough County Health Care Plan, and data collected by the Central Florida Behavioral Health Network (CFBHN).

What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

In evaluating the 2017 Hillsborough County Medical examiner data, the main drug types consist of fentanyl analogs and heroin.

What prevention initiatives has your community engaged in to address the opioid crisis?

The Hillsborough County Opioid Plan of Action and Milestones outlines the following strategies with regard to prevention initiatives:

- Increase access to Narcan for local providers (e.g. Governor standing order for the stock of Narcan provided by the State to the first responders/providers)
- Support a "Nurses in Schools (16+ in age)" concept for early detection of adolescents
- Enhance opioid diversion investigations and prosecutions through the application of the Buffalo Drug Court model and by focusing on referrals for central receiving
- Provide services that address the social determinants of health (SDOH) to Hillsborough County Health Care Plan (HCHCP) members

What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

The Hillsborough County Opioid Plan of Action and Milestones outlines strategies with regard to education for the entire community and not only specifically for the youth. These strategies are outlined in the next section.

What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

The Hillsborough County Opioid Plan of Action and Milestones outlines the following strategies with regard to education for the entire community:

- Educate health care teams, social services, and lay communities about the signs of addiction to promote earlier detection
- Target health care professional intervention education
- Test drug purity to educate users about the potency of new polys/synthetics/fentanyl
- Inform the public of issues related to opioid/illicit drug use and the drug resources available within the community

What law enforcement initiatives does your community have to target the opioid crisis?

Law enforcement is a partner in all aspects of the Hillsborough County Opioid Plan of Action and Milestones. The Hillsborough County Sheriff's Office (HCSO), in partnership with Hillsborough County community partner, ACTS, received a \$750,000 grant through the Second Chance Act, that enables HCSO and ACTS to launch a three-year program that begins substance abuse treatment in jail and helps inmates' transition to community treatment centers upon release. The Hillsborough Community Recidivism Reduction Initiative launched in Oct. 1, 2019, with grant funding for 40 participants. The Central Florida Behavioral Health Network (CFBHN) funded the placement of three case managers from community care facilities (ACTS, DACCO, and the Phoenix House) in the jail to identify participants for other substance abuse programs in the Tampa region. Separately, Hillsborough County is working on two different projects that require support from law enforcement.

First Project: 1800 N. Orient Rd. Step Down Facility

- The county is developing a step-down facility for individuals exiting the local jail. The facility that will be used is a vacant building that once housed the Sheriff's work release program.
- This project will assist individuals who are Hillsborough County Health Care Plan (HCHCP) members and who have substance abuse and behavioral health issues transitioning from the jail back into the community, leaving Baker Act, and exiting local hospitals.
- The step-down unit will be funded by Hillsborough County for HCHCP members and operated by a local not-for-profit agency.
- The facility will operate as a Residential Level 2 - step down respite facility with up to 120 beds.
- The facility will serve up to 480 people annually.
- Participation is voluntary, with up to a 60-120 day length of stay.
- The facility will serve individuals with a primary diagnosis of substance abuse with a potentially co-occurring mental health diagnosis

Second Project: Sterile Needle Exchange Program

- The Hillsborough County Board of County Commissioners has approved an ordinance and is in the process of approving a sterile needle exchange program in the County.
- The County will enter into an agreement with Tampa General Hospital in partnership with the University of South Florida College of Public Health to provide a mobile unit to go out to communities with known high drug use to offer a one to one needle exchange program.
- The goal will be to access hard to reach populations who do not engage in health services with a primary focus on providing linkages to community services and offer items such as:
 - Referrals to medical, mental health, and social services;
 - Provision of other tools, such as counseling, condoms, and vaccinations, to prevent HIV, hepatitis C, and sexually transmitted infections; and
 - Enrollment in the HCHCP program.
- The goals of the program include:
 - Reduce needlestick injuries among first responders by providing proper disposal;
 - Increase the number of drug users who enter treatment for substance use disorder;
 - Reduce overdose deaths by providing education on overdose prevention and safer injection practices; and
 - Conduct scholarly evidence-based research to identify the benefits of this program through USF.

What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

The Hillsborough County Sheriff's office is a strategic partner in multiple forums beyond opioids including mental/behavioral health and other substance abuse. The Opioid Plan of Action and Milestones, adopted in late 2019, provides a community driven approach to address the opioid crisis and we anticipate that law enforcement will be involved and provide support in all aspects of the plan.

Does your community have an opioid-related task force?

Hillsborough County has the Behavioral Health Task Force which is a subcommittee of the Hillsborough County Advisory Board for the Hillsborough County Health Care Plan that was appointed by the Board of County Commissioners. This task force initially started with a focus on opioids but has widened its scope to focus on behavioral health and substance abuse use within the community.

Does your community have an opioid-related coalition?

In 2017, over 500 people participated in the Hillsborough County Opioid Summit, which led to the creation of the Hillsborough Opioid Task Force -- a collective group of civic leaders, healthcare professionals, law enforcement, and other community stakeholders who devised a strategic plan to combat the public health crisis. Additionally, Hillsborough County has the Anti-Drug Alliance which serves as a member of the Behavioral Health Task Force.

What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

The primary barrier for this treatment is a continuance of funding from state and federal resources. The second barrier is public education material on the availability and benefits of this treatment.

How do you suggest those barriers be overcome?

Continued funding for this activity from the state and federal resources is necessary.

How much would it cost to remove those barriers to treatment? Please be as specific as possible.

During fiscal year 18/19 CFBHN provider partners provided \$628,254 in services in uncompensated care for individuals with opioid substance use disorders. (This may not include the cost of removing all barriers.)

With additional funding we would be prepared to:

- Better serve individuals with multiple admissions to emergency departments.
- Provide funding for expansion of court ordered treatment, to include monitoring and support for individuals so ordered.
- Expand funding to allow treatment for poly-substance use and co-occurring disorders.
- Provide assistance with Medication Assisted Treatment medications.
- Allow for incidental funding to address issues of homelessness and other non-treatment issues.

What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Currently, the community has local non-profits providing housing for individuals who are receiving treatment for OUD. These providers include Tampa Crossroads, Agency for Community Treatment Services (ACTS), DACCO, and Gracepoint. In addition, local government resources include the City of Tampa Housing Authority, Tampa Hillsborough Homeless Initiative (THHI), the Hillsborough County Affordable Housing Department, and the Hillsborough County Homeless Services Department.

These resources provide the quantity of affordable housing resources in the community but the need for housing vouchers far exceeds the quantity available. In addition, the ability for these government agencies to find landlords willing to accept the housing voucher is limited because the fair market value for rent typically exceeds the voucher amount.

How many additional treatment beds would your community need to meet the demand?

Hillsborough County has a need for Short Term Residential Treatment beds (SRT). The County, through its legislation delegation, has asked for funding for 30 beds at \$3.6 Million during the current legislative session.

In addition, the county will be bringing online 120 beds mentioned for the Orient Road Step-Down Facility project.

What wrap-around services do you offer for individuals who overdose from opioids?

Currently, through the Hillsborough County Indigent Trust Fund, the County provides funding to local substance abuse providers for treatment.

As part of all contracts, wraparound services such as the following must be included:

- Enrollment in the Hillsborough County Health Care Program (HCHCP) for Health Care (primary and specialty care)
- Group treatment
- On-the-job training (OJT)
- Educational classes
- Peer support
- Telehealth
- SOAR Program for SSI/SSDI
- Transportation
- Care Coordination
- Navigation and support with housing and wrap around services
- Healthy Living program
- Access to other services that address the Social Determinants of Health (SDoH) as needed

Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Hillsborough County has multiple access points to provide the warm hand-offs. These include when case managers of individuals leaving the jail provide a hand off to a provider in the community. There is also the occurrence of provider to provider warm hand-offs based upon the services needed for the individual.

In Hillsborough County the warm hand-offs occur in the Acute care unit (Marchman Acts facility), Emergency Departments, and in the local county jail.

Do you have peer support coaches for individuals who overdose in your community?

The local community behavioral health and substance abuse providers offer certified peer support coaches as appropriate.



**Hillsborough
County** Florida

Hillsborough County Opioid Action Plan

Strategy Document

**HILLSBOROUGH COUNTY HEALTH CARE SERVICES
DATE: SEPTEMBER 2018**

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Executive Summary

The opioid epidemic is arguably the single most important public health issue facing the Country today, with no end in sight, unless we increase overall resources, improve public policies, expand funding, and secure community involvement. Unfortunately, Hillsborough County and the State of Florida are not exempt from this crisis.

According to the National Institute on Drug Abuse, national overdose deaths involving opioids totaled 42,249 in 2016. Provisional 2017 data shows this total increasing to 49,068. The provisional 2017 data equates to 134 people dying per day from an opioid involved overdose. (NIDA, 2018)

Florida overdose deaths involving opioids accounted for 6.6% (2,798 deaths) of the national total in 2016 which was a 52% increase over 2015. Florida's rate of opioid overdose deaths per 100,000 persons (14.4) was 1.1 percent higher than the national rate (13.3). This data tells us that approximately 7.7 Floridians are dying per day from an opioid related overdose. (NIH, 2018)

Hillsborough County finds these statistics and the realities of this crisis to be both alarming and unacceptable. As a result, we have decided that we must act and do our part to address one of the worst-ever drug crises this nation has ever faced.

In September 2017, Hillsborough County held an Opioid Summit that brought together clinical experts, leaders, law enforcement, clinical providers, and other key stakeholders to discuss actions necessary to begin addressing the opioid crisis. The three primary goals of the summit were to: build greater awareness and partnerships to manage drug issues facing the county, identify current resources available in Hillsborough County to address the crisis, and discuss and identify best practices that can be implemented at the local level.

In May 2018, a follow up meeting was held with 25 people. The resulting group is now referred to as the Opioid Task Force. Each of the members on the task force are committed to serving as an integral partner in solving the opioid epidemic.

During the May follow up meeting, the Opioid Task Force worked to develop goals and specific strategies, and identify responsible entities and possible funding mechanisms that can be accessed by the community and various community partners and stakeholders for addressing the opioid crisis. Those present at this meeting identified the following as the primary goals of Hillsborough County's Opioid Strategy Initiative:

1. Increase education and awareness
2. Focus on prevention related activities
3. Implement treatment options
4. Promote recovery efforts

To tackle the four goals, the Opioid Task Force was divided into four subcommittees; one for each of the four goals. Upon forming the subcommittees, facilitators led each group through a brainstorming process to determine the specific strategies needed to achieve their goals. Then, the subcommittees developed targeted tactics and action items to complete each of the identified strategies. Collectively, the goals, strategies, tactics, and actions that the subcommittees identified make up Hillsborough County's strategic action plan for addressing the opioid crisis.

To summarize the action plan:

- **The plan identifies \$13.7 million in costs for the various strategies and tactics**
- **The average implementation time for the identified items on the plan is expected to be around 12 months**

- Funding for the plan will be a collaborative effort between Hillsborough County, CFBHN, and other available funding
 - Currently, a significant portion of the initial requested cost can be accommodated within the FY19 Health Care Services (HCS) budget due to approved BOCC increases and existing funds in the HCS operational budget
 - Central Florida Behavioral Health Network (CFBHN) has indicated that it can provide over \$600,000 to support the plan

The funding for the Hillsborough County Opioid Action plan stems from sources at the Federal, State, and local levels:

To help address this crisis, the Federal government has made \$4 billion in funding available for the opioid epidemic. The funding has been divided amongst various entities and purposes related to this issue. As part of this funding, the Federal government established the State Targeted Response to the Opioid Crisis (Opioid STR) Grants and the State Opioid Response (SOR) Grants. Through these programs states can apply for funds designed to support a comprehensive response to the opioid epidemic. In fiscal year 2017, the State of Florida received \$27 million through the Opioid STR Grant. In September 2018, Governor Scott released an additional \$50 million in SOR Grant funding.

In fiscal year 2017, the State of Florida provided over \$36 million from general revenue to address the opioid crisis. Projected 2018 funding is expected to remain at the same levels as 2017. A detailed breakdown of state based funding can be found in the *Funding Information* section of the Hillsborough County Opioid Action Plan.

In fiscal year 2018, Hillsborough County is projected to expend over \$7 million on behavioral health and substance abuse related challenges. CFBHN, the Managing Entity for the State Funds allocated to the region, is expected to expend \$45 million on behavioral health and substance abuse services for Hillsborough County. Funding from both of these sources goes directly to the local providers in our community, to deliver the necessary treatment and recovery activities.

The opioid epidemic has further required both organizations (Hillsborough County and CFBHN) to strengthen their relationship while including additional community partners and stakeholders. The current crisis has complicated an already complex problem for individuals who suffer from behavioral health and substance abuse. Hillsborough County is implementing collaborative approach to address crisis by focusing on additional community involvement, securing additional funds, increases in treatment and recovery options, and an increase in overall capacity of services.

In the remainder of this document we will review the current impact of the opioid epidemic on Hillsborough County, detail our framework for addressing opioid abuse in our community, discuss available substance abuse services and resources, present funding requests and opportunities, and offer insight into the current policy landscape and other advocacy issues.

Opioid Epidemic Overview

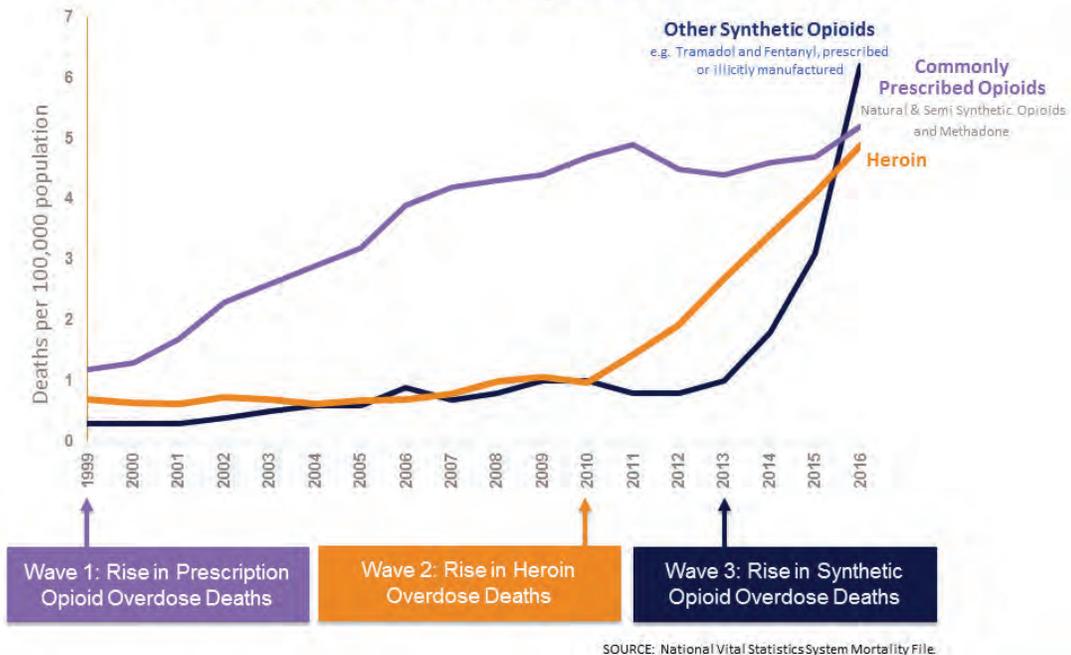
Opioids, which include oxycodone, hydrocodone, morphine, and methadone, are prescription medications used to treat moderate to severe pain. Common side effects associated with opioid use include increased tolerance, sensitivity to pain, physical dependency, depression and confusion. Opioids act on pain

receptors in both the spinal cord and brain to reduce pain while activating the reward centers in the brain causing feelings of euphoria. Due to these qualities, one in four patients on long term opioid therapy develop and struggle with opioid addiction. In fact, patients are significantly more at risk for continuing opioid therapy after receiving a prescription for greater than three days and are less likely to discontinue after 90 days. Long term prescribing practices, coupled with increases in average doses, place individuals at an increased risk for the development of opioid dependency, disorders and overdoses. (Pinellas County Opioid Task Force and the Opioid Strategic Planning Committee, 2017)

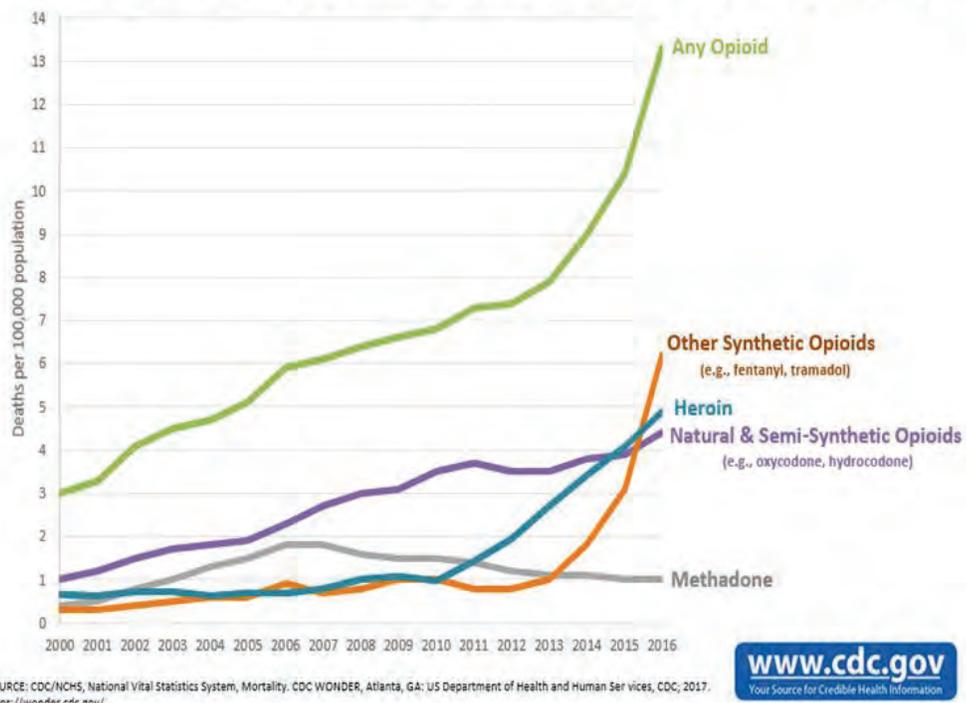
According to the Centers for Disease Control and Prevention (CDC, 2017) the rise in opioid overdose deaths can be outlined in three distinct waves:

- First wave: Began in the 1990's with overdose deaths primarily related to prescription opioids
 - Prescribed opioids peaked in 2010
 - Overdose deaths related to prescription opioids increased by more than five times between 1999 and 2016
- Second wave: Began in 2010 with significant increases in heroin related overdose deaths
 - After 2010, regulation measures were taken to limit access to prescription opioids
 - As prescription opioid related deaths decreased, heroin related overdose deaths climbed
 - From 2010-2016 heroin-related deaths increased by more than five times
 - Increased opioid exposure and addiction rates have been significant causal factors in the heroin spike
- Third wave: Began in 2013 with substantial increases in synthetic opioid related overdose deaths (e.g. illicitly-manufactured fentanyl (IMF))
 - Between 2012 and 2014, confiscations of fentanyl increased by nearly seven times
 - Between 2015 to 2016, the rate of overdose deaths involving synthetic opioids other than methadone increased two fold
 - According to the DEA, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs (CDC, DEA, 2015)

3 Waves of the Rise in Opioid Overdose Deaths



Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



Opioid Epidemic in Hillsborough County/Florida

In Hillsborough County, illicit opioid use continues to increase, resulting in a growing number of fatalities. Historical mortality data in Hillsborough County has shifted from prescription medications to illicit drugs as per the information provided by the Hillsborough County Medical Examiner. The recent trends reflect just how serious the opioid issue is and how important it is that we develop a comprehensive approach to solving it.

The epidemic adversely affects many residents from all walks of life, community providers, stakeholders and the county government. Specific groups affected by this epidemic include:

- Senior citizens;
- Adolescents;
- Children;
- Families;
- Health care providers;
- Law enforcement and judicial systems; and
- Employers, taxpayers, and local economies

Hillsborough County has spent over \$35 million in the last five years on behavioral health related services for the community. This averages out to approximately \$7 million per year. The top three expenditures over this time period relate to substance abuse, mental health, and specialty services. The Central Florida Behavioral Health Network spends, on average, nearly \$40 million per year on adult and child mental health and substance abuse programs in Hillsborough County. Together, these two partners have spent a total in excess of \$225 million on behavioral and substance abuse programs in our community during the last five years.

Impact within Hillsborough County/Florida

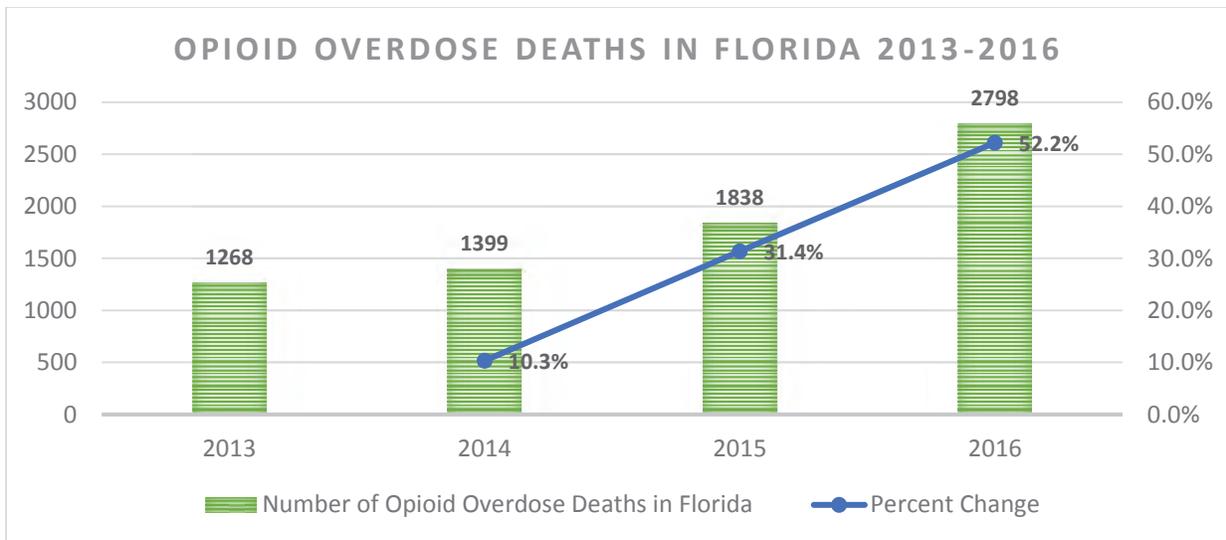
According to the CDC (2017), on average, 115 Americans die every day from an opioid overdose (that includes prescription opioids, synthetic opioids, and heroin)

In Florida the deaths of known opioid related deaths have increased over the last four years:

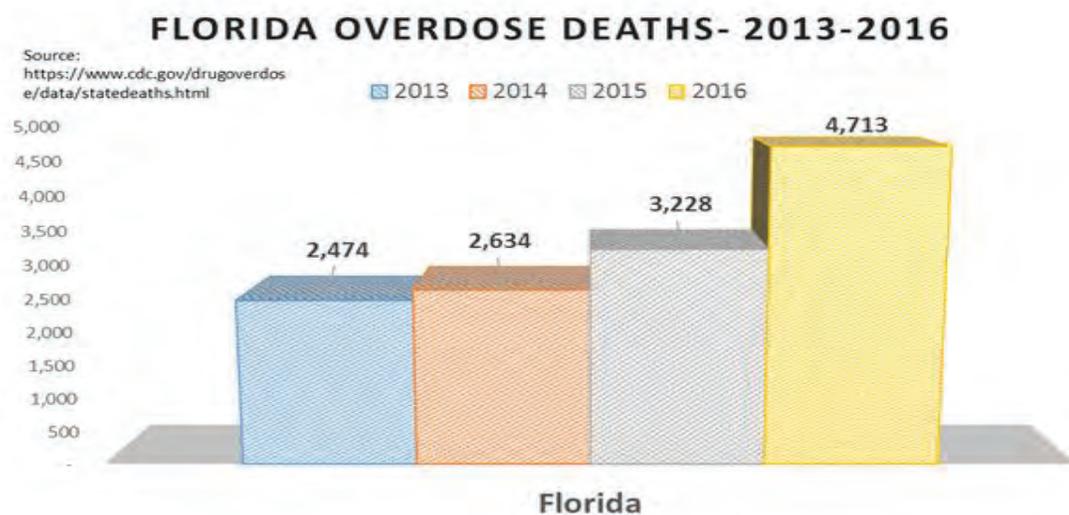
Opioid Overdose Deaths in Florida		
<i>Year:</i>	<i>Number of Deaths:</i>	<i>Percent Change:</i>
2013	1,268 (3.5 per day)	
2014	1,399 (3.8 per day)	10.3%
2015	1,838 (5.0 per day)	31.4%
2016	2,798 (7.7 per day)	52.2%

Source: Henry J Kaiser Family Foundation (KFF, 2018)

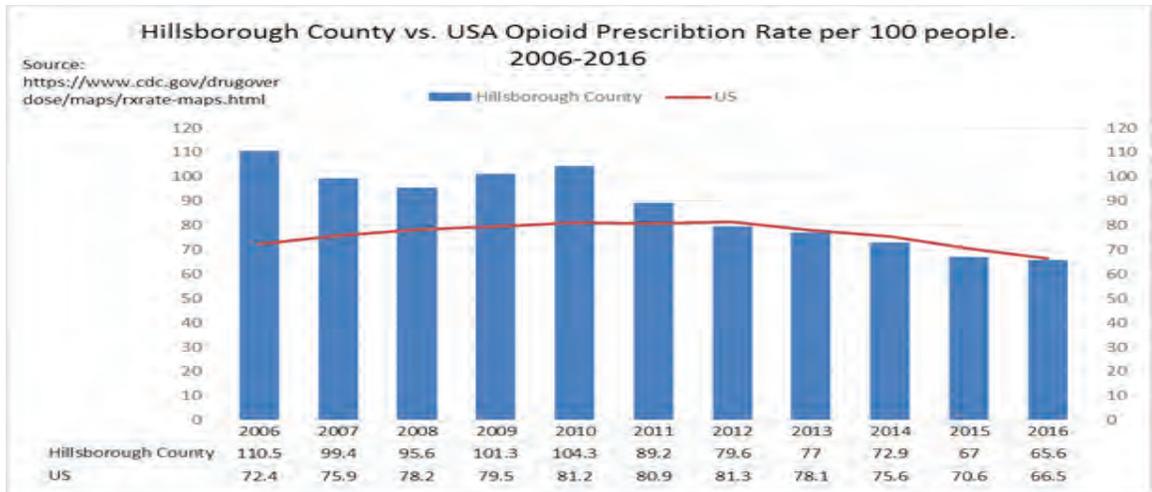
The cumulative between 2013 and 2016 is 120.7%.



In addition, Florida overdose rates have increased every year since 2013; more specifically, rates have gone from 2,474 in 2013 to 4,713 in 2016. Many times a person who overdoses has multiple types of drugs in their system consisting of opioid, illicit, or prescribed drugs. These combinations are key components of the epidemic because of the wide range of opioid use and how opioids can enter into a person’s system with deadly affects.

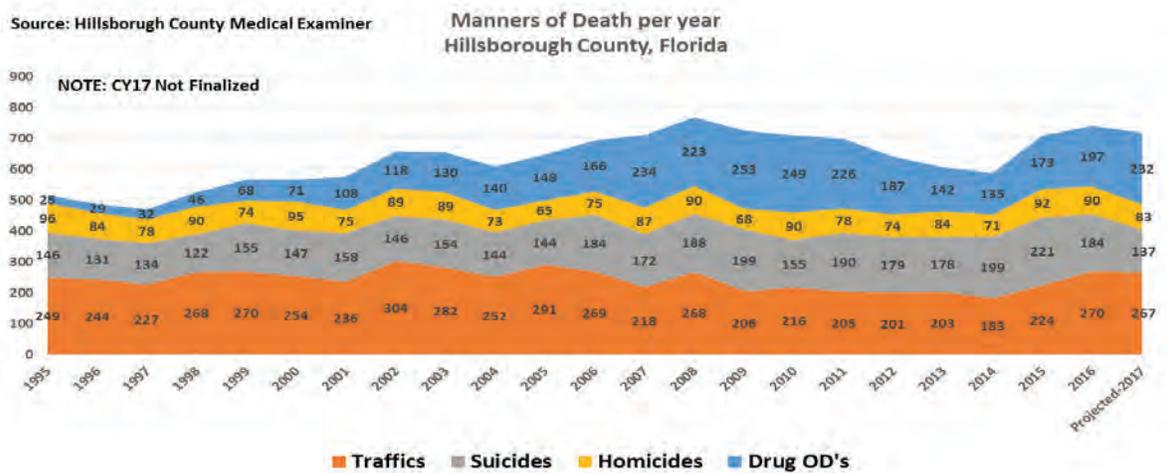


From 2006-2011, the opioid prescription rate per 100 persons in Hillsborough County was higher when compared to the entire country. Since 2012 Hillsborough County prescription rates have declined significantly and have fallen slightly below the national rate. Hillsborough County prescription rates have decreased by an average of 5% per year since 2006. (CDC, 2017)



According to Hillsborough County Medical Examiner, of autopsied cases, drug overdose deaths have steadily increased since 2000. Drug overdoses make up over nearly 30% of known cases that are seen by the Medical Examiner’s office on an annual basis. Below, are the yearly totals for the last five years:

Drug Overdose Deaths in Florida		
<i>Year:</i>	<i>Number of Deaths:</i>	<i>Percent Change:</i>
2012	187	
2013	142	(24.1%)
2014	135	(4.9%)
2015	179	32.6%
2016	197	10.1%
2017	232 (projected)	17.8%

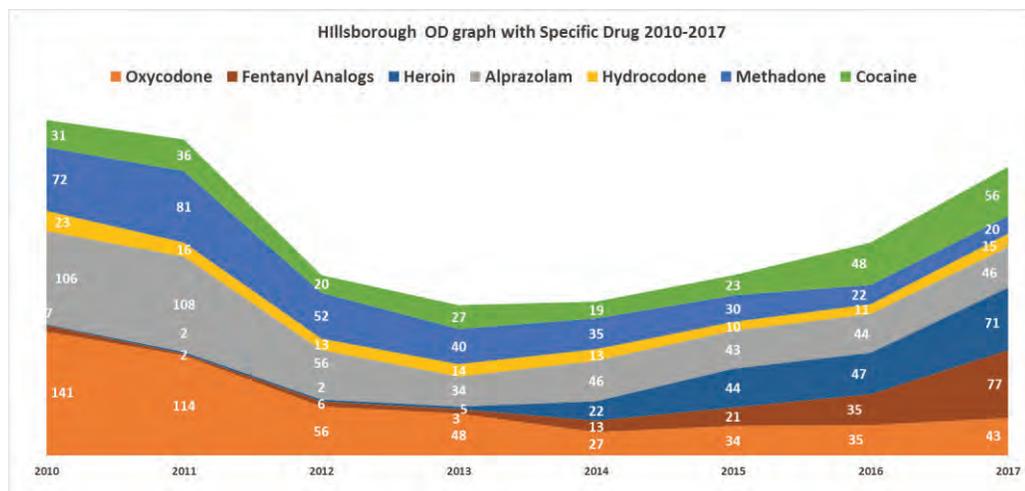


Within the last five years in Hillsborough County, there has been a decrease in Methadone and Oxycodone related deaths due to various administrative actions. These actions include:

- Hillsborough Board of County Commission (BOCC) enacting an ordinance to eliminate pill mills in 2010

- Developing a behavioral health Jail Diversion Program
- Creating a pilot program for co-locating behavioral health and primary care for Hillsborough County Health Care Plan (HCHCP) participants
- Establishing a Mental Health Drug Court
- Increasing the integration of social determinants of health into our services, such as the connection to housing resources
- Expanding the number of intermediary beds (60-120 days)
- Hosting an Opioid Summit with all providers to discuss the issues associated with the epidemic in September 2017
- Implementing the SSI/SSDI Outreach, Access, and Recovery Program (SOAR)
- Increasing the HCHCP eligibility level to below 125% of the Federal Poverty Level (FPL) in April 2018
- Expanding the services covered under the HCHCP to include additional substance abuse treatments
- In 2018, Hillsborough County brought a lawsuit against the Opioid manufacturers, distributors, and other responsible parties.

As an indirect result of the administrative actions, there has been a rise in Heroin and Fentanyl deaths as user’s transition to other illicit drugs in place of prescription opioids.



Task Force Goals/Outcomes

As part of the comprehensive plan of action to address the opioid epidemic in Hillsborough County, the Opioid Task Force has identified outcomes focused on reducing the impact of the opioid epidemic within the community. The task force has tried to align these outcomes with the federal response, where applicable, as a way of garnering additional support. Following, are the specific outcomes this initiative is designed to achieve:

Hillsborough County Opioid Initiative Outcomes:

1.) Reduce demand and over-prescription:

- Reduce drug demand through education, awareness, and preventing over-prescription.

- b. Save lives now by expanding opportunities for proven treatments for opioid and other drug addictions.
- c. Launch a county wide evidence-based campaign to raise public awareness about the dangers of prescription and illicit opioid use, as well as other drug use.
- d. Support research and development efforts by applying for federal funds/grants with local partners to use innovative technologies and additional therapies designed to prevent addiction and decrease the use of opioids in pain management as well as support recovery needs.
 - i. This will include supporting research and development for a vaccine to prevent opioid addiction and non-addictive pain management options.

2.) Cut off the supply of illicit drugs:

- a. Reduce the over-prescription of opioids which has the potential to lead Americans down a path to addiction or facilitate diversion to illicit use.
- b. Cut countywide opioid prescription fills by one-third within three years.
- c. Ensure that 75 percent of opioid prescriptions reimbursed by Federal healthcare programs are issued using best practices within three years, and 95 percent within five years.
- d. Identify funding opportunities related to opioids to ensure the Hillsborough County transitions to a nationally interoperable Prescription Drug Monitoring Program network
- e. Work to ensure first responders are supplied with naloxone, a lifesaving medication used to reverse overdoses.

3.) Help those struggling with addiction:

- a. Provide on-demand, evidence-based addiction treatment with providers to service members, veterans and their families eligible for healthcare.
- b. Deploy appropriate civil actions to hold opioid manufacturers accountable for any unlawful practices.

We have organized the overall initiative into two separate phases. Strategies were divided and prioritized based on urgency. Phase 1 strategies are aimed at the issues considered to be the most urgent in this crisis and therefore will be addressed first. Tactics and action items have been developed for all of the phase 1 strategies. Phase 2 strategies will be implemented throughout the 2019 and 2020 fiscal years. Tactics and action items have not been developed for these strategies yet, and as a result, will require additional discussion.

Phase 1

All funding information known for the following strategies is identified below:

SUMMARY OF ACTION PLAN COST ALLOCATIONS

Education		
Status:	Source:	Amount:
BOCC requested	Local allocation	\$500,000
	Florida allocation	
	Community requested allocation	<u>\$385,000</u>

	Remaining balance*	\$115,000
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Prevention		
Status:	Source:	Amount:
BOCC requested	Local allocation	\$4,500,000
	Florida allocation	
Potential	HCS operational budget/other funding source	\$1,930,000
	Community requested allocation	<u>\$6,430,000</u>
	Remaining balance	\$0

Treatment		
Status:	Source:	Amount:
BOCC requested	Local allocation	\$4,900,000
	Florida allocation-CFBHN Item 4.3	\$322,000
Potential	HCS operational budget/other funding source	\$901,000
	Community requested allocation	<u>\$6,123,000</u>
	Remaining balance	\$0

Recovery		
Status:	Source:	Amount:
BOCC requested	Local allocation	\$1,000,000
	Florida allocation-CFBHN Item 1.1	\$350,000
	Community requested allocation	<u>\$875,000</u>
	Remaining balance*	\$475,000

Total Action Plan Funding Allocations		
Status:	Source:	Amount:
BOCC Requested	Local allocation	\$10,900,000
	Florida allocation	\$672,000
Potential	HCS operational budget/other funding source*	\$2,141,000
	Community requested allocation	<u>\$13,713,000</u>
	Remaining balance	\$0

*The balance of strategies are realigned to support other strategies where community requested amount exceeds the local allocation. The total community requested cost amount of \$13,713,000 exceeds the proposed Hillsborough County HCS and Central Florida Behavioral Health Network total allocations. Funding for the remaining amount can potentially be allocated from the HCS operational budget, or from other funding sources in order to provide necessary services.

The four work groups that were developed to identify the necessary strategies, tactics, and action items consisted of the following community members:

Education:	Prevention:	Treatment:	Recovery:
Dr. Mitchell	Cindy Grant	Mary Lynn Edwards	Asha Terminello
Holly Hills	Kim Browne	Larry Allen	Dr. Rider
Rasesh Patel	Sam Spoto	Stephanie Krager	Joe Rutherford
Tricia Penniecook	Tricia Penniecook	Heather Henderson	Sara Rutan
		Gwen Green	Marcus Johnson
		Randi Whitney	
		Dr. David Orban	

Phase 1-Education

EDUCATION-PHASE 1	
Total Requested Funding as part of Budget Request for HCS for FY19- \$500,000	
PROPOSED ALLOCATION TOTAL FOR DOMAIN:	\$ 385,000
FLORIDA ALLOCATION:	\$ -
LOCAL ALLOCATION:	\$ 500,000
BALANCE:	\$ 115,000

EDUCATION-PHASE 1	
STRATEGY	PROPOSED ALLOCATION (Total of Proposed Cost) \$ 90,000
1. Educate health care teams, social services, and lay communities about the signs of addiction for earlier detection	
TACTICS	
1.1 Create a community education plan of action	
ACTION PLAN	
Tactic	

EDUCATION-PHASE 1					
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost
1.11 Identify who will develop and coordinate the information (e.g. Central Florida Behavioral Health, Department of Health, State Targeted Response Program, Healthy Living interns from USF)	Task Force	Oct-18	1 Month	Agency identified	\$ -
1.12 Further define target populations (e.g., lay community = schools, social services = faith based organizations, health care teams = payers/providers, community stakeholders=law enforcement and the court system)	Lead Agency	Nov-18	1 Month	Population identified	\$ 10,000
1.13 Develop inventory of educational efforts - community level, university level (e.g. Mental Health First Aid, Trauma Informed Care)	Lead Agency	Nov-18	1 Month	Experts acquired	\$ 15,000
1.14 Incorporate evidence based best practices into the education information	Lead Agency	Dec-18	2 Months	Inventory list developed	\$ 30,000
1.15 Implement the activities and provide the education information	Lead Agency	Feb-19	12 Months	Identify the number of participants who received the education information	\$ 20,000

EDUCATION-PHASE 1

STRATEGY **PROPOSED ALLOCATION (Total of Proposed Cost)** **\$ 80,000**

TACTICS
 2 Target health care professional intervention education
 2.1 Develop and implement a training for the health care professional

ACTION PLAN

Tactic
 2.1 Develop and implement a training for the health care professional

Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost
2.11 Identify who will develop and coordinate the information (e.g. Central Florida Behavioral Health, Department of Health, State Targeted Response Program, Healthy Living interns from USF)	Task Force	Oct-18	1 Month	-	\$ -
2.12 Encourage providers to be connected to the training	Lead Agency	Nov-18	3 Months	-	\$ -
2.13 Develop inventory of educational efforts - community level, university level (e.g. Mental Health First Aid, Trauma Informed Care)	Lead Agency	Nov-18	3 Months	Inventory list developed	\$ 30,000
2.14 Explore incentives for providers to collaborate and complete training	Lead Agency	Nov-18	3 Months	-	\$ -
2.15 Implement the activities and provide the training	Lead Agency	Feb-19	12 Months	Identify the number of participants who received the education information	\$ 20,000
2.16 Determine the level of coordination after receiving the training/waiver	Lead Agency	Nov-18	3 Months	Follow up survey of participants	\$ 15,000
2.17 Recommend those who are trained to be involved with the Coordinated System of Care	Lead Agency	Nov-18	3 Months	Increased participation in Coordinated System of Care	\$ 15,000

EDUCATION-PHASE 1		PROPOSED ALLOCATION (Total of Proposed Cost)		\$ 115,000	
STRATEGY					
3 Test drug purity to educate users about the potency of new polysynthetics/fentanyl					
TACTICS					
3.1 Identify national harm reduction models to help with the identification of drug potency					
3.2 Encourage Hillsborough County to develop geomapping for the purpose of monitoring local trends					
ACTION PLAN					
Tactic					
3.1 Identify national harm reduction models to help with the identification of drug potency					
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost
3.11 Identify who will develop and coordinate the information (e.g. Central Florida Behavioral Health, Department of Health, State Targeted Response Program, Healthy Living interns from USF, Department of Health)	Task Force	Oct-18	1 Month	-	\$ -
3.12 Research and report back on the various national harm reduction models	Lead Agency	Nov-18	2 Months	-	\$ 30,000
3.13 Obtain recommendation on which model would be best for the community	Lead Agency	Dec-18	2 Months	-	\$ -
3.14 Implement the identified model	Lead Agency	Feb-19	6 Months	-	\$ -
Tactic					
3.2 Encourage Hillsborough County to develop geomapping for the purpose of monitoring local trends					
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost
3.21 Update NEMESIS software from version 1 to version 3 for Hillsborough County Fire and Tampa Fire Rescue	-	-	-	Upgrade completed	\$ -
3.22 Obtain potential Hillsborough County Sheriff Office, Tampa Police, and other municipalities data for ODMAPPING	-	-	-	-	\$ -
3.23 Identify lead agency for the coordination of the data collection	Task Force	Jan-19	1 Month	Agency identified	\$ -
3.24 After NEMESIS update, secure information from Biospatial software for local information	Lead Agency	Jan-19	3-6 Months	Data received	\$ 15,000
3.25 Identify other data sources that could support data mapping for types of drugs that are becoming prevalent (sources such as: CFBHN, providers, Medical Examiners office)	Lead Agency	Jan-19	3-6 Months	Data received	\$ 20,000
3.26 Map out trends based upon the current data from all sources	Lead Agency	Jun-19	2 Months	Trends identified	\$ 30,000
3.27 Develop a report that can be used as a public resource and be presented quarterly with regard to the current trends	Lead Agency	Aug-19	2 Months	Report provided	\$ 20,000

EDUCATION-PHASE 1						PROPOSED ALLOCATION (Total of Proposed Cost)	\$ 100,000
STRATEGY							
4 Inform the public of issues related to opioid/illicit drug use and the drug resources available within the community							
TACTICS							
4.1 Develop a communications plan for various media channels (e.g. social networking, billboards, video, text, etc.)							
ACTION PLAN							
Tactic							
4.1 Develop a communications plan for various media channels (e.g. social networking, billboards, video, text, etc.)							
Actions							
4.11	Research if other public messages are in development or currently available (via the federal, state, or local community level) that can be used as reference points	Task Force	Oct-18	1 Month	Agency identified	\$ -	
4.12	Include a variety of partners and stakeholders such as local providers, former users, parents, law enforcement, teens, and the medical community, in the development of the communications plan	Lead Agency	Nov-18	1 Month	Population identified		
4.13	Develop the messages and hashtags that will be used in the communications plan	Lead Agency	Nov-18	1 Month	Experts acquired Inventory list developed		
4.14	Identify the media channels that will be used (e.g. social networking, billboards, video, text)	Lead Agency	Dec-18	2 Months			
4.15	Work with the Hillsborough County Communications Department and our partners to develop and distribute the messages	Lead Agency	Dec-18	2 Months	Message(s) sent		
4.16	Create communications material that can be used throughout the community	Lead Agency	Dec-18	1 Month	-	\$ 100,000	

Phase 1-Prevention

PREVENTION-PHASE 1	
Total Requested Funding as part of Budget Request for HCS for FY19 - \$500,000	
Total Requested Funding for Existing and New Healthy Living Budget Request for HCS for FY19- \$4,000,000	
PROPOSED ALLOCATION TOTAL FOR DOMAIN:	\$ 6,430,000
FLORIDA ALLOCATION:	
LOCAL ALLOCATION:	\$ 4,500,000
BALANCE:	\$ (1,930,000)

PREVENTION-PHASE 1	
STRATEGY	PROPOSED ALLOCATION (Total of Proposed Cost) \$ 60,000
1. Increase access to Narcan for local providers (e.g., Governor standing order for the stock of Narcan provided by the State to the first responders/providers)	
TACTICS	
1.1 Increase access to Narcan- identify sources within Hillsborough County	
1.2 Develop specifications for distribution (social services agencies, schools, TX facilities, first responders)	
1.3 Develop processes for the application and recording of Narcan distribution	
1.4 Provide education on usage and outreach on availability- National Prevention Week (May 13-May 19) and Prevention of Prescription & Opioid Drug Misuse Day (May 16) with Narcan	

ACTION PLAN						
Tactic						
1.1 Increase access to Narcan- identify sources within Hillsborough County						
Actions	Responsible Entities	Start Date	Duration	Measures of Success		
						Proposed Cost
1.11 Input all data into NEMESIS and OD Mapping to allow for federal funding to secure Narcan (must be upgraded to current versions of software)	Law Enforcement and Fire Rescue	Ongoing	12 Months	-	-	-
1.12 Identify lead agency to complete this task	Task Force	Oct-18	1 Month	-	-	-
1.13 Coordinate efforts to inventory Narcan availability within the community	Lead Agency	Nov-18	3 Months	Inventory collected		
1.14 Report results	Lead Agency	Feb-18	1 Month	Report submitted		

Tactic						
1.2 Develop specifications for distribution (social services agencies, schools, TX facilities, first responders)						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
1.21 Review best practices for Narcan use and distribution guidance	Lead Agency- Providers	Nov-18	2 Months	-	\$ -	
1.22 Determine if liability exists for Narcan distribution in the community	Lead Agency- Providers	Nov-18	2 Months	-	\$ -	
1.23 Develop community resource guide for the distribution of Narcan	Lead Agency- Providers	Jan-19	3 Months	Guide provided	\$ 15,000	
Tactic						
1.3 Develop processes for the application and recording of Narcan distribution						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
1.31 Identify lead agency to complete this task	Task Force	Oct-18	-		\$ -	
1.32 Coordinate efforts to secure all providers that will participate in Narcan application and provide usage data	Lead Agency- Providers	Nov-18	4 Months		\$ -	
1.33 Develop MOUs between all applicable agencies who will provide data on Narcan use	Lead Agency- Providers	Feb-19	3 Months		\$ -	
1.34 Identify tracking system within the community for Narcan use	Lead Agency- Providers	May-19	6 Months	Tracking occurs	\$ -	
1.35 Report results	Lead Agency-BH/SA Providers	Dec-19	Quarterly	Report submitted	\$ -	
Tactic						
1.4 Provide education on usage and outreach on availability- National Prevention Week (May 13-May 19) and Prevention of Prescription & Opioid Drug Misuse Day (May 16) with Narcan						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
1.41 Identify lead agency to complete this task	Task Force	Oct-18	1 Month	Agency Identified	\$ -	
1.42 Further define target populations (e.g. lay community = schools, social services = faith based organizations, health care teams = payers/providers, community stakeholders=law enforcement and the court system)	Lead Agency	Nov-18	1 Month	Population identified	\$ -	
1.43 Identify experts in our community to request input – participate in training	Lead Agency	Nov-18	1 Month	Experts acquired	\$ -	
1.44 Develop inventory of educational efforts - community level, university level (e.g. Mental Health First Aid, Trauma Informed Care)	Lead Agency	Dec-18	2 Months	Inventory list developed	\$ 30,000	
1.45 Implement the activities	Lead Agency	Feb-19	12 Months	Identify the number of participants who received the education information	\$ 15,000	

Tactic						
2.4 Utilize the program to identify, assess, and work with at-risk youth aged 14-16						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
2.41 Utilize assessment tools (SBIRT and PHQ-A) and develop program material to work with at-risk youth	School District, USF College of Nursing and BH/SA Providers	2019	Continuous	-	\$ 15,000	
2.42 Align with services needed for at-risk youth	School District, USF College of Nursing and BH/SA Providers	2019	Continuous	Clients identified	-	
2.43 Secure social agencies to provide necessary services	School District, USF College of Nursing and BH/SA Providers	2019	Continuous	Services provided	-	
Tactic						
2.5 Create a program for recruiting medical personnel to participate in the program						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
2.51 Develop relationships with the School District and Medical schools	School District, USF College of Nursing and BH/SA Providers	2019	Continuous	-	-	
2.52 Develop in-house material focused on this group	School District, USF College of Nursing and BH/SA Providers	2019	Continuous	-	\$ 15,000	

PREVENTION-PHASE 1						
STRATEGY						Proposed Cost
3 Enhance opioid diversion investigations and prosecutions						\$ 325,000
TACTICS						
3.1 Enhance opioid diversion investigations and prosecutions						
3.1.1 Enhance opioid diversion investigations and prosecutions						
3.2 Explore diverting from arrest and referral to TX/Central Receiving						
ACTION PLAN						
Tactic						
3.1 Enhance opioid diversion investigations and prosecutions						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
3.1.1 Work with Law Enforcement and the State Attorney to promote the opioid diversion program	County, BH/SA Providers	Oct-18	Ongoing	-	\$ -	
3.1.2 Implement a drug court pilot program- Buffalo Model for Substance Abuse Recovery	Law Enforcement	Jan-19	12 Months	-	\$ 325,000	
3.1.3 Identify stable funding source for pilot project/program	Law Enforcement	Oct-18	3 Months	-	\$ -	
3.1.4 Determine success and outcomes for the pilot program	BH/SA Providers	Jan-20	-	Number of people who enter and complete the program	\$ -	

Tactic						
3.2 Explore diverting from arrest and referral to TX/Central Receiving						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
3.2.1 Work with Law Enforcement to establish criteria for referral to Central Receiving	County, BH/SA Providers	Oct-18	Ongoing	-	\$ -	
3.2.2 Determine how to create greater capacity for Central Receiving	County, BH/SA Providers	Oct-18	Ongoing	-	\$ -	

PREVENTION -PHASE 1

STRATEGY 4. Provide Social Determinants of Health for HCHCP members **PROPOSED ALLOCATION (Total of Proposed Cost) \$4,000,000**

TACTICS

4.1 Implement HCHCP Healthy Living Program

ACTION PLAN

Tactic

4.1 Implement HCHCP Healthy Living Program

Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost
4.1.1 Offer Healthy Living at Community Resource Centers	Health Care Services	Jul-18	Ongoing	Reduction in medical costs for participating members	\$ 2,000,000
4.1.2 Offer Healthy Living at local provider clinics	Health Care Services	Fiscal Year 2019	Ongoing	Reduction in medical costs for participating members	\$ 2,000,000

Phase 1-Treatment

TREATMENT-PHASE 1	
Total Requested Funding as part of Budget Request for HCS for FY19- \$4,000,000	
Total Requested Funding as part of Budget Request for HCS for increase in Substance Abuse Funding in FY19 for \$900,000	
PROPOSED ALLOCATION TOTAL FOR DOMAIN:	\$ 6,123,000
FLORIDA ALLOCATION-CFBHN-Item 4.3*	\$ 322,000
LOCAL ALLOCATION:	\$ 4,900,000
BALANCE:	\$ (901,000)

TREATMENT-PHASE 1	
STRATEGY	PROPOSED ALLOCATION (Total of Proposed Cost) \$ 800,000
Create targeted integrative case management with comprehensive support for all social determinants (e.g. assistance with referrals and targeted, translational follow up along with collaborative detection and treatment efforts among human services, health care, social services, homeless services, foster care, law enforcement, transportation, mental health services)	
TACTICS	
1.1	Provide supportive housing
1.2	Establish a case manager at primary care providers
1.3	Provide treatment support for members
1.4	Develop resource list for case management activities
1.5	Establish peer support (certified eligible) engagement

ACTION PLAN						
Tactic						
1.1	Provide supportive housing					
Actions						
1.1.1	Identify homeless HCHCP members who would qualify for this activity	BH/SA Providers	Nov-18	2 Months	Names identified for a list	\$ -
1.1.2	Develop a resource list for supportive housing within the community	BH/SA Providers	Nov-18	2 Months	-	\$ -
1.1.3	Hire case managers to provide support for qualifying individuals	BH/SA Providers	Nov-18	TBD	Case Managers hired	\$ -
1.1.4	Connect individuals to services for supportive housing options	BH/SA Providers	Nov-18	TBD	Referral linkage established	\$ -
1.1.5	House up to 25 people per three month period	BH/SA Providers	Nov-18	TBD	Moves to more permanent housing	\$ 100,000

Tactic						
1.2 Establish a case manager at primary care providers						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
1.21 Identify the number of case managers needed in participating facilities (7) (1 each at Baycare, Suncoast, TGH, TFHC, ACTS, DACC, Tampa Crossroads)	BH/SA Providers	1st Qtr FY2019	3 months	Number identified	\$ -	
1.22 Develop resource lists and protocols to ensure case managers are providing the same information throughout their engagement with clients	BH/SA Providers	1st Qtr FY2019	3 months	Lists and protocols developed	\$ -	
1.23 Hire Case Managers for the participating locations	BH/SA Providers	1st Qtr FY2019	Ongoing	TBD-outcomes to be outlined in contractual agreements	\$ 350,000	
Tactic						
1.3 Provide treatment support for members						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
1.31 Identify potential funding sources	BH/SA Providers	Oct-18	Ongoing	Funding source identified	-	
1.32 Define the services to be provided by each provider	BH/SA Providers	Oct-18	Ongoing	Services defined	-	
1.33 Provide services such as: child care, transportation (Uber, Lyft), Telehealth, etc.	BH/SA Providers	Oct-18	Ongoing	Identify number of social determinant services accessed by members	\$ 350,000	
Tactic						
1.4 Develop resource list for case management activities						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
1.41 Use the community resource lists provided by 211	County/ BH/SA Providers	Oct-18	0 Months	Resource list developed	-	
Tactic						
1.5 Establish peer support (certified eligible) engagement						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Cost	
1.51 Identify group of providers to evaluate peer support engagement	County/ BH/SA Providers	Oct-18	3 Months	Providers identified	-	
1.52 Research models used throughout the state	County/ BH/SA Providers	Oct-18	3 Months	-	-	
1.53 Report back findings on researched models	County/ BH/SA Providers	Oct-18	3 Months	Program model identified	-	
1.54 Implement peer support model as a pilot program in a local ER	County/ BH/SA Providers	Jan-19	3 Months	Provide services to "X" number of citizens	-	

TREATMENT-PHASE 1						
STRATEGY						PROPOSED ALLOCATION (Total of Proposed Cost)
2 Focus on prevention, education, Medication Assisted Treatment (MAT) and recovery programs for substance abuse/behavioral health						\$ 1,118,000
TACTICS						
2.1 Increase understanding of the Marchman Act in Emergency Room Departments						
2.2 Provide Medication Assisted Treatment (MAT)						
2.3 Research and implement Emergency Room interventions and models						
ACTION PLAN						
Tactic						
2.1 Increase understanding of the Marchman Act in Emergency Room Departments						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
2.11 Identify the responsible entity for educating the Emergency Room Departments	BB/SA Providers	Oct-18	3 months	Responsible entity identified	-	
2.12 Identify which hospitals need to have the Marchman training	BB/SA Providers	Oct-18	3 months	Hospitals identified	-	
2.13 Provide training for Emergency Room Departments on the Marchman Act process, law, and dispositions by MD and clinical staff	BB/SA Providers	Oct-18	Ongoing	Hospital staff receive training	\$ 12,000	
2.14 Conduct training every 6 months for Emergency Room Department staff to ensure community understanding of the Marchman Act	BB/SA Providers	Oct-18	Ongoing	Hospital staff receive training	\$ 6,000	
Tactic						
2.2 Provide Medication Assisted Treatment (MAT)						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
2.21 Provide evidenced based practice for opioid treatment services - Methadone	DACCO	Oct-18	12 months	Services provided for 200 patients annually	\$ 1,000,000	
2.22 Provide evidenced based practice for opioid treatment services - Suboxone	ACTS	Oct-18	12 months	-	\$ 100,000	
Tactic						
2.3 Research and implement Emergency Room interventions and models						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
2.31 Encourage the adoption of models for ERs	County, Providers, ER Doctors	Mar-19	Ongoing		\$ -	
2.32 Evaluate for substance abuse disorders	Physician ER Directors	Mar-19	Ongoing		\$ -	
2.33 Treat for withdrawal and induction with Suboxone, if appropriate	Physician ER Directors	Mar-19	Ongoing		\$ -	
2.34 Provide warm handoff from ER to Case Managers to give clients access to the services needed for treatment/recovery	ER Physicians	Mar-19	Ongoing	Use Case Managers from other strategy	\$ -	

Tactic						
3.4 Provide drug screening in primary care offices as a pilot program for HCHCP members (Baycare)						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
3.41 Obtain necessary administrative approvals to provide drug screening in primary care offices					\$ -	
3.42 Get approval from local primary care offices on this process					\$ -	
3.43 Identify or develop a resource list for PCPs to reference when drug screens come back positive (e.g. treatment services)	Baycare HCHCP Clinic	Nov-18	6 Months	125 members Track new patient drug screen results for two (2) months (Rate-\$5*250 Patients)-T Cup (CLIA Screen Multi Drug Urine Test Cup) & De-Identified Report	\$ 5,000	

TREATMENT-PHASE 1							
STRATEGY							
4 Expand capacity of jail diversion/transition planning out of jail--enhance ment of system through community collaboration					PROPOSED ALLOCATION (Total of Proposed Cost)	\$ 450,000	
					Proposed Florida Allocation-CFBHN *	\$ 322,000	
TACTICS							
4.1 Provide Vivitrol in jail							
4.2 Establish case managers in jail and 30 days post--warm handoff to wraparound services							
4.3 Establish a facility to be used by people transitioning out of jail (Orient Rd) as a "step down" type facility*							
ACTION PLAN							
Tactic							
4.1 Provide Vivitrol in jail							
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost		
4.11 Determine if Vivitrol can be administered in the jail	DACCO/HCSO	Sep-18		-	-		
4.12 Work with the jail to estimate the need for Vivitrol in the jail	DACCO/HCSO	Dec-18		Annual need identified	-		
4.13 Provide training for ARNP through the Jail Security Training	DACCO/HCSO	Aug-18	0 Months	Completed	-		
4.14 Funding Secured by Office of State Courts	DACCO/HCSO	Jan-19	3 Months	Funding secured	-		

Tactic						
4.2 Establish case managers in jail and 30 days post--warm handoff to wraparound services						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
4.21 County to work with the jail to engage in services such as case management to provide warm hand off	Jail				\$ -	
4.22 Receive BOCC approval of funding request for the program	County	Oct-19	1 Month	Funding approved	\$ -	
4.23 Develop a contract between the County and jail for the services to be offered	County/Jail	Nov-19	1 Month	Contract approved	\$ -	
4.24 Jail to hire Case Managers to provide services for HCHCP Members	Jail	Dec-19	Ongoing	Services provided to HCHCP Members	\$ 150,000	
Tactic						
4.3 Establish a facility to be used by people transitioning out of jail (Orient Rd) as a "step down" type facility*						
*Proposed funding from CFBHN can exclusively be used for wraparound case management services.						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
4.31 Secure the location of the facility for people transitioning out of jail	County/HCSO				\$ -	
4.32 Define the services to be provided	County/Providers/CFBHN	Jan-19	12 months	Number of participants receiving treatment	\$ 300,000	

TREATMENT-PHASE 1						
STRATEGY						
5 Request additional mental health and substance abuse funding						
TACTICS						
5.1 Increase residential type beds (intermediary and detox) in the community						
ACTION PLAN						
Tactic						
5.1 Increase residential type beds (intermediary and detox) in the community						
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost	
5.11 Provide 2 additional intermediary beds (Northside)	Northside/County	1st Qtr. 2019	Ongoing	Contracted outcomes	\$ 170,000	
5.12 Provide 20 additional intermediary beds (ACTS)	ACTS/County	1st Qtr. 2019	Ongoing	Contracted outcomes	\$ 1,700,000	
5.13 Provide 10 additional intermediary beds (DACCO)	DACCO/County	1st Qtr. 2019	Ongoing	Contracted outcomes	\$ 900,000	
5.14 Provide 10 detox beds to DACCO (possible item for reference only)						
PROPOSED ALLOCATION (Total of Proposed Cost)						
					\$ 2,770,000	

TREATMENT-PHASE 1		PROPOSED ALLOCATION (Total of Proposed Cost)	
STRATEGY			\$ 900,000
6 Provide additional substance abuse funding to local providers for treatment of HCHCP members with beneficial outcomes			
TACTICS			
6.1	Tactics to be implemented by local community provider through funding approved by Hillsborough BOCC		
ACTION PLAN			
Tactic			
6.1	Tactics to be implemented by local community provider through funding approved by Hillsborough BOCC		
Actions			
6.11	Increase substance abuse funding to established vendor (ongoing activity)*	Responsible Entities HCS with BH/SA Providers	Start Date Oct-18 Duration Ongoing Measures of Success Contracted outcomes Proposed Cost \$ 900,000
Currently Funded Activities Below for Reference:			
6.12	Provide 10 intermediary beds to Northside **	Northside	Ongoing Contracted outcomes \$ 851,000
6.13	Provide 61 beds to Emergency Bridge Housing (ACTS), including 8 apartments**	ACTS	Ongoing Contracted outcomes \$ 1,600,000
6.14	Establish substance abuse funding for local providers (ongoing activity)**	Local Providers	Ongoing Contracted outcomes \$ 2,500,000
6.15	Co-locate Behavioral and Primary Care Pilot Program for Hillsborough County Health Care Plan participants (completed)***	HCHCP Network Providers	Ongoing Contracted outcomes \$ 2,200,000
6.16	THHI/Abe Brown (clinical/housing) Program (completed)**	THHI	Ongoing Contracted outcomes \$ 120,000
Notes:			
	*FY19 budget request for \$900,000 additional pending Hillsborough BOCC Board approval		
	**Existing funding provided by Hillsborough BOCC		
	***Existing activity between Health Care Services and Network Providers for HCHCP members		

Phase 1-Recovery

RECOVERY-PHASE 1	
Total Requested Funding as part of Budget Request for HCS for FY19- \$1,000,000	
PROPOSED ALLOCATION TOTAL FOR DOMAIN:	\$ 875,000
FLORIDA ALLOCATION CFBHN Item 1.1:	\$ 350,000
LOCAL ALLOCATION:	\$ 1,000,000
BALANCE:	\$ 475,000

RECOVERY-PHASE 1	
STRATEGY	PROPOSED ALLOCATION (Total of Proposed Cost) \$ 500,000
1 Promote the recovery of identified at-risk individuals by providing care coordination	
TACTICS	
1.1 Expand Gracepoint's mobile crisis team	

ACTION PLAN					
Tactic					
1.1 Expand Gracepoint's mobile crisis team					
Actions	Responsible Entities	Start Date	Duration	Measures of Success	Proposed Cost
1.11 Establish funding for Gracepoint	Gracepoint	1st Qtr. 2019	Ongoing	Funding secured	\$ -
1.12 Identify services to be offered through care coordination	Gracepoint/ACTS	1st Qtr. 2019	Ongoing	TBD	\$ 475,000
1.13 Establish criteria for potential participants of care coordination	Gracepoint/ACTS/Cou nty	1st Qtr. 2019	Ongoing	TBD	\$ -
1.14 Establish outcomes for success	Gracepoint/ACTS/Cou nty	1st Qtr. 2019	Ongoing	TBD	\$ 25,000

RECOVERY-PHASE 1		PROPOSED ALLOCATION (Total of Proposed Cost)		\$ 375,000		
STRATEGY						
2 Implement a recovery support service system at the Healthy Living Centers, Community Resource Centers, and Emergency Departments at the Hospitals						
TACTICS						
2.1 Increase recovery based support services						
ACTION PLAN						
Tactic						
2.1 Increase recovery based support services						
Actions						
2.11	Community agencies will provide a Recovery Support Specialist to work part of the week at the different facilities	BH/SA Providers	1st Qtr. 2019	Ongoing	Staff person hired	\$ 350,000
2.12	Establish a specific time for a peer support group to be held once weekly	BH/SA Providers	1st Qtr. 2019	Ongoing	Meeting conducted	
2.13	Link MH/SA referrals to the appropriate community provider	BH/SA Providers	1st Qtr. 2019	Ongoing	Referral linkage established	\$ 25,000
2.14	Implement an ongoing follow up component process (e.g. database, peer support program, case management, etc.)	USF Intern, CFBHN, Department of Health	1st Qtr. 2019	Ongoing	Referral linkage established	-

Phase 2

The phase two strategies identified for each of the four domains will be evaluated for implementation in fiscal year 2019 and 2020. These strategies further support community engagement activities to address the opioid epidemic in Hillsborough County. The implementation of these strategies will be further defined and evaluated using the same method that was used for phase 1 strategies, to ensure that they will have the necessary benefit within the community. Examples of the phase 2 strategies include but are not limited to the following:

Education	
Strategies	
1	Create a program that debunks myths of addiction and opioid use through proper education (e.g. prescription or licit drugs are not safer than illicit drugs; addiction is not a moral failure)
2	Work with Florida Department of Health for public education on the dangers of opioid/substance abuse
3	Develop a partnership with USF to secure NIH research funding for opioid addiction
4	Pursue funding focused on distance learning and telemedicine grants
5	Develop a scientific research base that informs policy and practice regarding addiction as a chronic brain disorder

Prevention	
Strategies	
1	Target faith based organizations to interact with people who may not come in for services
2	Further develop the use of technology for telemedicine (Baycare) (DACCO uses EVERFI with the School District)
3	Gather data from the CDC on opioid overdose surveillance and prevention at the national, state, and local levels
4	Have providers work with law enforcement on areas of organized crime and drug enforcement task forces
5	Evaluate and promote alternative medicine activities (e.g. equine therapy, acupuncture)
6	High-Intensity Drug Trafficking Areas (HIDTA) program

Treatment	
Strategies	
1	Promote the treatment for dual diagnoses and subclinical conditions, or those diagnoses not meeting treatment criteria (i.e. "Treat the person, not the drug")
2	Partner with the Department of Corrections to further develop programs to assist individuals coming from the criminal justice system
3	Research and determine how Federal drug control programs under the Office of National Drug Control Policy could benefit the county
4	Pursue the Rural Communities Opioid Response Program
5	Work with the VA to obtain healthcare funding for opioid abuse treatment and prevention for qualified citizens

6	Secure funding for DOJ grant programs that support drug courts, treatment, prescription drug monitoring, heroin enforcement task forces, overdose reversal drug dissemination, and at-risk youth prevention programs
7	Continue to use the State Targeted Response of the Opioid Crisis Grant
8	Secure funding for community-based services to include, but not be limited to, outreach, addiction treatment, and recovery services
9	Determine if funding can be accessed from the Office of State Court Administrator for medication-assisted treatment for individuals involved in the criminal justice system
10	Improve access to health care and mental health services/interventions (e.g. telehealth for rural populations)

Recovery	
Strategies	
1	Identify needs and resources to ask the Legislature for additional funding/support.

Funding Information

Federal

On March 29, 2017, President Donald J. Trump signed an Executive Order establishing the President’s Commission on Combating Drug Addiction and the Opioid Crisis. The mission of the Commission was, “to study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response” (Office of National Drug Control Policy, 2017). The Commission was tasked with looking into existing funding sources, drug addiction prevention and treatment services, programs, and best practices. At the conclusion of their review the group was asked to provide recommendations for overall improvements to the Federal response to the drug addiction and opioid crisis (Office of National Drug Control Policy, 2017).

The Commission submitted a Final Report detailing their findings and recommendations on November 1, 2017. A summary of recommendations related to Federal funding and programs included: the creation of a state block grant for opioid-related and SUD-related activities, the provision of funding to DOJ for enforcement and judicial improvements, and the establishment of a tracking and review system for all federally-funded initiatives.

On October 26, 2017, Eric D. Hargan, Acting Secretary of Health and Human Services at the time, determined that a public health emergency existed nationwide as a result of the opioid crisis. Under this declaration, the Federal Government can make grants; enter into contracts; access Public Health Emergency funding, waive or modify certain Medicare, Medicaid, Children’s Health Insurance (CHIP), and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements; adjust Medicare reimbursement for certain Medicare Part B drugs; make temporary appointments of personnel to positions that directly respond to the public health emergency when the urgency of filling positions prohibits examining applicants through the competitive process; waive certain Ryan White HIV/AIDS program and title XXVI of the PHS Act requirements; modify telemedicine practice; grant extensions or waive application deadlines or compliance with requirements of certain SAMHSA grants; allow State and local governments to access the General Services Administration (GSA) Federal Supply schedule when

using federal grant funds; temporarily reassign state and local personnel; determine a waiver of Paperwork Reduction Act (PRA) requirements; waive certain requirements of the Drug Supply Chain Security Act (DSCSA); and allow the DOL to issue dislocated worker program grants for disaster relief employment (U.S. Department of Health & Human Services, 2018).

The determination that a public health emergency exists as a result of the consequences of the opioid crisis has been renewed three times since its original effective date.

The Federal funding summary is as follows:

- \$330 million to the Office of Justice Programs for comprehensive opioid abuse reduction activities (drug courts; mental health courts and adult and juvenile collaboration program grants; grants for Residential Substance Abuse Treatment for State Prisoners; veterans treatment courts programs; program to monitor prescription drugs and scheduled listed chemical products; and a comprehensive opioid abuse program.
- \$543 million for the investigation and prosecution of individuals involved in transnational organized crime and drug trafficking
- \$280 million for drug control activities of the designated High Intensity Drug Trafficking Areas (“HIDTAs”)
- \$117 million for other drug control activities authorized by the Office of National Drug Control Policy Reauthorization Act of 2006
- \$30 million to the Community Oriented Policing Services for improving tribal law enforcement, including hiring, equipment, training, anti-methamphetamine activities, and anti-opioid activities
- \$32 million for competitive grants to statewide law enforcement agencies in States with high rates of primary treatment admissions for heroin and other opioids, provided, that these funds be utilized for investigative purposes to locate or investigate illicit activities, including activities related to the distribution of heroin or unlawful distribution of prescription opioids, or unlawful heroin and prescription opioid traffickers through statewide collaboration
- \$20 million for an additional amount for telemedicine and distance learning services in rural areas to help address the opioid epidemic
- \$8 million for an opioid-affected youth initiative related to juvenile delinquency prevention
- \$100 million for the Rural Communities Opioids Response Program
- \$475.5 million to the CDC for an evidence-based opioid drug overdose prevention program
- \$250 million to the National Institute of Neurological Disorders and Stroke for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment.
- \$250 million to the National Institute on Drug Abuse for research related to opioid addiction, development of opioid alternatives, pain management, and addiction treatment
- \$386 million in Department of Veterans Affairs medical care funding for opioid abuse treatment and prevention
- \$1 billion for State Opioid Response Grants, of which \$50 million shall be made available to Indian Tribes or tribal organizations, and of which 15% of the remaining amount shall be made for the States with the highest mortality rate related to opioid use disorders
- \$500 million for section 1003(c) of the 21st Century Cures Act

Promoting Responsible Opioid Prescribing Act of 2016 (PROP Act of 2016)

This bill was introduced in the house on February 2016. It is designed to exclude certain pain-related measures for purposes of calculating incentive payments under the value-based purchasing program (VBP). (VBP is a program that links hospital payments to the quality of care provided.)

The PROP Act of 2016 states that VOB measures shall not include measures based on a patient's assessment of: (1) the patient's need for pain medicine during a hospital stay; (2) how often, during the stay, the patient's pain was well controlled; or (3) how often, during the stay, hospital staff did everything they could to help manage the patient's pain.

Removing these measures will help remove any unintended financial incentives.

Addiction Prevention and Responsible Opioid Practices Act

This bill was introduced in the House in May 2018. It is designed to establish programs related to prevention of prescription opioid misuse, and for other purposes. As of May 17, 2018, this bill was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

HEAL (Helping to End Addiction Long-Term) Initiative

On April, 4, 2018, National Institutes of Health announced the launch of the HEAL Initiative. The goal of this initiative is to bring together multiple agencies to provide solutions to the national opioid crisis. NIH has identified the following research opportunities and strategies for addressing the opioid crisis:

- Improve treatments for opioid misuse and addiction
 - Expand therapeutic options for opioid addiction, overdose, prevention and reversal
 - Enhance treatments for infants born with Neonatal Abstinence Syndrome (NAS)/Neonatal opioid withdrawal syndrome (NOWs)
 - Optimize effective treatment strategies for opioid addiction
- Enhance pain management
 - Understand the biological underpinnings of chronic pain
 - Accelerate the discovery and pre-clinical development of non-addictive pain treatments
 - Advance new non-addictive pain treatments through the clinical pipeline (U.S. DHHS, NIH, 2018)

[State of Florida](#)

On May 3, 2017, Governor Rick Scott signed Executive Order 17-146 declaring a Public Health Emergency across the state. The declaration allowed the state to access more than \$27.2 million in federal grant funding from the United States Department of Health and Human Services Opioid State Targeted Response Grant. Florida was awarded the grant on April 21 to provide opioid prevention, treatment, and recovery support services.

In addition to Governor Rick Scott's declaration, State Surgeon General Dr. Celeste Philip also made a Public Health Emergency declaration and issued a standing order for Naloxone in response to the opioid crisis. This standing order was designed to increase access to Naloxone for our state's emergency responders.

On June 14, 2017, Governor Rick Scott signed HB 477 which addresses scheduling for controlled substances and punishment for controlled substance offenses. The bill specifically targets synthetic opioid drug abuse, including fentanyl.

On March 19, 2018, Governor Rick Scott signed HB 21 into law. Below is a summary of HB21 requirements (Scott, 2018):

- Acute Pain
 - Acute pain is defined as: the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness and does not include pain related to (1) Cancer; (2) a Terminal Condition; (3) Palliative Care; or (4) a Traumatic Injury with an Injury Severity Score of 9 or greater.
- Prescribing Limits
 - Prescriptions of a Schedule II opioid for the treatment of acute pain must not exceed a 3-day supply unless the medical professional prescribing the drug, in their professional judgment, believes that more than a 3-day supply is medically necessary to treat the patient's acute pain, and the medical professional indicates "ACUTE PAIN EXCEPTION" on the prescription, and the medical professional documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3 day supply. If the medical professional satisfies all of these requirements, then a 7-day supply can be prescribed.
 - Prescriptions for a Schedule II opioid for chronic pain, or non-acute pain, must include an indication of "NONACUTE PAIN" on the prescription
- Emergency Opioid Antagonist
 - Prescriptions for a Schedule II controlled substance for the treatment of pain related to a traumatic injury with an Injury Severity Score of 9 or greater must be concurrently prescribed with an emergency opioid antagonist
- Prescription Drug Monitoring Program (PDMP)
 - The Department of Health must continue to maintain an electronic system to collect and store controlled substance dispensing information (Electronic-Florida Online Reporting of Controlled Substances Evaluation Program (E-FORCSE)
 - Before any controlled substance (except for a non-opioid Schedule V) can be prescribed to a patient 16 or older, the patient's controlled substance dispensing history in the E-FORCSE database must be reviewed
 - If the database cannot be accessed due to a temporary technological or electrical failure, then the prescriber does not have to check the database but he or she must document the reason why and a prescription can be written for no more than a 3-day supply of the controlled substance
- Continuing Medical Education
 - Any person with a Florida license to practice medicine and who is registered with the Drug Enforcement Agency to prescribe controlled substances must complete a mandatory 2-hour controlled substance prescribing course prior to January 31, 2019.

On September 27, 2018 Governor Scott, through an executive order, released an additional \$50 million of SOR funding and directed the Department of Children and Families (DCF) to use the new federal grant to combat the opioid epidemic in Florida. These funds will be routed through the DCF for dissemination to the managing entities throughout the state. The CFBHN will work with Hillsborough County to provide the available funds.

Marchman Act

The Hal S. Marchman Alcohol and Other Drug Services Act of 1993, or The Marchman Act (Title XXIX; Chapter 397), provides for emergency assistance and temporary detention for individuals requiring substance abuse evaluation and treatment in the state of Florida. When this Act is coupled with the appropriate plan and resources, it has the potential to help connect individuals to court-ordered services that support recovery. (Marchman Act Florida, 2018).

Florida Blue

Florida Blue has taken/is taking the following actions to address the opioid crisis:

1. Starting January, 1, 2018, Florida Blue stopped covering OxyContin for non-Medicare members. Xtampza ER replaced OxyContin as the preferred long-acting oxycodone product. Xtampza ER is limited to six capsules a day
2. Florida Blue is working to identify and manage abusive prescribers throughout the state
3. Florida Blue introduced a monitoring program to help members safely manage their condition(s) while using opioid medications
4. Florida Blue is now requiring pre-authorization for opioid prescriptions written for more than seven days.
(Florida Blue, 2017)

Securing Florida's Future

On March 16, 2018, Governor Rick Scott signed the Securing Florida's Future budget for Fiscal Year 2018-2019. The budget set aside more than \$65 million to address the opioid abuse in Florida.

- \$14.6 million for enhancements to the substance abuse system of care. This funding will provide additional residential treatment beds, outpatient treatment and case management, emergency room treatment and follow up, peer recovery support services and targeted outreach for pregnant women with substance abuse disorders;
- \$5 million for Naloxone for first responders;
- \$27 million in federal funding from the Opioid State Targeted Response Grant;
- \$1.2 million to enhance the Prescription Drug Monitoring System;
- \$15.6 million for Department of Children and Families, State Courts and Department of Corrections for Medication Assisted Treatment related to opioid addiction; and
- More than \$885,000 for handheld narcotic analyzers for the Florida Highway Patrol to keep officers in the field safe.

Advocacy Issues

Social Determinants of Health

According to a report published by USC Schaeffer and the Brookings Institute (Matthew, 2018):

Social and economic factors fundamentally shape risk behavior, access to resources, and the health of drug users. Social risk factors directly and indirectly influence individual drug-use behavior and drug addicts' ability to recover their health. Moreover, social factors contribute to health disparities directly by affecting the availability of resources and access to social support systems in ways that increase marginalization and decrease compliance with treatment and medication. (p. 4).

To effectively address the opioid epidemic, we must take a holistic approach. We need to consider economic stability, physical environment, education, nutrition, community and social context, and the health care system. Addressing these social factors will help set people on a successful path for recovery and overall self-sufficiency.

Though, disparity does play a significant part in this crisis, we must also recognize that the opioid crisis is impacting all age groups, genders, races, ethnicities, and socioeconomic status groups. The non-discriminatory nature of this crisis truly demonstrates the importance of building a comprehensive solution.

Local Effort

Hillsborough County has initiated the Healthy Living Program to address the social determinants of health for HCHCP members. The Healthy Living Program is in partnership with the local providers and the University of South Florida. The program is designed to work with members to encourage participation in wellness activities to improve their overall quality of life. Some of the services offered include: workforce development, social services, nutritional classes, and housing services. These services will be provided in a case management setting to ensure that members participate and that their progress is monitored.

Conclusion

Hillsborough County believes this opioid strategy document provides a multifaceted approach to addressing the opioid epidemic. The action plan found within this document was developed from the ground up with community involvement at every step in the development process. The community stakeholders included citizens, elected officials, medical community, law enforcement, justice system, state agencies, and the local treatment providers.

We believe that this plan serves as a starting point for the necessary community actions required to address the crisis. The cadre of members making up Hillsborough County's Opioid Task Force have identified the necessary tactics and strategies that will have the greatest impact on the community. The group has also identified the local resources required to address the crisis. We are confident that we are moving in the right direction, however, there is still a need for additional action and resources from the State and Federal levels to effectively address the crisis in our community.

References

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Attachment A- Behavioral Health Task Force Members

Brad Herremans, Chair	CEO, Suncoast Community Health Centers, Inc.
Dr. Bharminder Bedi	Psychologist
Dr. David Orban	Team Health – Tampa General Hospital
Dr. Jamie Fernandez	USF Dept of Psychiatry & Behavioral Neurosciences
Dr. Steve Freedman	USF – College of Public Health
Dr. John Curran	USF – College of Public Health
Dr. Patrick Marsh	USF – Clinical Research
Roaya Tyson	CFO, Gracepoint
Dr. Subhadararao Medidi	Medical Director, Behavioral Health / Suncoast Community Health Centers, Inc.
Gail Ryder	VP, Baycare
Mark Engelhardt	USF College of Behavioral & Community Sciences Dept. of Mental Health, Law & Policy
Asha Terminello	Chief Operation Office - ACTS, Inc.
Richard Weinberg, PhD	Clinical Psychologist
Janet Davis (Ty Breiter)	Chief Nursing Officer, TGH
MaryLynn Ulrey	CEO, DACCO
Larry Allen	CEO, Central Florida Behavioral Health Network Inc.
Maria Alvarez	CEO, Phoenix House
Dr. Seema Weinstein	Tampa General Hospital
Kim Browne	Director of Social Work - TGH
Dr. Beth Weaver-Mitchell	NaphCare Psychologist
Dr. Monica Rider	Chief Medical Officer – Tampa Family Health Centers
Sara Romeo	CEO, Tampa Crossroads, Inc.
Deputy Stephanie Krager	Hillsborough County Sheriff's Office
Rasesh Patel (Ad Hoc)	Pharmacist
Dr. Tricia Penniecook (Ad Hoc)	Dean - USF College of Public Health
Cindy Grant	CEO, Hillsborough County Anti-Drug Alliance
Dr. Rao	ER Physician, St. Joe's

[Attachment B- Definitions \(PDF\)](#)

[Attachment C- Characteristics of Medical for Opioid-Addiction Treatment \(PDF\)](#)

DEFINITIONS

“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

“Addictions receiving facility” (ARF) is a secure, acute care facility that provides, at a minimum, detoxification and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by the department to serve individuals found to be substance use impaired as described in s. 397.675 who meet the placement criteria for this component.

“Administrator” means the chief administrative officer of a receiving or treatment facility or his or her designee.

“Adolescent” or “youth” means a person who is at least 13 years of age but under 18 years of age.

“Adult” means an individual who is 18 years of age or older or who has had the disability of nonage removed under chapter 743.

“Ancillary services” are services that include, but are not limited to, special diagnostic, prenatal and postnatal, other medical, mental health, legal, economic, vocational, employment, and educational services.

“Assessment services”, which include the evaluation of individuals and families in order to identify their strengths and determine their required level of care, motivation, and need for treatment and ancillary services.

“Baker Act”: Chapter 394, Part I, Florida Statutes; regulates mental health services; provides for the involuntary examination of individuals who, due to mental illness, present a threat to themselves or others, or are unable to care for themselves on a basic level; allows individuals who are competent to consent to be admitted for crisis services on a voluntary basis if they appear to have a mental illness and may benefit from treatment.

“Care coordination” means the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information

exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

“Case manager” means a person who is responsible for participating in the development of and implementing a services plan, linking service providers to a child or adolescent and his or her family, monitoring the delivery of services, providing advocacy services, and collecting information to determine the effect of services and treatment.

“Case management” means those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.

“Case management services”, which are intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. Resources may include treatment or rehabilitative or supportive interventions by both formal and informal providers. Case management may include an assessment of client needs; intervention planning with the client, his or her family, and service providers; linking the client to needed services; monitoring service delivery; evaluating the effect of services and supports; and advocating on behalf of the client.

“Central Receiving System (CRS)”: As described in subsection 394.4573(2)(b)2., F.S.
http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.4573.html

“Child” means a person from birth until the person’s 13th birthday.

“Circuit” means any of the 20 judicial circuits as set forth in s. 26.021.

“Coordinated system of care” means the array of mental health services and substance abuse services described in s. 394.4573.

“Coordinated system of care” means the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement.

“Court,” unless otherwise specified, means the circuit court.

“Crisis stabilization services”: Brief, intensive services provided twenty-four (24) hours per day, seven (7) days per week for individuals experiencing a mental health crisis. Crisis stabilization services include services associated with involuntary examination and voluntary admission under the Baker Act.

Crisis stabilization unit (CSU): A program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who are in an acutely disturbed state. (s. 394.67(4), F.S.)

“Delinquency program” means any intake, probation, or similar program; regional detention center or facility; or community-based program, whether owned and operated by or contracted by the department, or institution owned and operated by or contracted by the department, which provides intake, supervision, or custody and care of children who are alleged to be or who have been found to be delinquent.

“Designated receiving facility” (DRF) means a facility approved by the department which may be a public or private hospital, crisis stabilization unit, or addictions receiving facility; which provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders; and which may have an agreement with a corresponding facility for transportation and services.

“Detoxification” is a service involving sub-acute care that is provided on an inpatient or an outpatient basis to assist individuals to withdraw from the physiological and psychological effects of substance abuse and who meet the placement criteria for this component.

“Detoxification facility” means a facility licensed to provide detoxification services under chapter 397.

“Guardian” means the natural guardian of a minor, or a person appointed by a court to act on behalf of a ward’s person if the ward is a minor or has been adjudicated incapacitated.

“High-need or high-utilization individual” means a recipient who meets one or more of the following criteria and may be eligible for intensive case management services:

1. Has resided in a state mental health facility for at least 6 months in the last 36 months;
2. Has had two or more admissions to a state mental health facility in the last 36 months; or
3. Has had three or more admissions to a crisis stabilization unit, an addictions receiving facility, a short-term residential facility, or an inpatient psychiatric unit within the last 12 months.

“Hospital” means a hospital facility as defined in s. 395.002 and licensed under chapter 395 and part II of chapter 408.

“Impaired” or “substance abuse impaired” means a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.

“Informed consent” means consent voluntarily given in writing by a competent person after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.

“Intervention” means structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.

“Intervention services”, which include early identification, short-term counseling and referral, and outreach.

“Involuntary services” means an array of behavioral health services that may be ordered by the court for persons with substance abuse impairment or co-occurring substance abuse impairment and mental health disorders.

“Law enforcement officer” means a law enforcement officer as defined in s. 943.10(1).

“Lean Six Sigma” is a methodology that relies on a collaborative team effort to improve performance by systematically removing waste and reducing variation. It combines lean manufacturing/lean enterprise and Six Sigma to eliminate the seven kinds of waste:

- Overproduction
- Waiting time
- Transport
- Inappropriate Processing
- Excess Inventory
- Unnecessary Motion Defects

“Managing entity” means a corporation selected by and under contract with the department to manage the daily operational delivery of behavioral health services through a coordinated system of care.

“Managing entity” means a corporation selected by and under contract with the department to manage the daily operational delivery of behavioral health services through a coordinated system of care.

“Mental illness” means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person’s ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

“Mental health services” means those therapeutic interventions and activities that help to eliminate, reduce, or manage symptoms or distress for persons who have severe emotional

distress or a mental illness and to effectively manage the disability that often accompanies a mental illness so that the person can recover from the mental illness, become appropriately self-sufficient for his or her age, and live in a stable family or in the community. The term also includes those preventive interventions and activities that reduce the risk for or delay the onset of mental disorders.

“Mental health services” may be delivered in a variety of settings, such as inpatient, residential, partial hospital, day treatment, outpatient, club house, or a drop-in or self-help center, as well as in other community settings, such as the client’s residence or workplace. The types and intensity of services provided shall be based on the client’s clinical status and goals, community resources, and preferences. Services such as assertive community treatment involve all four types of services which are delivered by a multidisciplinary treatment team.

“Minor” means an individual who is 17 years of age or younger and who has not had the disability of nonage removed pursuant to s. 743.01 or s. 743.015. 467 Florida

“Mobile crisis response service” means a nonresidential crisis service attached to a public receiving facility and available 24 hours a day, 7 days a week, through which provides immediate intensive assessments and interventions, including screening for admission into a mental health receiving facility, an addictions receiving facility, or a detoxification facility, take place for the purpose of identifying appropriate treatment services.

“NIATX” designed a model of process improvement specifically for behavioral health care settings to improve access to and retention in treatment. The NIATx model consist of Four Aims, Five Principles, Promising Practices and the Learning Collaborative.

“No-wrong-door model” means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

“Neglect” occurs when a person is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.

“Outpatient treatment” is a service that provides individual, group, or family counseling by appointment during scheduled operating hours for individuals who meet the placement criteria for this component.

“Probation” means the legal status of probation created by law and court order in cases involving a child who has been found to have committed a delinquent act. Probation is an individualized program in which the freedom of the child is limited and the child is restricted to non-institutional quarters or restricted to the child’s home in lieu of commitment to the custody of the department. Youth on probation may be assessed and classified for placement in

day-treatment probation programs designed for youth who represent a minimum risk to themselves and public safety and do not require placement and services in a residential setting.

“Prevention services”, which include information dissemination; education regarding the consequences of substance abuse; alternative drug-free activities; problem identification; referral of persons to appropriate prevention programs; community-based programs that involve members of local communities in prevention activities; and environmental strategies to review, change, and enforce laws that control the availability of controlled and illegal substances.

“Quality improvement” means a systematic and organized approach to monitor and continuously improve the quality of services in order to maintain, restore, or improve outcomes in individuals and populations throughout a system of care.

“Qualified professional” means a physician or a physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an advanced registered nurse practitioner licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor’s degree. A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.

“Rehabilitative services”, which are intended to reduce or eliminate the disability that is associated with mental illness. Rehabilitative services may include assessment of personal goals and strengths, readiness preparation, specific skill training, and assistance in designing environments that enable individuals to maximize their functioning and community participation. Rehabilitation services, which include residential, outpatient, day or night, case management, in-home, psychiatric, and medical treatment, and methadone or medication management.

“Recovery” means a process of personal change through which individuals achieve abstinence from alcohol or drug use and improve health, wellness, and quality of life.

“Recovery support” means services designed to strengthen or assist individuals to regain skills, develop the environmental supports necessary to help the individual thrive in the community, and meet life goals that promote recovery from alcohol and drug use. These services include, but are not limited to, economic, vocational, employment, educational, housing, and other ancillary services.

“Residential treatment” is a service provided in a structured live-in environment within a nonhospital setting on a 24-hours-per-day, 7-days-per-week basis, and is intended for individuals who meet the placement criteria for this component.

“Screening” means the gathering of initial information to be used in determining a person’s need for assessment, services, or referral

“Service provider” or “provider” means a public agency, a private for-profit or not-for-profit agency, a person who is a private practitioner, or a hospital licensed under this chapter or exempt from licensure under this chapter.

“Service provider” means a receiving facility, any facility licensed under chapter 397, a treatment facility, an entity under contract with the department to provide mental health or substance abuse services, a community mental health center or clinic, a psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician, a psychiatrist, an advanced registered nurse practitioner, a psychiatric nurse, or a qualified professional as defined in this section.

“Substance abuse impairment” means a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.

“Treatment facility” means any state-owned, state-operated, or state-supported hospital, center, or clinic designated by the department for extended treatment and hospitalization, beyond that provided for by a receiving facility, of persons who have a mental illness or substance abuse disorders, including facilities of the United States Government, and any private facility designated by the department when rendering such services to a person pursuant to 599 the provisions of this part. Patients treated in facilities of the United States Government shall be solely those whose care is the responsibility of the United States Department of Veterans Affairs.

“Substance abuse services” means services designed to prevent or remediate the consequences of substance abuse, improve an individual’s quality of life and self-sufficiency, and support long-term recovery.

“Support services”, which include services that assist individuals in living successfully in environments of their choice. Such services may include income supports, social supports, housing supports, vocational supports, or accommodations related to the symptoms or disabilities associated with mental illness.

“Taken into custody” means the status of a child immediately when temporary physical control over the child is attained by a person authorized by law, pending the child’s release, detention, placement, or other disposition as authorized by law.

“Trauma-informed care” means services that are provided to children with a history of trauma, recognizing the symptoms of trauma and acknowledging the role that trauma has played in the child’s life. Trauma may include, but is not limited to, community and school violence, physical or sexual abuse, neglect, medical difficulties, and domestic violence.

“Voluntary admission”: The admission of an individual to a facility with the individual's express and informed consent.

Characteristics of Medications for Opioid-Addiction Treatment.

Characteristic	Methadone	Buprenorphine	Naltrexone
Brand names	Dolophine, Methadose	Subutex, Suboxone, Zubsolv	Depade, ReVia, Vivitrol
Class	Agonist (fully activates opioid receptors)	Partial agonist (activates opioid receptors but produces a diminished response even with full occupancy)	Antagonist (blocks the opioid receptors and interferes with the rewarding and analgesic effects of opioids)
Use and effects	Taken once per day orally to reduce opioid cravings and withdrawal symptoms	Taken orally or sublingually (usually once a day) to relieve opioid cravings and withdrawal symptoms	Taken orally or by injection to diminish the reinforcing effects of opioids (potentially extinguishing the association between conditioned stimuli and opioid use)
Advantages	High strength and efficacy as long as oral dosing (which slows brain uptake and reduces euphoria) is adhered to; excellent option for patients who have no response to other medications	Eligible to be prescribed by certified physicians, which eliminates the need to visit specialized treatment clinics and thus widens availability	Not addictive or sedating and does not result in physical dependence; a recently approved depot injection formulation, Vivitrol, eliminates need for daily dosing
Disadvantages	Mostly available through approved outpatient treatment programs, which patients must visit daily	Subutex has measurable abuse liability; Suboxone diminishes this risk by including naloxone, an antagonist that induces withdrawal if the drug is injected	Poor patient compliance (but Vivitrol should improve compliance); initiation requires attaining prolonged (e.g., 7-day) abstinence, during which withdrawal, relapse, and early dropout may occur



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Opioid abuse has had a devastating impact on Lee County, as evidenced by increased EMS call volume, disability, and fatalities particularly related to fatal Fentanyl overdoses. This is clearly illustrated in the “Drugs Identified in Deceased Persons by Florida Medical Examiners” reports produced by the Medical Examiners Commission. Over the past five years, the number of deaths caused by Fentanyl in District 21, which includes Lee, Hendry and Glades counties, rose from 4 in 2014, to 19 in 2015, 34 in 2016, 109 in 2017 and 183 in 2018. Beginning in 2016, the Medical Examiners Commission also began tracking deaths caused by Fentanyl analogs. In District 21, there were 22 deaths in 2016, 36 in 2017 and 23 in 2018.

It is worth noting that as fentanyl-related deaths rose, the total prescription drug deaths (present and cause) rose at a much smaller pace, indicating that deaths decreased in other drug categories. There were 203 such deaths in 2014, 207 in 2015, 209 in 2016, 287 in 2017 and 324 in 2018.

While the fallout of abusing opioids is catastrophic for the families of abusers of this deadly narcotic, those who are in recovery are straining mental health and substance abuse resources. Additionally, from a human services perspective the epidemic has affected the ability for one to have consistent employment and stable housing. The overall health impact is obvious; however, one area that tends to be overlooked is the child welfare system and the

care for children of those battling the addiction once the legal system is involved.

- 2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?**

The Lee County Sheriff's Office and the citizens of Lee County need to continue to work hand in hand in an effort to combat this national epidemic. The Lee County Sheriff's Office has created several outlets for our citizens to provide information on any crime that they believe is taking place. This is to include drug related crimes. "If you see something, say something" is much more than just a cliché. This has true meaning, and the information provided to our agency is vetted thoroughly, eventually followed by an arrested opioid dealer/abuser.

- 3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?**

The primary opioid threat in our community is heroin laced with fentanyl or pure fentanyl.

- 4. What prevention initiatives has your community engaged in to address the opioid crisis?**

Lee Health has an ad campaign in its hospitals informing the patient community about substance use disorder services in collaboration with the Lee County Coalition for a Drug-Free Southwest Florida. Also, there was a legislative request made over a year ago by the local behavioral health provider as stakeholders had met for over 6 months to research and review "best practices" from many different counties and states. The recommended program, Safe Station, did not receive funding. Currently, providers meet on a regular basis and several community-based agencies, including Lee County Government, have applied for different grants to implement programs.

- 5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?**

Local initiatives include the Drug House Odyssey, Family Night, sponsored by the Lee County Coalition for a Drug-Free Southwest Florida and Hope By Song, a local 501(c)3 whose mission is to assist those with addiction tell their stories through music. In addition, there is the Vince Smith Center, a residential program for youth, and Lee Health nurses participate in an annual conference on the opiate crisis in the United States.

- 6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?**

There have been several programs for the public, especially through Hazeldon Betty Ford Foundation, public awareness workshops hosted by SalusCare, an annual candle light vigil hosted by the National Opiate Prevention Education (NOPE) Task Force, as well as an opioid program in schools.

7. What law enforcement initiatives does your community have to target the opioid crisis?

Lee County Sheriff's Office School Resource Officers teach GATE and RADICAL curriculum in local schools. Both programs have curriculum blocks related to drug abuse, but they are not specific to opioid abuse. The Cape Coral Police Department has an awareness and information program referred to as HOPE (Heroin Opioid Prevention Education) to improve their policing efforts.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

The Lee County Sheriff's Office takes a strong stand against any drug dealing or the using/abusing of drugs, not just specific to opioids but all narcotics. We as an agency deploy several members to gather intelligence on who, what, where and when these crimes are taking place. Covert operations are running around the clock to continuously and aggressively target the individuals dealing this poison. We have had major success in the last few years with our opioid related arrests rising each year.

a. Does your community have an opioid-related task force? *The Lee County Sheriff's Office is part of a regional task force created by our State Attorney's Office within the 20th Judicial Circuit (NETFORCE). The goal of this task force is to combat all drug related crimes, thus targeting the opioid epidemic as well.*

b. Does your community have an opioid-related coalition? *No*

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community? *This is a relatively new concept and program in Lee County but funding appears to be the most common barrier.*

a. **How do you suggest those barriers be overcome?** *An increase in state funding.*

b. **How much would it cost to remove those barriers to treatment? Please be as specific as possible.**

c. **What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?** *Funding is limited and a recent SAMHSA was submitted by Lee County to implement a Critical Time Intervention Program related to substance use and housing needs. The community has a local treatment provider, however, the state is limited in funding those beds.*

d. **How many additional treatment beds would your community need to meet the demand?**

10. What wrap-around services to you offer for individuals who overdose from opioids?

a. **Where do the warm hand-offs occur in your community?** *i.e. from jails, from hospitals, etc.? A newly formed and very active Re-entry Committee is working with local providers to create a supportive community for inmates prior to release. The local*

hospital system has designated teams to assist with discharge plans; however, the challenge is that there are not enough resources based on the need.

b. Do you have peer support coaches for individuals who overdose in your community? *A few of the behavioral health providers have implemented peer to peer programs however they have some challenges hiring peers due to the regulations related to the background checks that are required.*



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

OKALOOSA COUNTY

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Public Safety's Response: Okaloosa County has seen a sharp increase in the number of overdose calls for service over the last 7 years. The expenditure of monies for Narcan has increased from \$1,810.00 in 2013 to \$25,143.65 in 2018. In 2019 there were 535 overdose calls for service. With the State of Florida Heros Program (provides Narcan to agencies utilizing grant monies) and the Narcan Leave Behind programs (Provides Narcan directly to high risk patients and families), the costs have been somewhat mitigated and lives saved.

Bridgeway's Response: Increasing numbers of children being removed from families are entering the dependency system and straining the DCF funded resources allocated to serve the needs of the children and parents for mental health, substance use, parenting and violence education and prevention programs. ? The community is in crisis without enough funding to hire, train and then assist not only addicts but the family unit. Lack of suitable housing for those in early recovery, especially women. Lack of affordable/accessible IOP options.

Sheriff's Office Response: Over the past few years, Okaloosa County has seen increases in drug related crimes and overdoses, especially involving fentanyl, heroin, methamphetamine and prescription opioid abuses. For example, in 2018, Okaloosa County suffered the highest number of opioid-related incidents in our county's history. Drug crimes are abundant in our local area and they are synonymous with violent crimes, thefts, frauds, organized/gang

crimes, as well as a variety of social dysfunctions. In summary, drug traffickers are profiting while local communities (victims) are abused.

2. *What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?*

Public Safety's Response: From the emergency medical services standpoint we have provided education to local news publications with statistics, signs and symptoms and other pertinent information for residents. We have implemented the Narcan Leave Behind Program, the Heros Program to ensure adequate supplies are on hand and patients have ready access to the medication. Each Medic Unit, Quick Response Vehicle, Commander's vehicle, Chiefs vehicle, Law Enforcement vehicle and most fire engines carry Narcan on board.

Sheriff's Office Response: From a law enforcement perspective, Okaloosa County Sheriff's Office works in multi-agency groups, combining both state and federal resources, to target, infiltrate and disrupt illegal drug trafficking organizations (DTOs) operating along the Gulf Coast.

Correction's Response: From a jail perspective, we have partnered with the Department of Children and Families, Office of Substance Abuse, and Overdose Prevention to dispense Narcan to those inmates who make the request contemporaneous with release from our facility. We are currently in the inception stages of our program, therefore measurable results are not available.

In an effort to increase mental health and substance abuse services, (often co-occurring disorders) provided in the jail, the County has in the recent past approved two (2) additional Mental Health positions, as well as two (2) Correctional Reentry and Programs Coordinators. The additional staff aid in individualized discharge planning (housing, medications, appointments, etc.) to assist inmates returning to the community. By doing so there is a logical reduction in barriers leading to substance use or addiction.

3. *What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?*

Public Safety's Response: All are present in our community and should be considered equal threats.

Bridgeway's Response: We are seeing individuals using multiple substances; as addicts use increases, they may be less worried about their original drug of choice taking what they can find, which at this time appears to methamphetamines.

Sheriff's Office Response: Our primary threats involve fentanyl, heroin and fentanyl laced drugs, as well as individuals who overdose repeatedly, even after intervention by law enforcement, medical or support personnel.

Correction's Response: Our medical unit does not perform forensic drug testing. Drug testing is only done when there is a clinical indication that could adversely affect the health of an individual, or when pregnant, the fetus. Our drug screening(s) are not designed to break down specific types of opioids; however, the most common self-reported opioid drug of choice during intake screening is heroin, through IV use.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

Public Safety's Response: Okaloosa County EMS has utilized resources available to go to homeless shelters, known campsites, make contact with high risk groups and others to provide Hepatitis A vaccines, food, blankets, and clothing as well as provide information and healthcare exams to ensure that we do all we can to help these groups. Our theory of providing care above and beyond the normal mission will hopefully assist someone in getting well. We have provided Hepatitis A vaccinations to all Okaloosa County EMS employees, Fire Departments and law enforcement to protect them while they assist these groups.

Bridgeway's Response: There are more education initiatives, Narcan supply sites. As an agency we are actively refining our Substance group process to service more individuals quickly. Bridgeway Center, Inc has become a Narcan Distribution site to provide, free of charge, this life saving intervention to substance users and their families.

Sheriff's Office Response: From a law enforcement perspective, we have used public press releases, social media, crime-prevention, school resource officers, and etc., to encourage awareness of dangerous threats involving dangers of opioids, prescription pill abuses, heroin, methamphetamine and fentanyl.

Correction's Response: On January 8, 2020, Okaloosa County opened a 15-bed, Mental Health Forensic Pre-Trial Program for individuals with mental health/substance abuse disorders. Based on individuals who have qualified and entered the program in its infant stage, a logical deduction can be made that the program will address those with a primary addiction to opioids.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

Bridgeway's Response: The Okaloosa County Anti-Drug Coalition hosts a monthly forum that is open to the public to identify resources for community education to help individuals cope with the impact of substance use. The Okaloosa County Drug Endangered Children and Communities Alliance provides education programs for local schools, social service agencies and law enforcement.

Sheriff's Office Response: Okaloosa County engages the public by law enforcement, patrol officers, investigators, crime-prevention and school resource officers, as well as cooperation with local organizations such as boys and girls clubs.

6. *What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?*

Public Safety's Response: We provide insight to local news agencies as to the extent of the problem and what the public should do as well as advise patients and families on scene of the need for transport to the hospital and follow through care provided by partners in the community.

Bridgeway's Response: The Okaloosa County Anti-Drug Coalition hosts community awareness events to raise public awareness on the issues related to substance use. The Okaloosa County Drug Endangered Children and Communities Alliance provides education programs for local businesses, schools, social service agencies, law enforcement and the public.

Sheriff's Office Response: *Same Answer as 5* - Okaloosa County engages the public by law enforcement, patrol, investigators, crime-prevention and school resource officers, as well as cooperation with local organizations such as boys and girls clubs.

Correction's Response: The jail provides written and verbal substance abuse awareness/education, and affords the weekly facilitation of AA classes.

7. *What law enforcement initiatives does your community have to target the opioid crisis?*

Sheriff's Office Response: Okaloosa County Sheriff's Office uses a centralized, multi-agency task force approach, for all drug enforcement, vice and special operations. The agency has embedded local and federal police/agents in Okaloosa County constantly working to identify, target, disrupt and dismantle drug trafficking organizations and related offenders. Okaloosa County has become a significant hub for law enforcement joint missions in Northwest Florida and Panhandle.

8. *What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?*

Sheriff's Office Response: The Okaloosa County Sheriff's Office combines resources with local, state and federal drug enforcement agencies for multi-agency task force missions. These task force have aggressively targeted mid to upper level drug trafficking organizations along the Gulf Coast, in multiple jurisdictions. The Sheriff's Office bolsters task force operations with support from a smaller "strike force" or street-crimes unit (SCU). This "strike force" handles proactive policing in problem areas in all areas of the county, as well as vice crimes, special operations and aggressive street-level drug enforcement. All SCU missions support ongoing operations of the task force.

Okaloosa County Sheriff's Office plays a significant role in drug enforcement in Northwest Florida. However, over the past few years, there seems to be noticeable absences in aggressive prosecutions regarding drug dealers and related offenders.

a. *Does your community have an opioid-related task force?*

Sheriff's Office Response: "Yes." (Answered above).

b. *Does your community have an opioid-related coalition?*

Bridgeway's Response: The Okaloosa County Anti-Drug Coalition addresses the issues related to all forms of substance use.

Sheriff's Office Response: The Okaloosa County Sheriff's Office Special Investigation Section (SIS) engaged in local drug coalitions. Over approximately 12 months, law enforcement agents engaged in periodic meetings with certain coalitions and groups. Collectively, these certain groups were unorganized and ineffective toward county-wide problems. Law enforcement made efforts to organize the groups for common purpose.

9. *What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?*

Bridgeway's Response: Stigma, lack of affordable options for under insured or non-insured including proper linkage between detox and start time of MAT. Also, some MAT programs may not offer enough interventions to reduce MAT over time. Limited availability of subsidized Vivitrol Injection Programs. The existing programs are only funded to assist 12 persons per year.

Sheriff's Office Response: Okaloosa County has an abundance of self-help groups, charities, churches, missions and organizations willing to assist people who are willing to help themselves. The biggest barrier is the "individual" not wanting help. For example, an individual who overdoses is taken to the hospital for recovery. From a law enforcement perspective, we attempt to intervene and gain their trust and cooperation. Most, if not all, have been unwilling to help themselves. In certain instances, individuals who actively refused intervention later died from subsequent overdose incidents.

Correction's Response: At present, the jail is not providing MAT for inmates other than those that are pregnant. An unknown length of stay for our pre-trial population could negatively affect the outcome of recovery, and/or greatly reduce the number of patients who would be appropriate for MAT.

a. *How do you suggest those barriers be overcome?*

Bridgeway's Response: Increase the funding for subsidized Vivitrol Injection Programs.

Sheriff's Office Response: Publicize individual accountability in new releases and campaigns, while being willing to humiliate and incarcerate drug dealers (and drug offenders) unwilling to change their paths or commit repeated offenses.

Improve Florida drug laws to incarcerate both drug dealers and conspiratorial users. Allow an easier way to incarcerate drug dealers with multiple prior arrests and publicize local initiatives backed by strong, open prosecution and judicial support.

Correction's Response: Further assess the ability to provide MAT inside the facility. Identify community treatment providers upon release from jail.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Correction's Response: It would be the cost of an additional provider licensed to run the MAT, the cost of medications and diagnostic testing required, and additional trained addiction staff to monitor and perform discharge planning.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Bridgeway's Response: Okaloosa does not have housing options for indigent, low income or underinsured individuals. Affordable housing is extremely limited in Okaloosa County.

d. How many additional treatment beds would your community need to meet the demand?

Bridgeway's Response: As there are zero beds at present any number of beds would be an improvement. A minimum of 10 beds to start would be acceptable.

10. What wrap-around services to you offer for individuals who overdose from opioids?

Bridgeway's Response: If provided with contact information Bridgeway Center, Inc can attempt to engage individuals with Substance Use Case Management services to provide support and linkage to community resources.

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Bridgeway's Response: Okaloosa County opened a pilot project in January 2020 to link persons being released from jail to Behavioral Health Services.

Correction's Response: Jail medical staff provides transfer summaries, medications, and results of diagnostic testing.

b. Do you have peer support coaches for individuals who overdose in your community?

Bridgeway's Response: This is being addressed slowly; training is increasing in the area for those interested in becoming peer support coaches. The strategy would be to then get partners to buy into making the referrals.

There is not a formal peer support system of care at this time in Okaloosa County.

Pasco Sheriff's Office

Opioid Crisis in Pasco County, Fl.



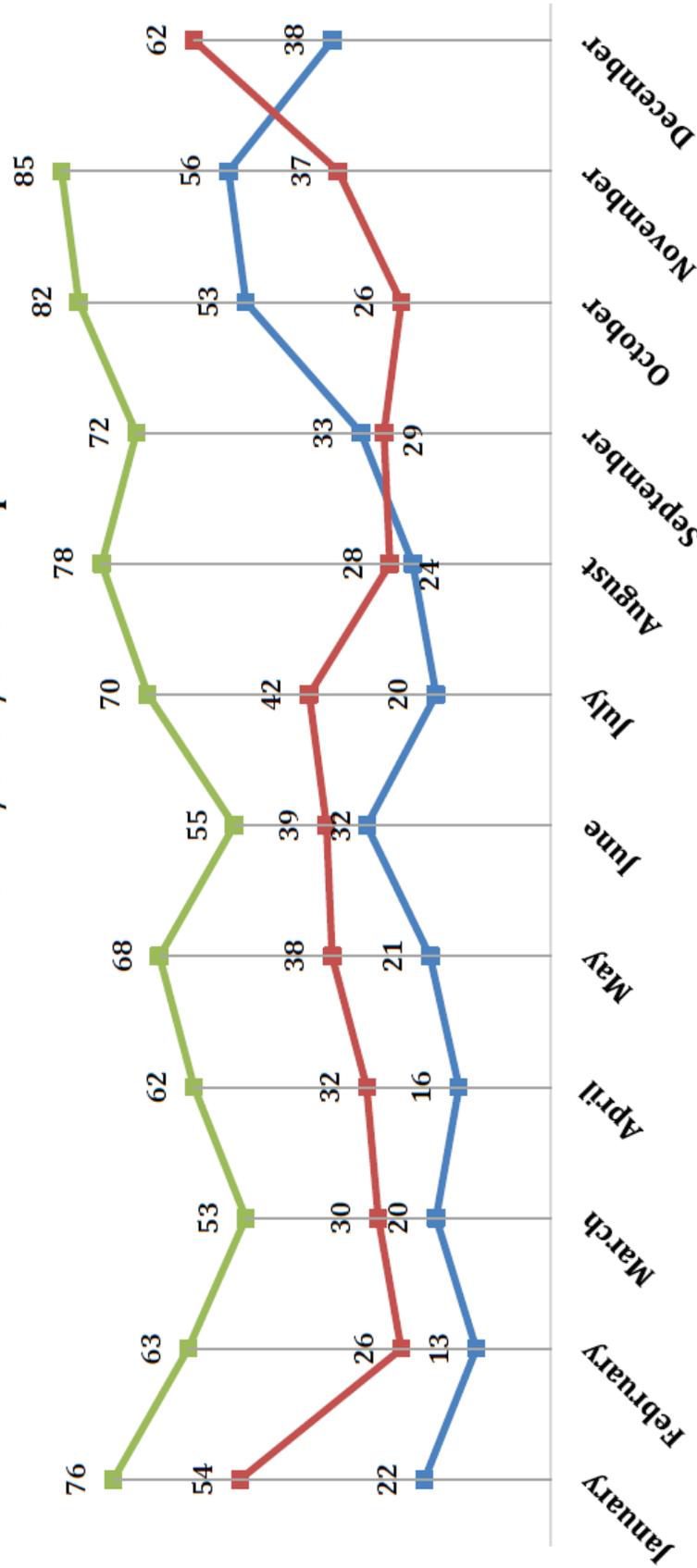
December 9th, 2019



Pasco Sheriff's Office



All Overdoses 2017/2018/2019 Comparison:



■ 2017
 ■ 2018
 ■ 2019

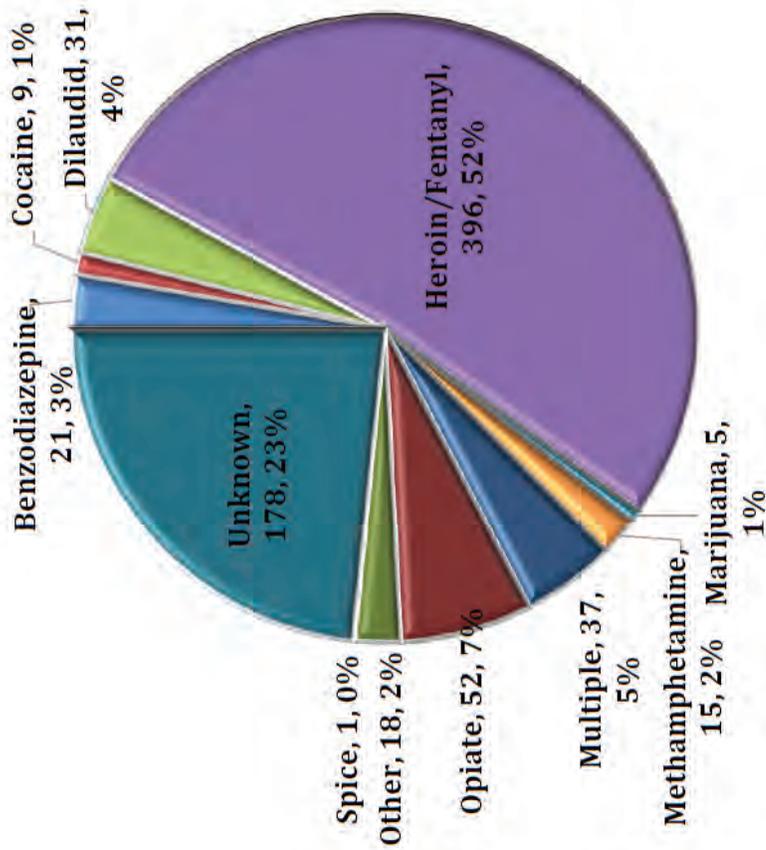
This data was derived from the Pasco Sheriff's Office RMS database. It does not include information from the four municipalities, who utilize separate databases to house their overdose information. In addition, this data does not include deaths that are not originally classified as a drug related death, but is later identified as being drug related through a Medical Examiner toxicology report. Nevertheless, this information provides a snapshot of overdose activity in Pasco County, using data gathered in a consistent manner to provide accurate points of comparison.



Pasco Sheriff's Office



All Overdoses by Drug (01/01/19-11/30/19):



In 2019, heroin and fentanyl continue to be the most common drugs that individuals are overdosing on. The unknown category continues to increase, with many subjects being unwilling or untruthful with disclosing the drug they overdosed on. Increases in November were seen with other illicit drugs such as Acid and methamphetamine. It should be noted, the marijuana overdoses are subjects who claimed they only took marijuana, but believe it could have been laced with another drug.

This data was derived from the Pasco Sheriff's Office RMS database. It does not include information from the four municipalities, who utilize separate databases to house their overdose information. In addition, this data does not include deaths that are not originally classified as a drug related death, but is later identified as being drug related through a Medical Examiner toxicology report. Nevertheless, this information provides a snapshot of overdose activity in Pasco County, using data gathered in a consistent manner to provide accurate points of comparison.



Life Saving Measures



In March of 2017, the PSO issued all certified law enforcement personnel with Narcan.

- In 2017, there were 44 deployments
- In 2018, there were 77 deployments
- In 2019 (through August), there were 140 deployments



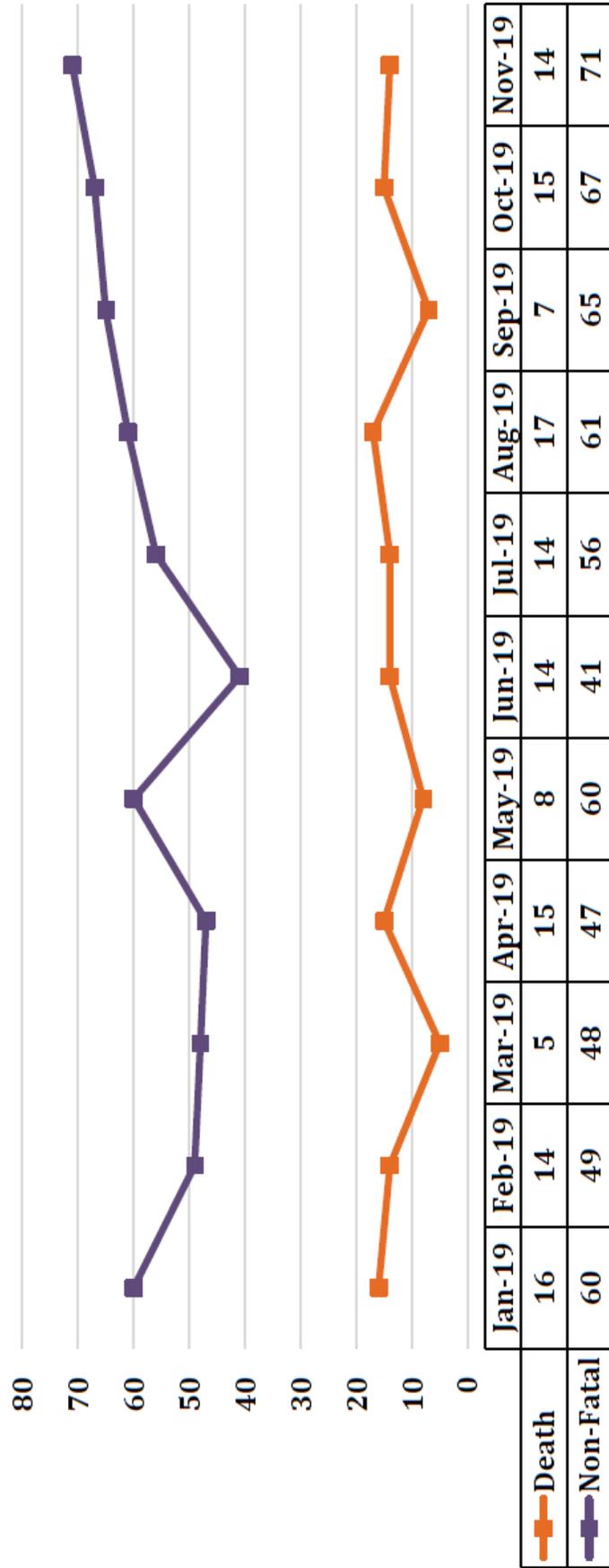
***Narcan** (naloxone) is an opioid antagonist used for the complete or partial reversal of opioid overdose, including respiratory depression.*



Pasco Sheriff's Office



All Overdoses by Outcome January 2019- November 2019:



—■— Death —■— Non-Fatal

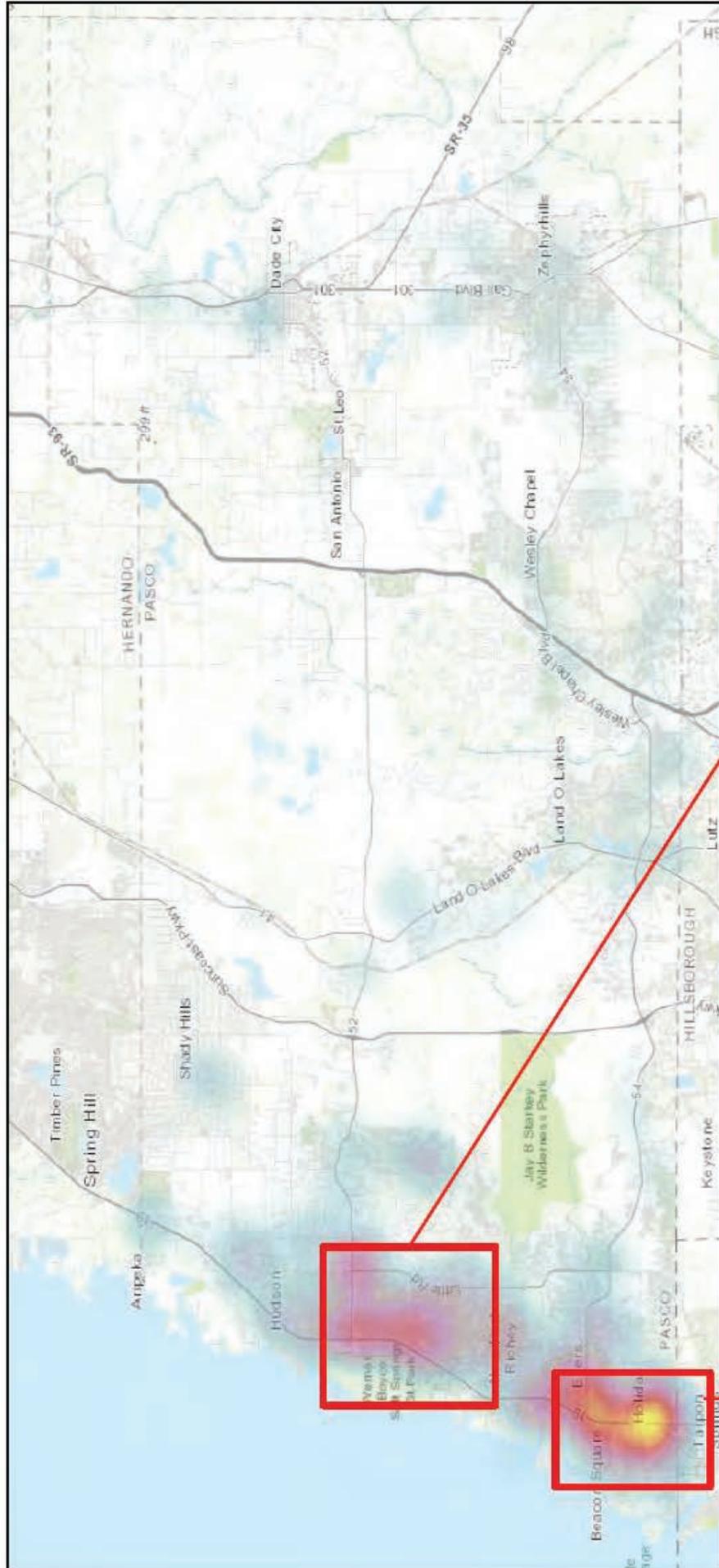
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Pasco Sheriff's Office



Heat Map (01/01/19-11/30/19):





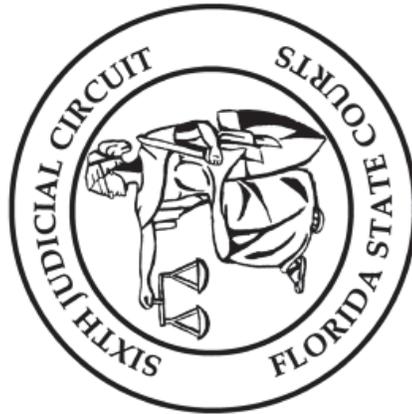
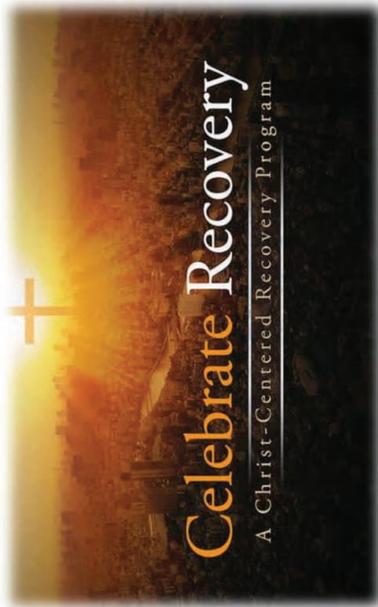
Multi-Pronged Strategy



- Prevention/Education
- Treatment
- Intervention
- Recovery



Strategic Partnerships





Intentional Efforts



- Advanced investigations focused on source and supply of heroin/fentanyl
- Current in-house, real time tracking of overdoses
- Pursuit of Opioid related grants to fund investigations and treatment resources
- Creation and distribution of PSO Addiction Resource Guide
- Detective follow-up with OD survivors to introduce them to available resources
- Collaboration with other jurisdictions
- Creation of Coordinated Recovery Unit in the LOL jail.
- and more...we never stop looking for innovative strategies and enhanced collaborations to greater impact this crisis.



Pasco Sheriff's Office



- We cannot arrest our way out of this problem.
- The foundation for increased effectiveness is a comprehensive, multi-disciplinary, strategic and coordinated response.



ORANGE COUNTY, FLORIDA'S

Response to Florida Attorney General's
Statewide Survey of Counties on Opioid Abuse
February 13, 2020

1. How has and is the opioid epidemic impacting your community?

Orange County has experienced an increased strain on public health & safety resources in the following segments

- a. Increased incidence of care for Neonatal Abstinence Syndrome
- b. Increased need for first responders to administer Narcan
- c. Increased arrests for drug possession
- d. Increased seizure of illicit fentanyl—739% increase from 2016 to 2019.
- e. Increased number of cases of child neglect/abuse
- f. Increased incidence of adverse childhood experiences for children in our community
- g. Increased need to provide opioid detox in jails
- h. Increase the number of clients in problem-solving drug courts
- i. Longer wait times for uninsured patients to access detox beds
- j. Longer wait times for uninsured patients to access behavioral health treatment

In 2018, the Orange County Sheriff's Office recorded 1082 overdoses and 169 overdose deaths. In 2019, the Orange County Sheriff's Office recorded 1102 overdoses (an increase of 2%) and 140 overdose deaths (a decrease of 17%). It is our belief that the decrease in deaths is the result of more opioid users gaining access to Naloxone. The impact is also seen in property crimes such as burglaries to homes and business to support individuals.

2. What is your community's action plan to address the opioid crisis in your community, and what are the measurable results of your community's action plan?

Orange County Government collaborates with local municipalities, civic groups, businesses, professional organizations, and individual citizens to reduce the demand and supply of illicit drugs, reduce overdose deaths, and host community trainings to address the opioid crisis in Orange County.

- a. Demand Reduction
 - i. Expand funding to enhance Medication Assisted Treatment options and behavioral therapy available at the Orange County jail
 - ii. Expand additional funding to enhance Adult Drug Court treatment for uninsured clients referred to Adult Drug Court
- b. Supply Reduction
 - i. Joint Law Enforcement Details to reduce the supply of illicit drugs

- ii. Increase Bond Amounts for Heroin Trafficking for 1st Degree Felony and 2nd Degree Felony charges
- c. Reduce Fatal Overdoses
 - i. Train and equip First Responders to administer nasal Narcan
 - ii. Train and equip community stakeholders to administer nasal Narcan
 - iii. Partner with Advent Health and Orlando Health to fund social workers in selected emergency departments to facilitate referrals to medication-assisted treatment and behavioral healthcare
 - iv. Provide first responders with “leave behind” bilingual written materials related to community resources for treatment and self-help/community support groups
 - v. Comprehensive emergency management plan using ODMAP data to respond to overdose spikes at the neighborhood level. The full management plan includes engaging faith communities, peer recovery support specialists, clinicians, law enforcement, and fire rescue personnel to advise neighborhood residents of overdose spike in their community and available treatment/support resources for individuals and families.
 - vi. Social marketing campaign to raise awareness of the 911 Good Samaritan Law
 - vii. When in Doubt ACT Like a Friend—Help-Seeking campaign related to acute intoxication targeted to young adults (ACT=Ask-Show Concern-Take Action)
- d. Educational strategies implemented
 - i. Host quarterly professional development conferences related to community prevention, treatment, and recovery resources. The conference presentations include skills training for specific groups, e.g., physicians, nurses, clinicians, social workers, law enforcement, educators
 - ii. Targeted social marketing campaigns to normalize peer recovery support
 - iii. Developed young adult-focused bystander intervention training curriculum based on normalizing help-seeking behaviors
 - iv. Sponsor community forums to provide information from healthcare professionals about substance misuse threats and to provide citizens opportunities to ask questions about substance use-related health threats
- e. Expand available resources for Substance Use Disorders Treatment
 - i. Advocate for enhanced access to Medication-Assisted Therapy
 - ii. Advocate for increasing the availability of detox beds for uninsured or underinsured individuals
 - iii. Develop a comprehensive list of substance abuse providers
 - iv. Partner with 211 community service resource line to equip staff with treatment referral information

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin, or fentanyl-laced drugs?

The primary opioid threat in Orange County is Heroin and Fentanyl-laced Heroin. We are also beginning to see more Fentanyl-laced Cocaine and Methamphetamine. Many users are unaware that they are taking a drug that contains Fentanyl and will overdose as a result. Prescription opioids are not the problem they were in the past mainly because of restricted access and cost. We are however seeing individual dealers selling “pressed” counterfeit pills which resemble Oxycodone 30 and Xanax, both containing fentanyl. Several pill presses have been discovered in home search warrants in 2019.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

- a. Train and equip First Responders to administer nasal Narcan
- b. Train and equip community stakeholders to administer nasal Narcan
- c. Partner with Advent Health and Orlando Health to fund social workers in selected emergency departments to facilitate referrals to medication-assisted treatment and behavioral healthcare
- d. Provide first responders with “leave behind” bilingual written materials related to community resources for treatment and self-help/community support groups
- e. Comprehensive emergency management plan using ODMAP data to respond to overdose spikes at the neighborhood level. The comprehensive management plan includes engaging faith communities, peer recovery support specialists, clinicians, law enforcement, and fire rescue personnel to advise neighborhood residents of overdose spike in their community and available treatment/support resources for individuals and families.
- f. Social marketing campaign to raise awareness of the 911 Good Samaritan Law
- g. When in Doubt ACT Like a Friend—Help-Seeking campaign related to acute intoxication targeted to young adults(ACT=Ask-Show Concern-Take Action)

Additionally, the Orange County Sheriff's Office has engaged in community outreach and social media programs designed to provide information on the dangers of opioid use and treatment options. Our Deputies are also trained to provide individuals with information on the effects and treatment available. Our agency also participates in task forces and working groups to facilitate solutions to the epidemic.

All Orange County Sheriff's Deputies carry 4mg of Narcan. Every Deputy is trained to understand the signs and symptoms of an opioid overdose and how to administer Narcan effectively. Our Deputies are usually the first on scene to save the life of an overdose victim by administering Narcan.

The Orange County Fire Department provides Narcan to individuals that they have come in contact with for overdoses. Orange County Sheriff's Deputies are more frequently finding individuals with their own personal supply of Narcan that they have used to save a fellow user.

Unfortunately, we have also found some who have their supply of Narcan however both individuals used at the same time and there was no one available to administer the Narcan. We do however believe that it is one of the factors of the rate of overdose deaths decreasing in our community.

We have also spoken with several representatives of the larger hospitals in our area, Advent Health and Orlando Health. Their titles are Substance Use Navigators. They stated that they have offered meetings at schools such as UCF, providing Narcan to the community, and drug take-back days. Orlando Health received a grant from CBS, which provides further education to their providers and staff. The education is regarding treatment for substance users.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

- a. Young adult-focused bystander intervention training curriculum based on normalizing help-seeking behaviors
- b. Social marketing campaign to raise awareness of the 911 Good Samaritan Law
- c. The 211 Opioid Texting Program is designed to help those experiencing an opioid dependency, their families or support network, professional providers, or anyone in the community connect to the available resources to battle the opioid epidemic. It is designed to work exclusively through text, with the option of speaking to a live 2-1-1 specialist 24/7, and is simple to use.
- d. Enhance College Campus-based recovery communities support sobriety by offering the following programs and services:
 - i. Recovery coaching
 - ii. Access to campus-based self-help meetings
 - iii. Recovery-centered academic and career advising
 - iv. Designated space for students in recovery to study
 - v. socialize, and support one another

The Orange County Sheriff's Office in coordination with the Orange County Public School system has a program called "Magic", which addresses "Gateway and Hardcore Drugs". The program includes discussions on Heroin, Cocaine, Methamphetamine, and designer drugs such as Ecstasy/Rohypnol. However, due to mandatory staffing requirements related to the Marjory Stoneman Douglas High School Safety Act the program has been put on hold. With staffing increases expected this year, the program will resume at beginning of school August 2020. The program will include the dangers of Fentanyl and Fentanyl analog related drugs.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

- a. Community-oriented education campaigns
 - i. Digital ads on Movie theater ticket websites
 - ii. Advertisements in movie theaters
 - iii. Advertisements in bus shelters
 - iv. Advertisements on gasoline pump toppers
 - v. Rack Cards distributed at community events

The Orange County Sheriff's Office regularly sponsors community events which include classes on narcotics awareness and addiction assistance. Information and brochures are available at our substations and through our patrol Deputies in the community. The OCSO Narcotics Unit supervisors and detectives also speak to any community or civic groups that requests a presentation on narcotics trends and issues in the community. The OCSO utilizes social media to put out various community service messages to the public. The OCSO also sponsors quarterly drug prescription take back programs where the community is invited to drop off prescription and other medication.

7. What law enforcement initiatives does your community have to target the opioid crisis?

- a. Carry nasal Narcan
- b. Contribute to community overdose awareness events
- c. Partner with the Drug-Free Office to host an annual Law Enforcement Drug Misuse Prevention Conference

The Orange County Sheriff's Office has several initiatives targeting the opioid crisis. OCSO started an Overdose Squad within our Narcotics Unit in 2016. The squad responds to overdose deaths with the Homicide Unit and Detectives work hand in hand in the investigation. The goal of the unit is to find the suspects who supplied the narcotics to the victim and prosecute these dealers when possible using the United States Attorney or the State Attorney. If prosecution for the death is not possible, the secondary goal is to attempt to secure another narcotics charge on the suspects and disrupt their operation as much as possible.

The Overdose Squad also responds to overdoses not resulting in death. These meetings usually occur in the hospitals where the victims are taken. The goal of our Detectives is to speak to the victim in a non-threatening manner. We also attempt to gain information as to the area where the drugs are being sold. The Detectives take a non-aggressive approach and speak to the victims regarding the dangers of repeated opioid use and any recovery assistance that may be available.

The Supervisors and Detectives also attend and speak at various community outreach programs. A recent program that was attended by our unit was The Addict's Mom, a group of parents in the area who have lost children to opioid addiction.

The OCSO also provides personnel and resources to the DEA task force which includes the DEA Heroin Enforcement Unit. The task force works closely with the OCSO Overdose Squad in the detection and prosecution of overdose death cases. We are also the supervising agency for the Metropolitan Bureau of Investigations (MBI) which is a multi-jurisdictional unit that investigates high level opioid suppliers and prescription fraud.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

- a. Joint Law Enforcement Details to reduce the supply of illicit drugs
- b. Increase Bond Amounts for Heroin Trafficking for 1st Degree Felony and 2nd Degree Felony charges
- c. Communication across agencies interrupt the supply of drugs

Another of the most effective strategies has been the identification of primary areas of use and the specific targeting of those areas to identify and prosecute the suspects who sell opioids and other illicit narcotics. When an area is identified as having an increasing number of overdoses and overdose deaths, the OCSO works with various units inside and outside our agency to increase law enforcement visibility and enforcement.

Intelligence sharing with surrounding counties has also become effective in the past several years. As the opioid problem increases, the contact with surrounding law enforcement agencies also increases through task forces, training classes, and conferences. There are no boundaries when dealing with the increase in Heroin and Fentanyl sale and the related deaths. The OCSO and the adjoining counties continue to work closely together to share information and resources.

a. Does your community have an opioid-related task force?

Yes. Our community has several opioid-related task forces. On the law enforcement side, the OCSO has an Overdose Squad within the Narcotics Unit which works closely with the DEA Heroin Enforcement Unit. We also have multi-jurisdictional task forces such as MBI (Metropolitan Bureau of Investigations) and CCIB (City-County Investigative Bureau) The MBI, which the Orange County Sheriff's Office commands and includes the Orlando Police Department, works larger more complex cases of Heroin and Fentanyl distribution and prescription fraud.

b. Does your community have an opioid-related coalition?

Yes, there are several in Orange County. OCSO participates in the Needle Exchange Study Committee, The Orange County Drug Free Office, and The Central Florida HIDTA Group (DEA). There is also the Heroin Task Force and Project Opioid that is made up of law enforcement, community groups, and area hospitals.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder in your community?

- a. Reliance on abstinence-based or abstinence-only substance use disorder treatment
- b. Timely access to services
- c. Availability of MAT medical providers
- d. Funding for MAT drugs

From the standpoint of the Orange County Sheriff's Office, we have found that the primary barrier is access, cost, and desire. Many individuals we speak to in hospitals following an overdose and during street level contacts, do not know how or where to find treatment facilities. Some know of Aspire and the Orange County Drug Free Coalition from friends who were residents. Those are the two facilities in Orange County that do not require payment. Others are given information at the hospital upon release but do not call because they have no way to get there or they will forget about it when they leave the hospital and begin using again.

Unfortunately we have found that there are limited amounts of beds and openings at facilities. The facilities that are affordable to individuals are the most difficult to get into. We have also found that there are limited facilities for women.

Others we have talked with believe that the facilities will only take those with insurance or they will require payment. Some individuals who we have talked to have said they had financial assistance from family members to get into a facility, but that is rare.

In our community, there are numerous private for profit-based addiction recovery centers. These facilities take insurance. However, if the individual does not have insurance, which most do not, it can cost thousands of dollars a month. There are behavioral health care services such as Aspire Heath Partners. These services also charge fees; however there are options for financial assistance and the cost is usually less. There are also faith-based treatment facilities such as Fresh Start Ministries, Open Home Mission, and Central Care Mission in Orlando. These programs are for men. They require an entrance fee and usually can house 50 to 60 men. There is also a fee charged per week, usually between \$150.00 and \$175.00 to stay and the individual is required to work. Most individuals we have encountered who have gone to these programs choose them because they are the most affordable. These facilities usually have a waiting list for availability.

Unfortunately there are some who will not ask a law enforcement officer for assistance when they respond to assist them. Many who have overdosed and are speaking with law enforcement in hospitals only desire to be released. Our Deputies inform the individuals that they are not in any legal trouble at the time; however, many do not feel comfortable confiding in law enforcement. Most victims realize that there is no threat of criminal charges to an overdose and many want to distance themselves from the situation involving law enforcement as soon as possible.

In our experience from responding to overdoses in Orange County, we have found that a small percentage of victims actually request help for recovery. Most are looking to get out of the hospital as soon as possible and return to their activities. Many fear the effects of withdrawal and

know that they will mentally be craving the narcotic shortly. The small percentage of those who seek help would not have the financial resources to receive the treatment. In our experience the addiction is so strong that many victims feel that the risk of an overdose or overdose death is less than their desire for the narcotic.

a. How do you suggest those barriers be overcome?

Bring medical professionals and leaders from the recovery community together and create a dialogue to address concerns about treatment between 12-step leadership/treatment professionals and physicians who prescribe MAT drugs.

To facilitate the provisions for these services, there could be more facilities that are affordable and easily accessible. We also believe it would be beneficial to have a more streamline process to make it easier for law enforcement to work with hospital personnel to assist victims who actually want assistance. Once victims leave the hospital it is almost impossible to find them much less convince them to go to a program. It would be beneficial to have a nurse or counselor who could respond to the hospital or an individual at the hospitals who could take the victim to the next level to receive treatment.

From speaking with various faith based facilities, it appears that they have a 45% to 50% success rate for those that complete the year-long program. These programs have a tiered approach to recovery which includes assisting the victims with obtaining identification, transportation, and employment. Most of these programs appear to operate with limited cost to the patients as a result of financial support from area businesses, faith organizations, and individual donations. One home goes so far as growing their own produce for meals at the facilities.

These programs could be facilitated by informing businesses in Central Florida of the difficulty individuals have in affording recovery programs and the importance of these programs to the community. Encouraging businesses to employ and mentor individuals from these programs could also be beneficial. Also providing funding to hospitals and faith-based community groups to work together to facilitate these programs and facilities. Lastly, a program to assist first responders and hospital staff in connecting individuals to programs in a timely manner.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Unable to determine at this time.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Resources are available, but the demand for services often exceeds the available resources. There are several residential treatment facilities such as Aspire and Center for Drug Free Living. Also, the faith-based facilities noted earlier, Fresh Start Ministries, Open Home Mission, and Central Care Mission.

d. How many additional treatment beds would your community need to meet the demand?

Responsible medical care prioritizes, providing immediate access to life-saving treatment. Real-time demand for OUD inpatient/detox services is best suited to determine estimates of needed financial resources.

Speaking with representatives in our two major hospitals, they advise that there are beds available; however, the problem is the lack of insurance. Most treatment facilities do not accept patients without insurance. These representatives also reiterated a point noted earlier that there is a great need for women's residential treatment centers for uninsured and underinsured. They stated that there is always a waiting list for women.

10. What wrap-around services do you offer for individuals who overdose from opioids?

Both hospitals indicated that the Substance Use Navigators follow up with patients after they are released; however, with many, it is difficult to get in touch with them after they are released. Advent Health has the Steps Program, which offers outpatient Suboxone and Vivitrol.

a. Where do the warm hand-offs occur in your community? i.e., from jails, hospitals, etc.?

- i. Orange County jail has a program to link inmates who want substance use disorder treatment to local treatment providers
- ii. Local hospitals have social workers in the emergency department who connect clients to treatment for substance use disorders to local treatment providers
- iii. Adult Drug Court provides treatment resources for those referred by the court for treatment

Hospital representatives suggest that their facilities are the best places for warm hand-offs. Advent Health is in the process of opening a MAT (Medicated Assisted Treatment) clinic in Sanford soon for short-term residential and intensive outpatient treatments.

The Orange County Corrections Department (OCCD) provides assistance to those brought into the jail who are identified with opioid addiction (or any other substance abuse or dual diagnosis disorder). Corrections staff provides substance abuse treatment and education programs and classes within the facility (for males and females) and will also provide individuals with treatment placement if they are leaving the facility and still want to continue in an in-patient treatment program. The OCCD works with various faith-based groups within the community, the Salvation Army Addiction Recovery Center, Aspire, Transition house, and other Community based partners in an attempt to place those that request treatment. The OCCD also works with the Public Defender when individuals who have been arrested request to have outside treatment other than continuing treatment inside the jail. Supervisors at the OCCD state that the issue they encounter is finding enough beds for those that want treatment outside.

The Orange County Corrections Department also goes to the extent of attempting to place individuals in treatment facilities in other states when they request to be closer to their families. Those placements require a commitment by the individual to a year program and is often part of their conditions of probation.

The Orange County Corrections Department medical staff will provide Vivitrol to those that come into the facility and show that they have an opioid addiction. Before being released, inmates are provided with their follow-up appointment with the respective Vivitrol treatment providers. Complying with the Vivitrol follow-up appointments is mandatory to continue receiving the Vivitrol shots. The medical staff also provides Narcan to those individuals upon release from the corrections facility.

b. Do you have peer support coaches for individuals who overdose in your community?

Yes. Peer support coaches are available at Aspire, Orlando Recovery Center, and the faith-based homes mentioned earlier.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

The treatment community has been inundated with those needing treatment but struggling to become or stay well. Opioid Use Disorder is a devastating disorder. Opioids have significant potential for dependence both psychological and physical. In the past the epidemics were driven by heroin and street opioids, but this epidemic was significantly pharmaceutical based. Park Place center has had to re-imagine the way they think about and conduct treatment. We experience different types of persons seeking treatment, the individual who was using other substances and came to try an opioid and then became dependent upon opioids as their drug of choice and we might normally see in a treatment setting, the individual who never experimented with other substances we consider gateway drugs and began immediately being introduced to and using opioids, and the individual who never used alcohol or other substances in a fashion that was dangerous or addicting, and yet became dependent upon an opioid once it was used to treat pain, and after period of time, or the change in laws, found themselves needing more than they could legally acquire, finding themselves now obtaining substances from illegal sources, family or friends.

Opioids require continuous use, which takes over the individual's life. Loss of employment, life roles, income, family, friends, housing, are all too common. Criminal behavior increases and communities become held hostage to the small percentage that develop a use disorder. With the advent of novel psychoactive substances, often called designer drugs such as U44770 and other variations of Fentanyl, like Carfentanyl, Acetylfentanyl, Butyrylfentanyl, and Furanylfentanyl

and other synthetic opioids, the death rate for those with opioid use disorder has escalated. Believing that they are purchasing a prescription opioid or heroin which is actually laced with a Fentanyl analogue has taken too many lives both in Osceola County, across the state and nation.

The increased costs in the legal and medical systems alone are high, adding to this the loss of productivity in businesses by those who have a use disorder and those who are affected by someone with a use disorder. Increased rate of addiction. Increased demand for treatment. Increased number of individuals seeking treatment without any coverage/funding. Increased number of overdoses. The losses associated with the loss of life to the family, the community and our nation.

The Kissimmee Police Department has seen an increase in opioid related overdoses, deaths and the necessity for officers to carry Narcan as part of their duty gear. In 2018 the Kissimmee Police Department documented approximately 63 Opioid related overdoses with 12 fatalities included in that number. In 2019, the Kissimmee Police Department documented 70 opioid related overdoses with 11 fatalities included in that number. There are several 2019 cases that are still listed as pending with regards to toxicology. We have seen links from Opioid Addiction to Retail Theft, Burglary and Theft related incidents.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

The current action plan for Park Place centers around a proprietary withdrawal management and recovery model, emergency department diversion, County of Corrections for MAT induction and coordination of care with a warm handoff and engagement, Drug Court and diversion programming, Marchman Act and access to care through as the Central Receiving System point of entry. In addition, as a school based mental health therapy and wrap around provider we work to ensure that our youngest at risk youth and their families have opportunities to engage in practices that support their children's ongoing success.

The Kissimmee Police Department is a community partner with the Osceola Opioid Awareness Project. This is a new initiative headed by law enforcement and local community leaders involved in the treatment and education of drug addiction, to include addiction to opioids. There have only been four meetings at this time but we have been able to participate in a resource fair and local awareness walk. The plan is to continue to work with community project regarding education and continue to track all overdose cases and Narcan deployments. We collect this data to identify trends in our area.

The Transition House Inc's staff has been key in establishing the Osceola Opioid Task Force. The Task force is new, but has met with overwhelming acceptance and support

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

The primary opioid threat has progressively changed over the past 5 years with a marked difference in the past two. The movement from prescription opioids was inevitable with the increased monitoring and enforcement around prescribing and irresponsible pain clinics. Early on this became a shift to heroin which was soon replaced with a movement to Fentanyl, Fentanyl analogues and other Novel Psychoactive Substances. Most dangerously, Fentanyl

laced drugs have been linked to increased tolerance, and the lacing of multiple substances with Fentanyl and Fentanyl analogues. We are witnessing a direct transformation from heroin opioid use to fentanyl only anesthetic use in many of those we serve. Our urinalysis screens repeatedly are negative for opioids and positive for Fentanyl. In addition, individuals who do not share that they use opioids but rather have a history of stimulant, benzodiazepine, or marijuana use are also screening positive for this dangerous substance. Most of those tested were unaware that they were using a substance laced with Fentanyl putting them at high risk of overdose.

What prevention initiatives has your community engaged in to address the opioid crisis?

Park Place participates as one of the statewide Narcan Nasal Spray distribution sites. Since January 2019, we have ordered 900 doses of Narcan. We educate all of those we serve in substance use of the availability of Narcan and individuals in the community are welcome to come to Park Place to receive Narcan. Most recently individuals are asking for more than a single dose as they are recognizing that it can take one or two doses of Narcan to keep someone safe until EMS services arrives on the scene.

4. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

There are several public/private drug treatment centers in Osceola County to include but not limited to: Transition House, RASE of Florida (Recovery, Advocacy, Service, Empowerment), Community Hope Center, 211.org (United Way) and Park Place Behavioral.

Our Outreach Specialists work closely with the School District and have done numerous presentations with the School District and their staff

5. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

The Kissimmee Police Department utilizes its Problem Oriented Policing Unit (POP's) to engage the public on social issues to include: crime prevention, homelessness, and drug awareness. We also utilize social media to engage the public on these issues. We are working with the Osceola Opioid Awareness Project to expand our educational efforts

6. What law enforcement initiatives does your community have to target the opioid crisis?

The Kissimmee Police Department is a partner of the Osceola County Investigative Bureau (OCIB) which is committed to investigating mid-level narcotics dealers. There is a focus on the opioid crisis. The Kissimmee Police Department is also an active partner with the D.E.A. (Drug Enforcement Administration) HIDTA Task Force which has a focus on all mid to upper level drug traffickers. This includes investigations involving the distribution of opioid related substances.

7. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

Tracking statistics related to overdoses and overdose related deaths is an effective strategy in developing leads to subjects involved in the sale of opioid related substances. The collection of data assists our department in identifying trends within a particular area, enabling investigators

to link known associates between overdose cases. Data collection and analysis is the first line of defense in the opioid crisis. Strategies are formed from this data collection.

- **Does your community have an opioid-related task force?**

Yes, it was begun as a grass-roots effort by a Peer Recovery Specialist whose life was impacted by an Opioid Use Disorder and the local Sheriff's office. Membership has been steadily increasing and the activity of the task force is being recognized.

Yes, Orlando D.E.A HIDTA 2 Task Force (Mexican Poly-Drug Task Force)
Osceola County Investigative Bureau

- **Does your community have an opioid-related coalition?**

Yes, Osceola County Opioid Awareness Project

8. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

There are a number of factors that serve as Barriers to treatment.

- Lack of resources
 - Significant gaps between treatment need and delivery capacity of medication assisted treatment (MAT) services for opioid use disorder.
 - Significant need for increased beds to manage withdrawal or begin safe MAT induction.
 - Lack of funding to meet the need of the number of uninsured and indigent persons seeking care. Without Medicaid expansion most of the adults seeking care with us are uninsured (83% – 95% depending upon program).
 - Lack of understanding of the difficulty for many individuals to go through withdrawal or MAT induction on an outpatient basis and the benefits of doing this in a 5-10 day inpatient or residential program.
 - Lack of access to care for those who are indigent.
 - Lack of funding for the full continuum of care.
 - Limited MAT funds for Vivitrol for those who are indigent.
- Health Insurance issues.
 - Many lack insurance or are underinsured.
 - If insured copays and deductibles make seeking care unaffordable.
 - Insurance company reluctance to pay for withdrawal management for those with an opioid use disorder to support treatment needed to begin some forms of MAT.
 - Commercial insurance plans and Medicare require licensed professionals for outpatient services, while Medicaid does not. There is a shortage of licensed individuals working in substance use treatment services.
 - Insurance company reluctance to pay for long term services.
- Homelessness
 - Many of the individuals who come to treatment do so after they have lost family and friends. Difficult to sustain treatment if housing is not stable, or the individual lives among other individuals who are using.
 - Lack of affordable housing in the area.
 - Criminal backgrounds are common among those with use disorders making it difficult to pass background checks required for housing.
- Lack of providers for MAT specifically for those who have no insurance and lack ability

to pay

- We have numerous individuals who have tried to become abstinent from opioids, and may have an interest in MAT, but due to their lack of insurance or ability to pay, Methadone or Buprenorphine are simply out of reach.
 - Buprenorphine access is limited as is that for Methadone. But for someone with no insurance this becomes even more difficult.
 - Transportation in Osceola County is poor, making daily dosing on Methadone difficult for those who have transportation issues or live remotely in the county.
- Beds for pregnant women addicted to opioids.
 - How do you suggest those barriers be overcome?
 - Increase the number of providers who are able to provide Buprenorphine, and the numbers each provider might serve.
 - Continue to provide Naloxone for those who are in treatment for Opioid Use Disorder.
 - Increase the amount of indigent funding for MAT and supportive therapies for those who are uninsured, underinsured and have no ability to pay.
 - Increase access to the full continuum of treatment from Withdrawal Management through Outpatient services.
 - Invest in a marketing campaign to support treatment and decrease stigma.
 - Ensure that there are treatment programs in corrections to serve those with use disorders.
 - Focus on all use disorders not simply opioids as those who are impacted by use disorders often move from one substance to another and deserve treatment.
 - Education and community outreach.
 - Increase the current levels of funding Despite all that has taken place, Florida's aide to SA is one of the lowest in the country
 - How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Vivitrol MAT

Medication Assisted Treatment for each individual requiring services for 8-12 months utilizing a proprietary model of inpatient withdrawal management/MAT induction program, outpatient services, team treatment including recovery peer support specialists, counselors, case managers, medication management for co-occurring conditions could average roughly \$15,000.00 for the first year of treatment for each individual served.

Second year in recovery costs approximately \$5,000.00 as MAT will be complete and a proprietary maintenance model initiated as an outpatient aftercare period is begun. This model includes ongoing outpatient support, peer recovery support, medication management for co-occurring condition and increased community engagement.

Buprenorphine and Methadone MAT

Buprenorphine and Methadone MATs often continue for multiple years and/ for some their lifetime. The continued cost over the life of the treatment process is much higher, if you factor in the price for the medication, urinalysis drug screens, and treatment.

Expenses must cover the cost that regulations overlay on the programs for reporting, staffing and record keeping, even after someone is in maintenance on these substances.

- What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?
 - Residential programs are limited but those in residential programs have access to a living space while in treatment for both short and long term residential, but other low income housing is difficult to find at best in Osceola County.
- How many additional treatment beds would your community need to meet the demand?

40 beds, however, an increase in 10 to 15 additional beds for withdrawal management assisted treatment induction programming for MAT would aid in meeting the current demand for services.

As a result of the Opioid Epidemic, Osceola Mental Health, Inc., d.b.a. Park Place Behavioral Health Care, (Park Place), has increased capacity to serve those with Opioid Use Disorder. We expanded our six bed withdrawal management unit to a twenty (20) bed unit, our twelve (12) bed short term residential to eighteen beds, and our eight (8) bed long term residential unit to twelve (12) beds to try to accommodate the increasing demand for services.

In 2019, January through December Park Place alone served:

- MAT program: Vivitrol MAT program
 - 119 individuals received Vivitrol Injections in 2019. All of the persons enrolled in the program have completed their assessment and three injections which was identified as the expected amount of injections. Individuals also participated in outpatient therapy or higher level of care, routine urinalysis drug screens, Vivitrol Injections, and other supportive services as needed. No persons overdosed while on Vivitrol, but one person who was discharged from the program experienced a fatal overdose within sixty days of their final injection. Many others have gone on to experience a return to employment, relationships, and overall successful engagement in their families and communities.
 - Since inception in 2015 the Department of Children and Families program has served 31 persons all of whom have an opioid use disorder. Enrolled were 7 females, 24 males, 9 of whom were Hispanic/Latino and the other 22 were Non-Hispanic/Latino,
 - Under the OSCA funding, since 2015 we have served 303 individuals with opioid use disorder and 126 persons having an alcohol 143 f, 286 m, 179 Hispanic/Latino, 250 Non-Hispanic
 - 100% completion of three months. Average 9 months of injections.
- Other Substance Use Disorder Treatment
 - 761 individuals in 860 episodes of withdrawal management (99 individuals participated in 2 or more withdrawal management attempts). Our

withdrawal management program has an 80% successful completion rate overall and a 77% successful completion rate for those with strictly and opioid use disorder. Approximately 60% of those with an opioid use disorder that are leaving inpatient services received Naloxone (Narcan) nasal spray.

- 263 individuals participated in 270 episodes of short term residential (7 individuals participated in 2 or more episodes of care in this program).
- 34 individuals participated in longer term residential (Residential Level IV). The average lengths of stay are between three and six months.
- 744 individuals participated in outpatient therapy.
- 52 individuals with Peer Recovery Support (The emergency department program has just begun and so those numbers are not represented).

9. What wrap-around services to you offer for individuals who overdose from opioids?

As a result of the Opioid Epidemic, Osceola Mental Health, Inc., d.b.a. Park Place Behavioral Health Care, (Park Place), has increased capacity to serve those with Opioid Use Disorder. We expanded our six bed withdrawal management unit to a twenty (20) bed unit, our twelve (12) bed short term residential to eighteen beds, and our eight (8) bed long term residential unit to twelve (12) beds to try to accommodate the increasing demand for services.

Our peer recovery specialists aid individuals with opioid use disorder in navigating the various treatment and social service agencies in the region in order to help re-establish their connection to the community. Our Case Management program provides care coordination and targeted case management for those who have had multiple admissions to high end services, such as emergency departments, crisis stabilization, withdrawal management or residential services.)

In 2019, January through December Park Place alone served:

- MAT program: Vivitrol MAT program
 - 113 individuals received Vivitrol Injections in 2019. All of the persons enrolled in the program have completed their assessment and three injections which was identified as the expected amount of injections. Individuals also participated in outpatient therapy or higher level of care, routine urinalysis drug screens, Vivitrol Injections, and other supportive services as needed. No persons overdosed while on Vivitrol, but one person who was discharged from the program experienced a fatal overdose within sixty days of their final injection. Many others have gone on to experience a return to employment, relationships, and overall successful engagement in their families and communities.
 - Since inception in 2015 the Department of Children and Families program has served 31 persons all of whom have an opioid use disorder. Enrolled were 7 females, 24 males, 9 of whom were Hispanic/Latino and the other 22 were Non-Hispanic/Latino,
 - Under the OSCA funding, since 2015 we have served 303 individuals with opioid use disorder and 126 persons having an alcohol 143 f, 286 m, 179 Hispanic/Latino, 250 Non-Hispanic
 - 100% completion of three months. Average 9 months of injections.

- Other Substance Use Disorder Treatment
 - 761 individuals in 860 episodes of withdrawal management (99 individuals participated in 2 or more withdrawal management attempts). Our withdrawal management program has an 80% successful completion rate overall and a 77% successful completion rate for those with strictly an opioid use disorder. Approximately 60% of those with an opioid use disorder that are leaving inpatient services received Naloxone (Narcan) nasal spray. Four hundred fifty-four (454) had an Opioid Disorder listed as primary in withdrawal management. If an individual has an alcohol use disorder or history of benzodiazepine use, for withdrawal management these become primary.
 - 263 individuals participated in 270 episodes of short term residential (7 individuals participated in 2 or more episodes of care in this program). Of the 263 persons in Res 1, 149 had a primary opioid use disorder.
 - 34 individuals participated in longer term residential (Residential Level IV), over half had a primary opioid use disorder. The average lengths of stay are between three and six months.
 - 744 individuals participated in outpatient therapy, thirty-eight percent (38%) of whom had a primary opioid use disorder.
 - 52 individuals with Peer Recovery Support (The emergency department program has just begun and so those numbers are not represented).

- Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?
 - Peer recovery specialists work in Community Corrections to improve the warm hand off from county corrections to treatment programs. Raise Project, Park Place, Peer Support Space, Turning Point all provide in-reach in community corrections for those with use disorders. Park Place screens and provides Vivitrol injections for those who are interested and willing to follow up with treatment once released. Our Drug Court Case Manager helps to identify those who would be able to participate in Drug Court and works to support those who find themselves on “jail sanctions” as a part of the program.
 - For those in the hospital, Park Place has created two teams of Peers to respond to persons in the emergency departments of Advent Health Kissimmee and Advent Health Celebration locations. Our peers will support those persons as they transition to treatment services within the community.
 - Care coordination and case management services are provided for those who have had more than one admission to withdrawal management, crisis stabilization, emergency departments and or corrections with in a 60 to 90-day period of time.

In some respects yes, but not to the extent needed.

- Do you have peer support coaches for individuals who overdose in your community?
 - Osceola County has peers at a number of organizations.
 - Park Place has peer recovery specialists working with primary health care. Substance use peers work to bridge the gap between emergency departments and the agency for Advent Health and work with those who are in treatment, and or in community corrections.

OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Palm Beach County has been characterized as the epi-center of the opioid epidemic in the State of Florida. The County also became the epicenter of Florida-based drug treatment related businesses in the past decade and has had the unfortunate distinction of being viewed as the epi-center of fraud and abuse in the treatment industry nationally.

The opioid epidemic exploded in 2016 during which, according to the Palm Beach County Medical Examiner's Office, there were 608 opioid-related overdose deaths; a doubling from 2015 when there were 304. The peak of 626 opioid-related overdose deaths was reached in 2017; decreasing to 402 in 2018; and, reaching 273 as of the third quarter of 2019. Palm Beach County Fire Rescue reported 2,965 opioid-related dispatch calls in 2017 which decreased to 1,723 in 2018; and, decreasing further to 1,483 as of third quarter 2019.

By 2016, about a quarter of the state's 750 drug treatment centers were in the county, drawing in the majority of patients from out of the state. Palm Beach County also had twice as many centers as Broward and Miami-Dade combined. The drug-recovery industry was plagued by places that were ignoring addictions and racking up insurance charges.

Sober homes (aka halfway houses) were shuffling patients to less than reputable individuals running treatment centers creating a cycle of relapse because there was no incentive for recovery. In response, the State Attorney's Office 3½ years ago created the Sober Homes Task Force with an appropriation of \$275,000 with the aim of addressing patient brokering as well as fraud and abuse in the drug treatment industry. The task force's work to date has resulted in 100 cases involving 87 people.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

The Palm Beach County Board of County Commissioners (BCC) adopted an Opioid Epidemic Response Plan (ORP) in Spring 2017 to guide its opioid epidemic efforts. The ORP represents an assessment of the extent of this challenge including root causes, data analysis, and feedback from key stakeholders. It also makes recommendations and identifies strategic areas of focus and action steps for a path forward.

The BCC has also identified the opioid epidemic, behavioral and substance use disorder as a high strategic priority adopting a system of care paradigm shift from a treatment-centric to a person-centered, recovery-oriented system of care (ROSC) focused on quality of care and long-term recovery outcome improvements. The BCC has utilized a cross-departmental team of Department leads and others to plan and budget as it aims to achieve this high priority strategic goal.

The BCC followed through on a key recommendation of the ORP when it hired a full time Sr. Substance Abuse Program Manager to lead the coordination of its opioid epidemic response efforts in April 2018. The hire served formerly as New Jersey State “Drug Czar” under Governor Christopher J. Christie.

The BCC has entered into an important public/private partnership with the Palm Beach County Healthcare District and JFK Medical Center (HCA) to create an “Addiction Stabilization Unit” (with an ER component) as a central intake resource for individuals experiencing addiction-related medical complications. Patients who are medically cleared in the ER and consent for Suboxone treatment receive their first dose in the ASU, and will then be referred to a Medical Assisted Treatment (MAT) program for continuum of care at discharge.

Numerous ORP-recommended and other initiatives have been launched by the County, strategic partners and providers which are described throughout the following survey responses. These process outcomes are being tracked and additional outcome standards and measures are being incorporated (i.e. recovery capital measuring and monitoring) and developed. The most discernible outcome though is the significant reduction of opioid-related overdose deaths as outlined in the previous survey question response.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Fentanyl caused the death of 278 people and was found in 335 deaths in Palm Beach County in 2018, the most of anywhere in the state, according to a report released by the Florida Department of Law Enforcement Medical Examiners Commission. Fentanyl analogs, like the elephant tranquilizer known as carfentanil, caused 163 deaths and was found in 167 people. The commission also reported that 99 people in Palm Beach County died because of morphine and the drug was found in 251 deaths, while heroin killed 87 people and was found in 174 people.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

The Palm Beach County Behavioral Health Coalition hosts the Opioid Prevention Task Force in order to address the opioid crisis in the county. Strategies for addressing prescription drug and Opioid abuse include:

- Community education on the dangers and pitfalls of abusing prescription medication and other Opioids.
- Educating Doctors and other prescribers on the CDC's proper prescribing methods and alternative to opioids.
- Partnering with the Medicine Abuse Project to take a pledge to learn more about teen medicine abuse and safeguarding medicine.
- Creating a network of prescription drug drop off boxes across Palm Beach County so you can safely dispose of your unused medicine.

- Informing the community about the importance of locking medicine and encouraging families to get locked medicine boxes, such as LockMed and other products.

In addition, the Hanley Foundation offers Project COPE (Connect for Overdose Prevention and Education) to provide educational opportunities throughout the county and to also connect families who share the experience of a loved one who has died of an opioid overdose, survived an overdose, or are at high risk for overdose. Rebel Recovery also provides a Community Overdose Prevention and Response Community Naloxone distribution initiative to distribute Naloxone kits free of charge.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

The Hanley Foundation and the Palm Beach County Behavioral Health Coalition are two of the lead prevention organizations in Palm Beach County. Each works closely with the Palm Beach County School District and other strategic community partners to provide broader substance use disorder and behavioral health evidence-based curriculums and programs for youth. More specific to the dangers of opioids and prescription drug abuse programs such as Over the Counter Medication Safety and Generation Rx are provided to youth. In addition, information dissemination strategies and training about the dangers of opioids are directed at youth and adults.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

The Facing the Crisis: *Solving Palm Beach County's Opioid Crisis Together* website, www.facingthecrisis.org, was launched to highlight the aforementioned ORP, related information and resources and an opportunity for the community to provide feedback. An annual Facing the Crisis full day conference was hosted in 2018 and 2019. The conferences included expert panel discussions; soliciting community feedback; and, this past year, highlighting Recovery and the County's focus on establishing a recovery-oriented system of care.

As previously mentioned, the Hanley Foundation also provides numerous educational opportunities through Project COPE. As does the Palm Beach County Behavioral Health Coalition through its previously mentioned Opioid Prevention Task Force efforts.

7. What law enforcement initiatives does your community have to target the opioid crisis?

In addition to the important law enforcement initiatives undertaken by the Sober Homes Task Force as previously described, the County was awarded a federal Department of Justice, Bureau of Justice Assistance Comprehensive Opioid Abuse Program grant in the fall of 2019. Multi-agency partners are convening with the focus of encouraging and supporting the development of, and utilization of existing, locally driven responses to the opioid epidemic that expand access to supervision, treatment, recovery support and housing services across the criminal justice system, support law enforcement diversion programs for non-violent drug offenders; promote education and prevention activities; and, address the needs of children impacted by the opioid epidemic. This group will research and develop housing stability standards, a key predictor in long-term recovery outcomes, and other outcome measures. It will also regularly review data obtained and provide recommendations for adjustments to the response initiative framework, as evidenced by outcomes.

Additionally, the Southeast Florida Behavioral Health Network (SEFBHN, the County's State Department of Children and Families contracted managing entity) in collaboration with the Palm Beach County Sheriff's Office (PBSO); The Recovery Research Network Foundation, Inc.; Rebel Recovery Florida, Inc.; and, Wellpath, LLC have designed a multi-pronged approach within the

County Jail to expand access to substance use disorder (SUD) treatment, medication assisted treatment (MAT), clinical services and recovery support with continuing services in the community for any incarcerated individual with a substance use disorder. The goal of this MAT and Peer Services (MAPS) Program is to increase engagement in treatment and recovery services among the pretrial and post-trial populations with opioid use disorder (OUD) both within and when leaving the Palm Beach County Jail.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

The local success of the State Attorney’s Sober Homes Task Force has been looked at as a statewide and national model for addressing patient brokering as well as fraud and abuse in the drug treatment industry. 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 jurisdiction throughout the United States as they seek to replicate the Task Force’s work.

a. Does your community have an opioid-related task force?

There were four county-wide initiatives addressing the opioid epidemic including the Heroin Task Force, the State Attorney’s Sober Homes Task Force and Proviso Group, as well as the Palm Beach County Substance Awareness Coalition’s Recovery Action Partnership. Each of these initiatives, while working independently, were interconnected and developed their own set of recommendations to address the opioid epidemic. These recommendations were subsequently incorporated into the larger ORP Strategic Plan.

In addition, key strategic partners engaged the Rapid Results Institute (RRI) in 2018 to help spur urgent systems change. RRI has emerged as a pioneer in embedding “100-Day Challenges.” Through the convening power of these partners, RRI brought together community stakeholders, including service providers, police departments, and hospitals, to design a coordinated response.

Consistent with the recommendation of the ORP, an ORP Steering Committee was established in 2019 and charged to provide oversight of activities related to the ORP Strategic Plan with a goal to also design additional strategies for mitigating the opioid epidemic in the county. Since inception, the ORP Steering Committee has undertaken a process to measure progress on the strategies and objectives outlined in the ORP. Recently, it analyzed and reviewed feedback from three previously mentioned community feedback forums.

b. Does your community have an opioid-related coalition?

There remain three county-wide initiatives. The previously described ORP Steering Committee meets monthly. The Recovery Action Partnership meets weekly. And, the State Attorney merged its Sober Homes Task Force and Proviso Group into one entity which meets bi-monthly.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Numerous barriers to individuals seeking medication assisted treatment have been addressed with the federal enactment of the Comprehensive Addiction and Recovery Act (CARA); 21st Century Cures Act; and, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act as well as the leadership of the federal Substance Abuse and Mental Health Services Administration. This is primarily evidenced by the State Opioid Response (SOR) grants of which one of its aims is addressing the opioid crisis by increasing access

to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder.

Despite this aim, it has been found that the most commonly prescribed medication has been the partial opiate agonist buprenorphine (aka Suboxone) despite the equally efficacious, but less prescribed (and more costly), long-term injectable intervention, naltrexone (aka Vivitrol) which is an antagonist. Since 2014, the State of Florida addressed this disparity by appropriating state funds to the Office of the State Court Administrator (OSCA) and the Department of Children and Families (DCF) for the provision of naltrexone to substance abuse treatment providers.

The Florida Alcohol and Drug Abuse Association (FADAA), the trade association for providers, has been contracted with to manage reimbursement for this provision and for related services. While 3,300 patients have received nearly 11,000 injections, FADAA has found it necessary to place restrictions on the program and pause services due to limited resources.

Additionally, while steps have been taken to address the limited number of medical professionals with prescribing authority, there remains a disturbing lack of such professionals which propels a distressing lack of access to physicians and nurses who had specific expertise in delivering MAT. Moreover, while clearly evidence-based, the practice among some with prescribing authority has been poor having not followed recognized protocols especially related to referrals to behavioral health treatment which has been proven to enhance this medication assisted intervention.

a. How do you suggest those barriers be overcome?

An important strategy for Florida to succeed in mitigating the opioid epidemic is to expand Medicaid. The ACA provides improved access to Medicaid assistance for eligible patients with chronic conditions (Affordable Care Act, 42 U.S.C. Statute 18031, Section 2703, 2010). Challenges due to Florida not embracing Medicaid Expansion have created tremendous barriers to health care access for individuals eligible for Medicaid coverage but not receiving assistance, especially for Floridians who suffer from SUDs and BHDs.

Furthermore, beyond expansion, the State of Florida should aggressively pursue every Medicaid option (i.e. State plan amendments) afforded it by the previously described enactment of federal law. It is simply not possible to wholly implement best-practices and meet social determinants of health goals without Medicaid coverage for those who are eligible to be recipients.

Lastly, Palm Beach County, through its very active Medical Society, has made great strides in educating and very intently engaging the medical profession in addressing the opioid epidemic. These approaches must continue and be further enhanced moving forward.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Cost estimates for the above are best left to State government experts administering Medicaid services.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

While the reference is to housing, the critical predictor to long-term recovery outcomes is housing *stability*. Whether housing or housing stability, historically, the burden and stress of securing this key predictor – financially and otherwise - has largely been placed squarely on the backs of newly recovering individuals.

As previously described, the County has received a federal grant to research and develop housing stability standards and other related interventions with associated outcome measures. The grant allows housing assistance and other recovery support vouchers for criminal justice involved individuals based on the established standards. It also allows for staffing capacity to identify housing that meet the established standard and to assist individuals in securing stable housing.

Additionally, SEFBHN administers a housing voucher program to financially assist individuals in securing housing. Also, DCF has funded the establishment of up to six Oxford Houses in Palm Beach County.

d. How many additional treatment beds would your community need to meet the demand?

The County has focused a good part of its efforts on expanding treatment and recovery support capacity by adopting a system of care paradigm shift from a treatment-centric to a comprehensive person-centered, recovery-oriented system of care (ROSC) focused on quality of care and long-term recovery outcome improvements. It did so by confronting the challenges posed by the opioid epidemic as well as those that are often endemic in physical and behavioral health systems of care, including:

- Fragmented/Disjointed care from multiple treatment, social and recovery support providers
- Treating the client based upon the services available at a particular provider rather than based upon their unique 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

These challenges created great stress on the system of care and forced key stakeholders to analyze its system of care and explore ways to improve quality and outcomes. The resulting paradigm shift aims 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 addiction 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.

These efforts have led to the establishment of two peer and family member led Recovery Community Organizations (RCO) and allied Recovery Community Centers (RCC) where recovering individuals can access peer support, and additional non-clinical recovery support services. It is expected these collective efforts will help to better identify the needs of the population; improve client care with linkage efforts across all health domains; and, inform public payers of appropriate level of care purchases. It is also expected to lower treatment re-admissions into higher levels of care (i.e. medical detoxification) thus resulting in anticipated cost-savings which would be able to be reinvested in expanding appropriate level of care capacity as well as needed social, recovery support and prevention services.

10. What wrap-around services to you offer for individuals who overdose from opioids?

An important and integrated component of the previously described system of care is the recently opened Addiction Stabilization Unit led by the Palm Beach County Health Care District (HCD) and sited at the JFK Medical Center – North Campus. Appropriately described by the HCD as an “addiction trauma center” for individuals who have overdosed, it is the primary point of care in the County for said individuals. The HCD has developed highly trained professionals in addiction care to ensure skilled addiction, psychiatric and medical screenings; quick induction of MAT; and, appropriate referrals to follow-up care.

In addition, wrap-around training for providers is provided. These trainings are to help ensure providers are adequately connecting individuals in their care to other needed social services.

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Hand-offs occur as described above. Additionally, as previously described hand-offs are occurring for incarcerated individuals with a substance use disorder as a result of the collaborative agreement between PBSO, SEFBHN and other provider partners.

b. Do you have peer support coaches for individuals who overdose in your community?

The aforementioned Rebel Recovery is the primary provider of peer support specialists in the County for individuals who overdose and other targeted populations experiencing substance use disorder. Additional peer support capacity is being developed through the County’s RCOs and RCCs. And, peer support capacity exists for mental illness and homeless populations.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community? Pasco County

Data released by the Centers for Disease Control and Prevention (CDC) revealed that people in Pasco County are 1.7 times more likely to die of a drug overdose than the average Florida resident, with a mortality rate of 20.7 per 100,000 residents. Pasco County currently has the highest overdose death rate of any County in the state of Florida. (CDC-2017) This is very alarming and requires immediate attention.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

The Pasco Sheriff's Office has implemented a multi-pronged strategy to address the Opioid Crisis. Although the strategy is comprehensive in nature, we are unable to effectively quantify the results at this time.

- *Implementation of the C.A.R.E. (Citizens Addiction Recovery Effort) initiative. The Pasco Sheriff's Office Narcotics Unit has partnered with Baycare Behavioral Health to have a Care Coordinator present at the location of drug related search warrants shortly after execution when the occupants have been identified as struggling with addiction.*
- *Partnership with local faith-based organizations through the implementation of Celebrate Recovery in the jail with options to continue participation in local congregations once released.*
- *Real time tracking of all overdoses through the use of HIDTA (High Intensity Drug Trafficking Areas) ODMAP.*

- *Monthly tracking of overdose trends via a monthly intelligence bulletin, to include hotspot identification. This report is distributed to community partners to assist in appropriate allocation of community resources (see attached).*
 - *Enforcement effort focusing on developing intelligence and developing confidential informants to identify and target opioid source of supplies through detective follow up with survivors of opioid related overdoses.*
 - *Detective response to overdose death investigations with intent to identify source of supply to pursue murder charges on related drug dealer.*
 - *Development and implementation of an SPI grant initiative that focuses, in part, on identifying prolific drug offenders and using focused deterrence, targeted enforcement strategies and social network analysis to identify, disrupt and displace and ultimately dismantle opioid related drug related charges*
 - *Participation in DEA 360 Initiative. This involves a 3-pronged approach: a three-prong comprehensive approach: 1) coordinated Law Enforcement operations/efforts, 2) Through Diversion Control – engaging and educating the medical community, and 3) Community Outreach and Partnership.*
 - *Regular Executive Command Staff participation in Pasco ASAP (Alliance for Substance Abuse Prevention – Board Member representation) and regular community forums and discussion panels to discuss the opioid crisis. Last month, this included a Narcan giveaway.*
 - *On July 1, 2019, the Land O’ Lakes Detention Center opened a Coordinated Recovery Housing Unit. This housing unit is available to qualifying inmates on a voluntary basis and averages approximately 65 participants. Target population includes those individuals with Mental Health Disorders, Substance Use Disorder and Co-Occurring Disorders, with an expected release date within one year. Participants must demonstrate motivation for change to be accepted into the program. Individuals are required to attend mandatory programs, including group therapy sessions led by the facility’s mental health provider Wellpath and Alcoholics Anonymous programs. Participants are also required to attend one non-mandatory program per week. Additional programs are provided by community partners, to include treatment centers, sober-living facilities, in-home counseling and case management services, employment services, budgeting workshops, general education programs, religious-based recovery programs and keynote speaking sessions from those in recovery. The goal of the unit is to educate individuals about their disorder(s), provide necessary services to assist in their recovery, and engage community providers so that individuals have established support networks upon their release. Recidivism rates of individuals partaking in this unit will be tracked over the next year.*
3. **What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?** *Heroin and Fentanyl-laced drugs (see graph in presentation)*
4. **What prevention initiatives has your community engaged in to address the opioid crisis?** *The Alliance for Substance Abuse Pasco (ASAP) is a 501c3 that works closely with the Pasco County Sheriff’s Office as well as our School Board to offer educational programs at for both school children and the public. We also partner with DEA 360 to offer these presentations throughout the year at various venues.*
5. **What education initiatives does your community offer to raise awareness regarding the**

dangers of opioids, for the youth? *ASAP, DEA 360 and the Pasco Sheriff's Office all perform presentations on the dangers of drug use (see attached presentation).*

6. **What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?** *Several listed above under #2*
7. **What law enforcement initiatives does your community have to target the opioid crisis?** *Listed under #2*
8. **What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?** *The most effective strategies have been prevention programs, the use of Narcan as well as the development of C.A.R.E., ASAP and the Behavioral Health Intervention Team (HIT) within the Sheriff's Office. Narcan has been administered to 1600 patients of the Pasco Fire Rescue department from January 1, 2019-January 1, 2020 (Pasco Fire Rescue, 2020).*
 - a. **Does your community have an opioid-related task force?** *Yes, the Pasco County Sheriff's Office has the HIT Team as well as ASAP that focus strictly on the opioid crisis in Pasco County.*

- b. **Does your community have an opioid-related coalition?** *Yes, The Alliance for Substance Abuse of Pasco County (ASAP), DEA 360 and the Pasco County Sheriff's Office collaborate with other partner agencies to form a coalition*
9. **What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?** *A lack of mental health care facilities (i.e. beds/treatment facilities)...all Pasco County treatment centers are at 90% or more capacity at all times*
- a. **How do you suggest those barriers be overcome?** *More funding needs to be invested into mental health programs and provide facilities for those recovering from drug addiction. According to the National Alliance on Mental Health (NAMI), over 80% of individuals with substance abuse disorder also suffer from at least one form of mental health condition.*
- b. **What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?**
In addition to specialized housing units and partnership with Baycare ATIP program, the Pasco Sheriff's Office Inmate Programs Department remains active working alongside community providers seeking grant opportunities that can further assist the inmate population struggling with substance use disorders. Pending applications propose for additional case managers to provide Wellness Recovery Action Planning (WRAP) services to inmates, along with follow-up case management services upon an inmate's release to assist with housing and continuing outpatient services
- c. **How many additional treatment beds would your community need to meet the demand?** *The addition of 100 treatment beds would help*

10. What wrap-around services to you offer for individuals who overdose from opioids?

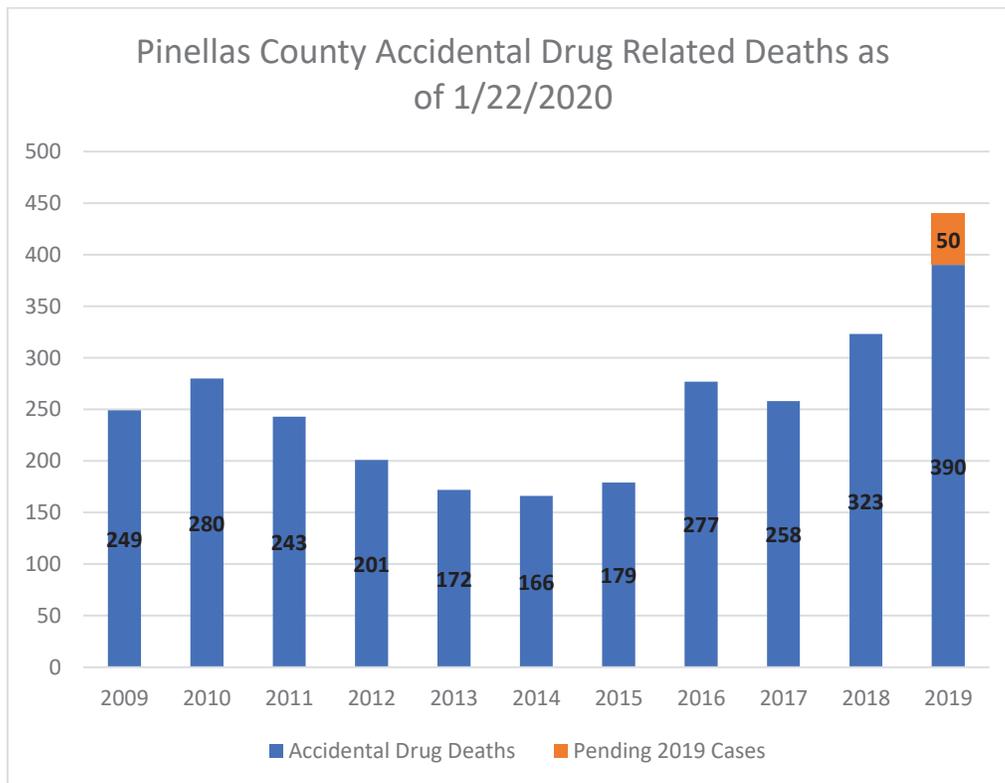
Pasco Sheriff's Office has collaborated with Baycare regarding the program "Alternatives to Incarceration Pasco", aka: "A.T.I.P.", which launched on January 1, 2019. The goal of this program is to identify and provide services at all points of interception, including criminal justice involvement, services while incarcerated, reentry services to participants upon release, and continued follow-up after release. Target population includes first offenders with Substance Use Disorder, repeat offenders with history of IV opioid use, and pregnant/post-partum females with a history of substance use. Disqualifications includes those individuals who are open to drug court services and/or sentenced to prison. ATIP is funded through recurring state dollars and employs five staff members: two Case Managers/Re-Entry planners and one Master Level Clinician/Certified Addiction Profession co-located within the detention facility, and 2 Case Manager within the community. Case Managers/Re-Entry Planners focus on outlining a detailed plan for inmates to eliminate barriers for successful transition back into the community. This includes linking participants to FARR certified recovery homes, scheduling behavioral health appointment and assisting in transportation arrangements. Once released, participants meet with the community Care Manager to assist in following their re-entry plan and increase their positive support in the community. Referrals are received from the Office of the Public Defender, detention center

medical staff and “high utilizers” as identified by the Pasco Sheriff’s Office Intelligence Led Policing department. To date, 168 inmates have been screened, assessed and provided behavioral health recommendations for post release services. Currently, there are 29 active participants, 14 of which are presently incarcerated and 15 have been release from the detention facility and active with post-release services. Beginning in June 2019, participants in the ATIP program became eligible to receive an initial dose of Vivitrol prior to their release to combat the risk of relapse of opioid dependence. Follow-up injections are scheduled with Baycare Behavioral Health. Starting in July 2019, ATIP’s Certified Addiction Professional began offering Moral Reconciliation Therapy (MRT) groups to incarcerated participants of the ATIP program. MRT is a systematic treatment approach that seeks to decrease recidivism by increasing moral reasoning

- a. **Where do the warm hand-offs occur in your community?** i.e. from jails, from hospitals, etc.? *Mostly from the jail system, local hospitals and treatments centers and community partners*
- b. **Do you have peer support coaches for individuals who overdose in your community?** *Yes, listed above #10*

1. How has and is the opioid epidemic impacting your community?

- The Opioid epidemic has created a sustained impact in Pinellas County for well over 12 years. With the growth of the prescription drug epidemic starting around 2008, Pinellas County experienced significant impacts to our residents, services, and operations. This initial ‘wave’ had increases in accidental overdose deaths peaking in 2010 at 280 deaths. The County saw significant increases in accidental drug deaths, overdose transports, substance exposed newborns and youth removals due to substance abuse. Law enforcement, EMS, Medical Examiner, and local program and provider operations bore increased costs with rising demand.
- With this demand far exceeding available resources, addiction went largely unchecked sparking a new, second ‘wave’ of severe impacts to our community with illicit drugs combining with prescription concerns. Despite significant increased efforts, the new impacts have now dwarfed our first peak in **2010 at 280 deaths**, now reaching **323 deaths in 2018** and over **390 deaths in 2019 with 50 cases still pending**.
 - Overall, from **2009 through 2019**, Pinellas County has now had **2,738 drug related accidental deaths with 50 cases still pending in 2019**.



2. What is your community’s action plan to address the opioid crisis in your community and what are the measurable results of your community’s action plan?

- The Pinellas Opioid Task Force has completed their first 3-year plan with a series of activities focusing on education, access to treatment, reducing deaths, enforcement, and data. Under this

plan, activities have expanded coordinated outreach and education, expanded access to treatment through grants, new investments, and engagement, coordinated with law enforcement on frequent overdose locations, and pursued expanded data to help inform efforts. Unfortunately, deaths have continued to increase with waves of Fentanyl in the community.

- Currently, a local Fusion Group (LEO, EMS, DOH, HS, Med Examiner, etc) continues to meet and coordinate and the Opioid Task Force is developing a next phase focusing on “Action Teams” to achieve measurable results on deaths and overdoses. The first team is aligned with the Homeless Overdose Mitigation and Engagement grant working on frequent overdose locations with a goal to reduce overdoses at the locations in 2020.
- Pinellas County is also engaged in technical assistance under the Comprehensive Opioid Abuse Program (COAP) through DOJ to expand on local work plans.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

- Pinellas has impacts across prescription and illicit drugs. In 2018, 138 of the drug-related deaths had prescriptions as the cause or combined cause. In the same year, 250 of the drug-related deaths had illicit drugs as the cause or combined cause.
- The most significant current threat are extremely **deadly fentanyl analogs**

4. What prevention initiatives has your community engaged in to address the opioid crisis?

- Education partnerships in schools, partner presentations, Storyboards, youth education programming through local provider, targeted education in community. Most activities are tracked through Opioid Task Force.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

- Education partnerships in schools, Youth education programming through local provider

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

- Education partnerships in schools, partner presentations, Storyboards, youth education programming through local provider, targeted education in community. Most activities are tracked through Opioid Task Force.
- The Pinellas County Sheriff’s Office has joined forces with community groups such as Pinellas Narcotics Overdose Prevention & Educations (NOPE) to educate the public about the tragic consequences of drug abuse.

7. What law enforcement initiatives does your community have to target the opioid crisis?

- Fusion group, local law enforcement coordination

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

- Coordinated Narcan across EMS and law enforcement to save overdose victims. Local leo has been trained and many agencies carry Narcan. Many lives have been saved by this effort.

a. Does your community have an opioid-related task force?

- Yes

b. Does your community have an opioid-related coalition?

- Same as task force. Group is broken into functions. Community members participate.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

- Rapid access to MAT does not exist without significantly increased resources/Medicaid expansion. This is critical to success. Currently, MAT is available to some through regional Managing entity funds. Pinellas County has expanded access to MAT with additional investments through health program and Drug Court investments. These resource only scratch the service and do not allow for the type of rapid access required to make a large impact.

a. How do you suggest those barriers be overcome?

- Medicaid expansion

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

- Undetermined at this time

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

- Some transitional housing is available, homeless shelter resources are also an option. Residential treatment bed access needs significantly increased.

d. How many additional treatment beds would your community need to meet the demand?

- Undetermined at this time, however, based on the number of individuals transported by EMS for suspected OD, the number of Narcan administrations, the number of individuals in jail on drug-related charges, the number of individuals in drug court at any specific time, and the number of annual drug deaths...at least a couple hundred dedicated, funded beds to ensure immediate access. This would, however, need expanded detox, outpatient treatment, transitional housing, and other wrap around services to help with ongoing stability.

10. What wrap-around services to you offer for individuals who overdose from opioids?

- Pinellas County invests in a range of community services from low incomes/homeless healthcare, dental services, bus transportation, MAT, homeless shelter and services, rapid rehousing, emergency financial assistance, local food programs, etc.

- Under the CABHI program individuals/families can access mental health/substance abuse treatment, case management, peer support, and SOAR. The HOME program provides navigation and some transitional housing as part of their engagement.

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

- Warm handoffs are occurring on a programmatic basis due to limited system resources. Several efforts have developed warm handoffs from targeted **ERs** and efforts to voluntarily connect individuals from the **jail** to treatment has been operating successfully for close to 3 years through a Criminal Justice Mental Health and Substance Abuse Reinvestment grant that will be ending soon.
- The Pinellas County low income and homeless health programs has expanded **MAT** services (with grants and County funding) and collaborates with hospitals, the jail, the homeless system of care and other partners to engage individuals in needed treatment. Our **CABHI** program helps to engage newly housed individuals in mental health and substance abuse services for ongoing stability and typically accepts warm handoffs from a range of community partners. More recently, a **CARE** team has been implemented to work on direct referrals from a partnering **ER** and to work with some of the more high-need clients.
- A new, one-year grant effort has established a Homeless Overdose Mitigation and Engagement project that is targeting frequent overdose locations in the community with education, engagement, Narcan, and service referrals. Under this program, a **HOME** team will be visiting locations through the year.
- Discussions are exploring opportunities for warm connections from **EMS** as well.

b. Do you have peer support coaches for individuals who overdose in your community?

- Pinellas County has some peer support coaches available through specific treatment programs/efforts. Expansion of peer support is a critical need that is being explored as a local strategy.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES- POLK COUNTY RESPONSES

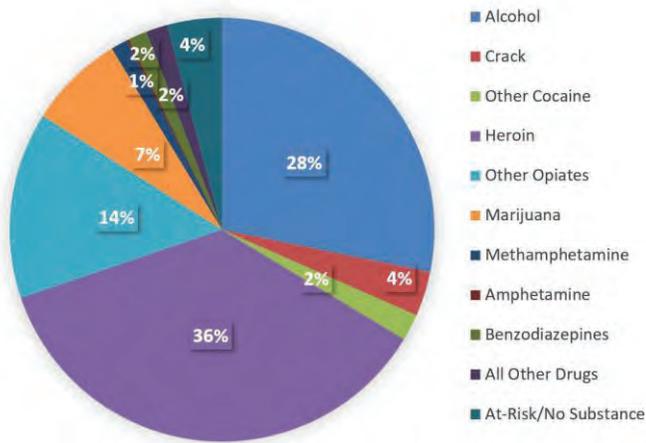
The responses below are a compilation of answers from Polk County providers. The initials beside each remark indicates which agency provided the remark. Legend of responding agencies is found on the last page.

Also included is Polk Fire Rescue data and a personal testimony from a drug court staff whose family was personally touched by the opioid crisis.

1. How has and is the opioid epidemic impacting your community?

- a. Increase in ED visits with OD, withdrawal, psychosis, etc. related to opioid use/abuse (LRH)
- b. Increase in the number of substance abuse providers and services needed (LRH)
- c. ESSENCE syndromic surveillance data shows an increasing number of ED visits in Polk Co. over the past few years. Also, more deaths where illegal substances were involved. In Polk, methamphetamine and cannabis use are probably greater than opioids, but again we are seeing more opioid use in our data. Mental health and substance use concerns were the top 2 issues of concern identified in our recent Community Health Assessment.(DOH-Polk)
- d. To date opioid use is third to Methamphetamines and heroin for a substance of abuse in our county. We partner with local hospitals to review emergency room admission for overdose by patients.(TCHS)
- e. The most recent Florida Department of Law Enforcement report (2017) for admissions to treatment in the Central Region of Florida show that heroin and other opiates use issues constituted 50% of those coming into treatment.(PRC)

Figure 17 – Central Region Primary Admissions to Publicly Funded Treatment 2016-17 (PRC)



2. **What is your community’s action plan to address the opioid crisis in your community and what are the measurable results of your community’s action plan?**
 - a. Opioid Policy – using DAST-10 assessment for opioid OD pts in ED (LRH)
 - b. Provide substance abuse IOP (LRH)
 - c. Provide education for families on opioid abuse and resources (LRH)
 - d. Convening of community partners. Increasing referral opportunities to link people to care. Polk Vision has organized a new Behavioral Health Team, which will focus on mental and behavioral health issues and substance abuse. (DOH-Polk)
 - e. There is no formal community action plan in Polk County. We monitor hospital and our Detox program for Opioid admission to review with our Managing Entity.(TCHS)
 - f. Our community participates in a prevention coalition formed in 2005, by a group of concerned citizens, community and business leaders. The coalition, now called Interact Alliance utilizes evidence-based prevention education, along with environmental prevention approaches to effect community change. StandUP Polk is the adult-based component of the coalition, UthMpact is the youth-based component of the coalition. The Alliance participates in DEA Prescription Drug Take Backs, Youth Social Norming Campaigns and other awareness and prevention activities. (PRC)

3. **What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?**
 - a. Recent rise in heroin (LRH)
 - b. The types of opioids that we are seeing in Polk County are: 1. Heroin 2. Prescription Opiates 3. Some fentanyl (TCHS)
 - c. The primary opioid threats in our community are prescription opioids and heroin. According to the 2011 Central Florida High Intensity Drug Trafficking Market

Analysis, opioid pain relievers are the greatest drug threat to the Central Florida region. (PRC)

4. What prevention initiatives has your community engaged in to address the opioid crisis?

- a. LRH collaboration with Tri-County Human Services - providing Peer Support for overdose clients in ED (LRH)
- b. The Overdose Prevention Program includes the distribution of the medication Narcan to the community. Narcan kits are being distributed to individuals who have an opiate addiction, their family members or individual at risk of witnessing an overdose. We have currently distributed 981 Narcan kits to the public since August 2017 and we have been notified of 3 overdose reversals from the use of the Narcan we distributed. (TCHS)
- c. The Interact Alliance subcommittee, StandUp Polk, has an Annual Prevention Summit held in October each year in Polk County. Our community also held an Opioid Symposium on May 24, 2019, to educate the community on the opioid crisis. In December 2019, the InnerAct Alliance/StandUp Polk- Opioids 101 Training. Medication Take Back days are held in the spring and fall each year, sponsored by our local law enforcement agencies.(PRC)
- d. Polk County's Collaborative Justice Committee sponsored a one day training for home visiting professionals to educate them on various drugs being used illegally. 214 individuals attended. Training included info on how to administer NARCAN and NARCAN was distributed to individuals attending the event. (IHC)

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

- a. Family/Patient education for LRH in patient adolescent patients in BH unit with dual diagnosis (LRH)
- b. InnerAct Alliance assists with prevention in schools. Their website identifies some of their curricula (DOH-Polk)
- c. Our prevention department had utilized billboards throughout the county regarding the dangers of opiates.(TCHS)
- d. Interact Alliance's UthMpact chapter sponsors (PRC):
 - Project Prom and Project Homecoming, in which teens sign a contract to not use drugs on prom night in exchange for a free prom dress and are given drug prevention and education.
 - Social Norming Campaign prevention program each year taken into the schools.
 - Annual Red Ribbon Run held each fall.
 - UthMpact Leadership Class for students grade 8 to 11, each year.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

- a. We should do more community education (LRH)
- b. Tri County Human Services provided the community a Opioid Symposium in

2019. The symposium reviewed the use of MAT, Peer supports, harm reduction strategies and provided Narcan kits for distribution.(TCHS)

- c. Our community is currently participating in a statewide effort to develop Recovery Community Organizations.(PRC)
- d. Interact Alliance holds an Annual Prevention Summit and Coalition meetings are held monthly and are open to the general public. (PRC)

7. What law enforcement initiatives does your community have to target the opioid crisis?

- a. Event where people can turn in their unused Rx of opioids (LRH)
- b. Law Enforcement sponsors and hosts “Prescription Take Back” events held twice yearly. Law Enforcement Officers also carry supply of Narcan.(PRC)

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

- a. **Does your community have an opioid-related task force?**
No

b. Does your community have an opioid-related coalition?

- Our community's Interact Alliance focuses on substance use in general.
- Polk County has an organized group of behavioral health providers that meet monthly- the Circuit 10 Regional Council Meeting held at Tri-County Human Service the 1st Friday of each month (IHC)a.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Not having enough substance abuse treatment providers particularly for those who are uninsured or underinsured. Lack of navigation assistance linking individuals to care. Substance abusers not seeking care because they are fearful of having children taken away, losing their job and stigma.(DOH-Polk)

Not enough waived prescribers in the area. Additionally, the cap on the number of patients to be seen by the prescribers is an added barrier.(TCHS)

The primary barriers our community experiences are: 1) adequate funding for medication for uninsured population; 2) parity in coverage for individuals whose insurance coverage does not cover substance use disorder treatment and 3) available transportation for participation in services.(PRC)

a. How do you suggest those barriers be overcome?

- Lack of providers. (LRH)
- Lack of MAT supportive housing for those in recovery (LRH)
- Lack of transportation to get to appointments (LRH)
- Funding to increase access to mental health and substance use treatment. More providers trained in MAT. (DOH-Polk)
- Remove (or increase) the limits on the number of clients a waived prescriber can have.(TCHS)

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

- Incentives for non-addiction based physicians – such as OBGYNs. PCPs, etc.(LRH)
- More money than we have, but any assistance would be appreciated (DOH-Polk)
- It is not possible to project cost without specific services being identified which would need to be added to the existing behavioral health system and funding versus replacement and re-direction funding. The behavioral health system, with a primary focus on community mental health centers, is a strong and versatile system of care available in most counties across Florida and supported by

specialty services, such as mobile crisis response teams, crisis stabilization units, and a host of outpatient wraparound services geared to meet both mental health and substance use needs (behavioral health services).(PRC)

- \$0 (TCHS)

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

- There is currently some limited funding available as pass through funding from the managing entity, homeless coalition coordinated entry program for funding, and our local hands up for housing program. (PRC)
- Tri-County Human Services has a variety of homeless programs including Supportive Housing.(TCHS)

d. How many additional treatment beds would your community need to meet the demand?

- Estimated 100 (DOH-Polk)
- Our community could benefit from locked detox beds and inpatient treatment beds for adolescents. There are no locked detox beds in Polk, Highlands or Hardee counties. (PRC)
- Due to a new program that links local hospitals to our Detox program for Opioid related admissions to the area ED's, we anticipate an increase in bed utilization in our Detox program of about 5 – 10 beds per night (TCHS)

10. What wrap-around services to you offer for individuals who overdose from opioids?

Tri-County Human Services offers Outpatient, Residential, Supportive Housing and Peer support services to those with OUD.(TCHS)

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?
- Helping Hands jail transition program(LRH)
 - Warm hand-offs occur through Targeted and/or Intensive Case Management providers; agency care coordinators; inpatient providers, and the Helping Hands program provider.(PRC)
 - Our Bridge program provides a warm hand off from the hospitals to the appropriate level of care in the community including Detox.(TCHS)

- b. Do you have peer support coaches for individuals who overdose in your community?
- A Recovery Community Organization is being organized, with a community symposium planned for the next few months.(DOH-Polk)
 - Our community has peers available in the Family Intensive Treatment (FIT) program, the Helping Hands Program, the Peer Coalition of Florida, and a recently started community hospital-based Peer Program.(PRC)
 - Tri-County Human Services peer specialist are co-located in 2 Baycare Hospitals and Lakeland Regional Medical Center emergency departments (TCHS).
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The following is a personal testimony from Jim Clanton received on February 6, 2020.

Jim Clanton

BHC/VET Case Manager

Polk County Problem Solving Courts

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I can say as someone who has lost a son to an accidental overdose in 2016 due to this crisis as a dad I have been devastated.

I can also say as someone who has worked for over 25 years with court related treatment programs, probation, DJJ and Salvation Army transitional programs the epidemic has impacted Polk County. Fifteen years ago it was somewhat common to see in Polk County opiate dependent individuals but not as many Heroin related clients. Over the past 10 years that has changed significantly.

I supervised many folks from 20012-2016 who had Heroin addictions and when I was hired back to work with the SAMHSA funded project I encountered many who were intravenous Heroin users.

This epidemic has related in large numbers of overdoses, incarcerations, drug related arrests and dependency issues. I know our staff have been trained and refer folks in our treatment programs to obtain MAT.

We also have access to Narcan. I don't believe our community has a specific action plan to further address this crisis. Nor am I aware of any prevention, education or law enforcement initiatives.

I do know both DACCO and TCHS provide MAT on a daily basis in Polk County. I believe the stigma of folks being on MAT as people not really in recovery exists to a certain degree.

I would think education, forums, community listening sessions, developing support groups specifically for folks on MAT and for family members involved in the crisis are all healthy ways to address the stigma and barriers to treatment. As far as housing goes Polk County continues to need certified recovery homes. To my knowledge there is only one Level 3 Halfway House, Agape (TCHS) in Winter Haven and one certified recovery home, Step It Up

Both for women in Lakeland. The Wilson House is a nonprofit in North Lakeland that has traditionally worked with male late stage alcoholics and addicts who were facing issues of homelessness.

There are a few "mom and pop" homes that come and go and some ministries working in that capacity. I know TCHS is looking at opening up a sober living home soon.

My hope is our developing Recovery Community Organization would be involved in the change process addressing the opiate crisis. I believe it potentially has the ability and gaining momentum to bring

agencies

the recovery community and all the stake holders together. Our symposium is set for 4-4-20 at Oasis ☺. I know TCHS has several peers and Beth Pecoria and CFBHN are working hard to train and support peers.

I know this would be considered anecdotal/testimony but I wanted to respond. On a personal note I am pursuing my MSW online via FSU, and my wife is a nurse at Mary Lyons.

We both have been deeply impacted by the crisis and Monday 2/10 would have been our Michael's 27th birthday he was truly a victim as he had not developed an opiate dependency.

He did use and at times abuse alcohol, and other substances and he had significant issues with anxiety.

We miss him daily and feel his presence often when interacting with those in the throes of their addiction.

Legend of agencies who responded:

DOH – Department of Health in Polk County/Dr. Joy Jackson

FR – Polk County Fire Rescue

IHC- Indigent Health Care, Polk County BoCC/ Cathy Hatch

LRH – Lakeland Regional Health

PRC- Peace River Center/ Candace Barnes

TCHS- Tri-County Human Services/ Becky Razaire



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

The opioid epidemic impacts all facets of the community of Sarasota County from the individuals who have lost their lives to, the broken families and child removals, to health and social service providers, to law enforcement. It also impacts our community financially with opioid related healthcare costs such as public-payer hospital charges.

Since 2013, the number of heroin overdoses in Sarasota County has quadrupled. Fatal overdoses grew 300% from 2016-2017 due to introduction of synthetic opioids-fentanyl and carfentanil.

According to Florida Charts, there were 75 drug related deaths in Sarasota County during 2018, and 105 in 2017. In 2019, the medical examiner data is not yet available, however, the Sarasota County Sheriff's Office has reported that they are experiencing an increase in response to overdose incidents during which they are administering naloxone: through December of 2019 there were 88 non-fatal overdoses and 13 fatal. Other Law Enforcement Agencies in the county have reported they are also responding to overdoses in their cities. The Florida Medical Examiner's report for 2018 shows an age adjusted death rate due to unintentional poisonings (floridacharts.com, 2018) in Sarasota County as: 23.8 deaths per 100,000, the State of Florida rate is 21.8 deaths per

100,000. Emergency Medical Services and Law Enforcement agencies are responding to high volumes of individuals who have experienced an overdose, administering naloxone and providing transport to the emergency departments. In 2017, there were 774 non-fatal overdose emergency department visits in Sarasota County. Based on data provided by Sarasota County Emergency Medical Services and Law Enforcement, the community witnessed an epidemic rate of overdose calls in 2017/2018 requiring intervention by EMS and administration of naloxone to reverse the overdose and prevent loss of life.

Additionally, there has been a significant impact on the Child Welfare System. Currently, the Florida Department of Children and Families (DCF) Key Dashboard indicates that the 12th Judicial Circuit has the highest removal rate in the State, with Manatee County as #1 and Sarasota/Desoto being 15th. In over 60% of removals, the primary reason remains substance misuse and other alleged maltreatments where substance misuse was also a factor. Sarasota has the 3rd highest percentage of babies born with Neonatal Abstinence Syndrome (NAS). This is consistent with previous years.

Opioid related hospital cases in Sarasota account for more than \$20 million of the public-payer hospital charges.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

- In June 2010 Sarasota County passed a Moratorium on any new Pain Management Clinics. In June 2011 Sarasota County enacted two regulatory and zoning ordinances on pain management clinics. As a result, Sarasota County saw a significant decrease in the number of pain clinics. Currently there are 10 clinics operating in Sarasota County, a 68% reduction since the ordinance was enacted.
- Since 2011, over 700 medical professionals have been educated throughout the region on prescription drug misuse through *Safe Rx: Campaign for Responsible Prescriptions* and encourage registration for the Prescription Drug Monitoring Program (PDMP).
- Since 2009, Sarasota County has established five permanent prescription drug drop boxes and have collected over 30,000 pounds of unused and expired medication from the Community.
- In 2017, Drug Free Sarasota partnered with the Sarasota County Health and Human Services to distribute Deterra (a drug deactivation kit) at 3 locations throughout the county. This program was established to capture residents who are unable or unwilling to safely dispose of their prescription medicines at the designated law enforcement agency drop boxes throughout the county. These packets, which can dispose of 90 pills, are provided as a free service to community members.
- Drug Free Sarasota and local businesses have joined to encourage work force participation in the Drug Free Workplace program to educate on dangers of prescription drug misuse.

- Drug Free Sarasota has developed 5 public services announcements (PSA) to address the opioid crisis.
- Drug Free Sarasota developed the “Save A Life” brochure to decrease the occurrence of overdose deaths by educating the community members to call 911 during a friend/loved one’s suspected overdose.
- Healthy Start of Sarasota developed the “Clean Start” campaign to educate the community on the risks of substance exposed newborns as it relates to unplanned pregnancies of women using substances. This campaign also encourages physicians to universally drug screen all patients using the Screening Brief Intervention and Referral to Treatment method of identifying pregnant substance-using women.
- The Voluntary Interim Placement – Enhanced Recovery (VIP-ER) is an intensive ten-week residential substance abuse treatment program and includes 12 months follow-up. Since 2006, 1,847 participants have been served in VIP- ER. There has been a 76% completion rate from 2006 to present, and the most recent year’s completion rate was 80%. For similar participants nationally, the completion rate is 47%.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Heroin and fentanyl-laced drugs remain the primary opioid concern, although stimulants like cocaine and methamphetamine are on the rise.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

- Drug Free Sarasota has created educational material and several PSA’s designed to educate community members about the dangers of opioids. The following are the topics:
 - Physician’s encouraging patients to safety secure, monitor and dispose of their prescriptions medicine.
 - All law enforcement agencies in the county discouraging medication sharing and encouraging the proper disposal of unused/expired prescription medicine.
 - Awareness of naloxone as an accompaniment to substance abuse treatment.
 - Calling 911 during a suspected overdose to prevent death.
 - A patient positively engaging their physician on concerns of addiction when provided a prescription for opioids.
 - Encouraging prenatal care for the pregnant addicted woman.
 - Encouragement of substance abuse treatment for the pregnant addicted woman.
- Drug Free Sarasota developed a medication inventory card which is provided as a free service to community members. This allows community members to properly track their current medication and keep on hand during times of an emergency to notify medical personnel of current medications.
- Drug Free Sarasota has actively engaged all funeral homes in the county to

provide the bereaved with awareness materials to properly dispose of decedents medication.

- Drug Free Sarasota developed an awareness card that lists all law enforcement agencies permanent drop box locations, as well as, Detera distribution sites.
- In 2017, Drug Free Sarasota partnered with the Sarasota Medical Alliance Foundation to develop the Drug Free Sarasota Physician Advocate Award and the Drug Free Sarasota Hospital Advocacy Award. These awards/educational modules are given to individuals and institutions who agree to handout local educational prevention materials related to the opioid crisis. There are currently 35 physicians and 4 hospitals on involved.
- Sarasota County Department of Education and with funding from the Overdose Data to Action Grant for school health (through the Department of Health), two additional School Department of Health Registered Nurses will be hired and will greatly enhance how important it is to provide a public health perspective to address the opioid crisis in Sarasota County.
- Student Assistance Program (SAP) – NREPP recognized evidenced based manualized curriculum, is a school-based, evidence-informed framework for prevention, early intervention, referral and support for students with identified needs that may prevent them from fully benefitting from their educational experience. SAP focuses on building supports for students dealing with non- academic barriers to learning including behavioral health, family and relationship issues as well as other life needs. Service components of the program include health promotion for the general student body, attention to students who are at special risk for substance abuse, teen pregnancy, violence/bullying, academic failure, school suspension or dropping out, early problem identification, and referrals for students exhibiting problem behaviors. The services are administered through Student Assistance Specialists who are placed at the school sites on a full-time basis and work with faculty teams and student leaders to develop health promotion topics and activities tailored to meet the needs of students. They also provide brief screening and referral services to small groups and individuals, linking these students to additional appropriate services in the school and community (e.g., mental health and substance abuse treatment services). This student population, served by the program, presents as at risk of substance abuse and/or mental health issues or has family risk factors for child welfare or are in the child welfare system.
- Drug Free Sarasota has created educational material and several PSA's designed to educate community members about the dangers of opioids.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

- Florida National Guard who partners with Drug Free Sarasota, since the 2018- 2019 school year, has provided over 4,100 students across Sarasota County with an interactive substance-abuse prevention presentation called “Night Vision” aimed at education the youth about the dangers of substance abuse and the impacts the drugs have on the body.
- CTOP (Comprehensive Teen Outpatient Program)– Strengthening families –

parent prevention training.

- Drug-Free Youth is a youth-driven, community supported initiatives that supports local youth aged 13-18 who voluntarily pledge to remain drug and alcohol free for one calendar year and validate their commitment with a negative drug screen. Upon joining the initiative, local youth are provided identification cards which allows them to receive discounted items from local partnering businesses. During this one- year period, students are randomly drug tested to encourage the fidelity of the initiative. Each year the youth have the option to renew their enrollment. Since 2009, well over 5,000 have joined the initiative. The Student Assistance Specialists referenced above provide support for the Drug Free Youth initiative (e.g., through assemblies and classroom presentations, coordination of testing events, supporting business partner development), emphasizing the establishment of prosocial norms and the building of protective factors, as well as information on overcoming social and emotional barriers to learning.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

- Drug Free Sarasota has created educational material and several PSA's designed to educate community members about the dangers of opioids.
- The SafeRx Campaign encompasses several strategies to provide education to the public about the dangers of opioids. Some of the strategies within this campaign are the provision of education print materials, PSA's, local presentations, physician education/engagement, and exhibitor tables at local events.

7. What law enforcement initiatives does your community have to target the opioid crisis?

- Sarasota County Sheriff's Office (SCSO) was the first in the state to start carrying Narcan and track deployments and overdoses. North Port Police Department also carry Narcan and also track deployments and fatal/non-fatal overdoses. SCSO will follow up with an individual after OD and offer them a brochure with resources in the community.
- The Sarasota County Jail has had an addiction recovery pod since 2009 that offers a 6-week course through The Salvation Army that addresses substance abuse, relapse prevention, and life management. Both AA and NA meetings are offered to inmates.
- The jail now has 2 reentry navigators as part of an inter-disciplinary team to ensure inmates connect to services prior to release and post-release. Clients consist of those on MAT and those who are medium to high risk of recidivating.
- Sarasota County Sheriff's officers who encounter a person who has had a non-fatal overdose follow up with the individual to provide them information on community resources such as treatment options. The Save A Life brochure is one of the resources that the sheriff's office provides during the non-fatal overdose follow-up visit.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

- Carrying Nalaxone, local ordinances, and aggressive philosophy on investigations.
- a. Does your community have an opioid-related task force?
 - The Behavioral Health Stakeholders' Consortium (BHSC), (which represents over 70 active members) includes behavioral health service providers, law enforcement, the court system, the Department of Health in Sarasota County, the Department of Children and Families, Sarasota County Government, the Sarasota County School Board, consumers of behavioral health services, local hospitals, housing providers and funders. The BHSC convenes monthly to collaborate, share cross-system information, address gaps and barriers and leads change in behavioral health and human services delivery systems. In tracking emerging trends, this group has been instrumental in the development and implantation of community-wide strategies to impact the opioid epidemic (such as the pain clinic ordinances).
 - The Acute Care System Task Force committee includes representatives from all law enforcement agencies, Sarasota County-funded Baker Act and Marchman Act transportation providers, receiving facilities, hospitals, and funders meets no less than quarterly to monitor and analyze data for those individuals who utilize the Crisis Stabilization Units and Addiction Receiving Facilities.
 - Addiction Support and Pregnancy (ASAP), led by a local OB/GYN physician, is a collaborative multidisciplinary approach in treating pregnant women with opioid and substance use disorders. The goals are to provide support and services to women in a judgment free environment, offer peer support groups, MAT services, tour of the NICU, breastfeeding education and link to other needed services in the community.
- b. Does your community have an opioid-related coalition?

Drug Free Sarasota, serving as our community's coalition, is a community driven coalition seeking to reduce drug use and underage drinking through prevention initiatives, educational meetings, community collaborations and youth outreach. Decreasing overdose deaths due to prescription drugs and opioids is the coalition's number one priority.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

There are a limited number of providers who have a DEA-X waiver to provide prescriptions for Buprenorphine. Methadone providers require most patients to receive daily doses onsite, this interferes with daily routine, work, transportation issues.

Single adults have an extreme difficulty obtaining Medicaid since Florida is not a Medicaid expansion state. The cost of obtaining BUP or Methadone can be costly.

For long acting MAT, such as Vivitrol, there is a 10-day period where the individual

has to be opioid free. The current Marchman Act doesn't allow for a hold of that length of time under current law.

Data sharing between treatment providers and organizations is a barrier to ensure the individual receives the appropriate level of care.

The statewide opiate response funding does not allow for residential treatment. Many who receive MAT are in need of residential treatment but do not have funding to support it.

Lack of affordable and supportive housing for individuals with substance use disorders is a barrier to treatment.

a. How do you suggest those barriers be overcome?

Clarification on the ability to share relevant data between providers serving the individual with opioid and substance use disorder.

Modifying the Marchman Act to allow for those who qualify and are willing to remain at the Addiction Receiving Facility for the 10 day period to receive long acting MAT. Release too early from detox poses risk for relapse and would jeopardize the ability for the individual to qualify for long acting MAT.

Allow funding flexibility for treatment options (including residential) and housing supports.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Estimated Level II residential cost per day is approximately \$182.00 for 60 days with 100 clients would be approximately 1 million dollars.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

There are only 2 Florida Association of Recovery Residences (FARR) certified housing providers in this area, one in Sarasota and one in Manatee County. Unfortunately, neither allows individuals prescribed with Suboxone to come into their residence due to the issue of controlled substances being maintained in the housing. First Step sober housing is for those who have gone through treatment.

d. How many additional treatment beds would your community need to meet the demand? It is estimated by the primary substance abuse treatment provider that 60 additional beds would be needed to start.

10. What wrap-around services to you offer for individuals who overdose from opioids?

The primary substance abuse treatment provider in the county helped create a program aimed to reduce the number of repeat overdoses. The Substance Overdose Services (SOS) Program is a collaborative initiative among community partners that is designed to combat the ongoing opioid crisis in our community. The purpose of the SOS program

is to decrease the number of repeat overdoses and other risky and complex behaviors associated with serious opiate drug abuse for those adults who have experienced an opiate overdose within the previous 12-month period. The current staffing structure of the SOS team includes a Project Clinical Supervisor, two Care Coordinators, and one Recovery Peer Specialists. Care Coordinators are responsible for coordinating and navigating the service system on behalf of the client, connecting them to resources.

The Voluntary Interim Placement – Enhanced Recovery (VIP-ER) is an intensive ten- week residential substance abuse treatment program and includes 12 months follow-up. It is operated as a collaborative partnership involving six community service providers, each of whom contribute in their respective areas of expertise. The required linkages as well as relationships with other community partners are a fundamental part of VIP-ER. The core services provided in VIP-ER include: 1) Room and Board and Milieu Services, provided by The Salvation Army 2) Comprehensive Substance Abuse Treatment Curriculum, provided by First Step of Sarasota 3) Wraparound Coordination (case management) and Family Reunification Services, provided by Jewish Family and Children’s Service 4) Employment Development and Placement Services provided by Community Haven for Adults and Children with Disabilities. 5) Primary Health, Psychiatric Medications and CUSE provided by Department of Health in Sarasota County 6) Workforce Readiness GED Classes, provided by Suncoast Technical College

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Peer to Peer Specialist at Sarasota Memorial Hospital.

Peer to peer at Sarasota County Jail—Road to Recovery Program. SOS team – care coordinators paired with recovery peer specialists.

b. Do you have peer support coaches for individuals who overdose in your community? Yes, see above.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Opioid addiction and abuse in Miami-Dade County has led to large increases in substance abuse treatment admissions, increases in admissions for co-morbidities such as; cellulites due to intravenous drug use, endocarditis, HIV, hepatitis C infections, all of which have led to higher hospitalization rates, longer hospital stays, increased emergency department visits, and increased insurance costs. In addition, Miami-Dade County has seen an increase in opioid users seeking residential, outpatient, and MAT services. Increased opioid use has increased the wait list for residential services, which already has an average of over 300 consumers on it in any given month. Non-opioid user consumers that may need access to residential services are also affected by the opioid crisis.

Miami-Dade County has been highlighted for its rapid decline in overdose deaths, and as an example of how public health efforts are able to give people the tools they need to live healthier lives. Until the 2019 Legislative session, Miami-Dade County was home to the state's only legal syringe services program ("SSP"), which prioritizes provision of Narcan. By supplying Narcan to program participants, family members, law enforcement, and

community members, the SSP plays a critical role in tackling the overdose crisis in the County.

As the first program in the state to provide Naloxone directly to the people who use drugs, the SSP's impact on Miami-Dade County has been significant. In 2016, there were approximately 321 deaths in Miami-Dade County due to opioid use, in 2017 the number of overdose deaths was 305 persons, and in 2018 that number decreased to 213 deaths. Notwithstanding the SSP's success and strides made to curtail the number of opioid overdose deaths in the County, the number of opioid overdoses is significant. Furthermore, the drugs available in high-risk areas continue to evolve and be readily available.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

Please see attached the Miami-Dade Opioid Addiction Task Force Report and Implementation Plan as well as the Miami-Dade Youth Affected by Opioid Grant Strategic Plan. In addition, the County partnered with the University of Miami to create the SSP. The SSP serves over 1,300 participants and provides vulnerable populations with access to sterile syringes, substance use treatment and mental health services, overdose prevention methods, free medical services, and rapid access to HIV and hepatitis C care. Since the inception of the SSP, the number of syringes discarded in public has decreased by approximately 49 percent. Because the SSP also offers HIV and hepatitis C screening a greater number of individuals in need of HIV care have been identified through early detection and linked to care.

To date, the SSP has:

- (A) accepted over 14,700 used syringes;
- (B) exchanged over 442,100 used syringes for new ones;
- (C) collected over 11,500 more syringes than were exchanged back out into the community;
- (D) distributed over 3,100 boxes of Narcan;
- (E) documented over 1,600 reported overdose reversals;
- (F) linked persons to detox services over 327 times since March of 2018; and
- (G) connected over 60 participants with substance use residential treatment services.

Further the Miami-Dade County Homeless Trust partners with providers throughout the community to provide testing for hepatitis C and HIV, as well as hepatitis C vaccinations.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Heroin, fentanyl, fentanyl analogues, and fentanyl-laced drugs. There is also a growing presence of methamphetamine use among men who have sex with men and the concurrent use of stimulants and opioids is widespread.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

Miami-Dade County, directly or through partnership with others, has:

- a. Created the Miami-Dade Opioid Addiction Task Force;
- b. Increased access to treatment with the Medication Assisted Clinic at Jackson Health System that opened in July 2017;
- c. Participated in the SSP– harm reduction education and syringe access approach to decrease the number of opioid deaths and prevent the spread of blood-borne diseases;
- d. Held town hall meetings in the communities most affected by the opioid epidemic; and
- e. Tailored our funded prevention programming to include modules on opioids.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

- a. Town Hall Meetings
- b. Currently the Addictions Services Board is working on different initiatives to address opioid prevention with the youth in our community, including finalizing a strategic plan for the Opioid Affected Youth Grant, see attached.
- c. Presentations at health fairs and community events, and partnerships with community-based organizations and churches in the community to educate the youth about how to use Narcan, how to identify signs and symptoms of opioid use, how to ask for help, and to educate them about other resources in their community.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

- a. Town hall meetings
- b. County implemented an opioid prevention and awareness communications campaign
- c. Partnering with community organizations to participate in or to organize events geared towards educating people about harm, reduction, and providing resources that service vulnerable populations in the opioid-use community.
- d. SSP's success has been shared with media outlets to show others how they can impact the community in a positive and welcoming way. The program has also been prominently featured in the Miami Herald, on WLRN, PBS Your South Florida, CBS Miami, Human Rights Watch, Associated Press, and other local and regional news stations. The SSP has also partnered with global organizations such as Starbucks and MAC Cosmetics to help bring awareness of the importance of

access to sterile syringes and harm reduction practices to increase health and wellness for the public.

7. What law enforcement initiatives does your community have to target the opioid crisis?
 - a. Administering Naloxone by law enforcement to prevent overdose deaths.
 - b. Educating law enforcement of the drug court service, treatment resources, and Marchman Act.
 - c. Partnering with service care and treatment providers to create the Collaborative Law Enforcement Addiction Recovery Program (“CLEAR”), a pre-diversion program for patients with opioid use disorder. The program aims to treat approximately 100 people over the course of three years and will provide a mechanism to allow police officers to connect persons with opioid and substance use disorder with the proper medical care including mental health treatment and drug treatment programs they need rather than incarceration
 - d. Implementing the Miami-Dade County Police Department Prescription Medication Disposal Program on August 1, 2018. Metallic bins were placed in four Miami-Dade Police Department District Station lobbies. These bins are providing the residents of Miami-Dade County with a means to safely and anonymously dispose of unwanted prescription medication.
 - e. Partnering with the University of Miami’s IDEA Exchange. The Exchange is the state’s first legal needle exchange program that currently has over 1,000 participants. Since its inception, the Exchange has collected 259,838 syringes. Additionally, the program provides free HIV and hepatitis C testing and services to those who test positive. Moreover, the Exchange distributes Narcan to program participants. Since its inception, the Exchange has distributed 3,820 doses of Narcan and has reported 1,075 reversals.
8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

CLEAR

- a. Does your community have an opioid-related task force?

The Miami-Dade Opioid Addiction Task Force (“Task Force”) was established in 2016 and terminated in 2019. The duties and responsibilities related to the Task Force’s Implementation Plan were transferred to the Miami Dade County Addiction Services Board (“ASB”). The ASB is a long-standing County advisory board. Many of the Task Force members also serve on the ASB.

- b. Does your community have an opioid-related coalition?

Yes, the Miami Dade County Addiction Services Board and the Miami Coalition: Solutions for a Safe, Healthy and Drug Free Community.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

The primary barriers for individuals seeking MAT for opioid use disorder is the inability to access low barrier, same day services, and lack of low or no-cost psychiatric and mental health services in our community. Lack of access to residential treatment, shelter beds, and housing opportunities for individuals receiving MAT care are also huge barriers to success in care. Buprenorphine needs to be widely available and free.

- a. How do you suggest those barriers be overcome? In addition to increased funding and education, there also must be an increase in the number of community programs that provide access to MAT care at no cost to the programs' participants. It is also essential that some punitive measures such as being kicked out of treatment or housing that are imposed on individuals who relapse during treatment are discontinued or relaxed. This will encourage re-engagement to care, rather than foster feelings of shame and guilt among treatment participants. It would be helpful if higher levels of care that address both the physiological and environmental effects of opioid use disorder, which includes providing greater access to residential treatment centers, shelters and ultimately housing that allow individuals to access MAT care, as well as, aftercare housing to individuals on MAT are increased. Imposing more reasonable regulations for Buprenorphine providers could also assist. It is equally essential that we educate the community and sober home providers about the necessity of Buprenorphine and why prohibiting it is dangerous to individuals receiving treatment.
- b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Because there are many multi-layered aspects of treatment, it is difficult to quantify removal of treatment barriers. Nonetheless, cost of medication, therapeutic services, facilities (rental or County owned), personnel expenses and other operational costs are bare necessities that would have to be satisfied in all efforts to remove treatment barriers.

- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD? Resources are extremely limited. Currently individuals receiving MAT care while in a residential facility are able to connect with half-way or three-quarter way houses after the completion of their residential program. A barrier arises when a person receiving MAT care tries to enter a sober living facility (many prohibit MAT). Many shelters in Miami-Dade County, such as Camillus House, Chapman Partnership, Miami Rescue Mission, Lotus House, and The Salvation Army, often have a long waiting list, limited bed availability, and do not connect individuals to long-term housing. Environmental factors such as housing stability greatly impact the patients experience and success

on MAT.

- d. How many additional treatment beds would your community need to meet the demand?

The exact amount of treatment beds needed to meet the ever-growing demand in Miami-Dade County has not been calculated. But, the SSP serves approximately 10 percent of individuals in the City of Miami who are in dire need of these life changing services. Many, if not all, of those individuals need treatment beds. In addition, every day, MDC and its community partners receive several inquiries about the treatment process from people who use opioids, and fulfill requests to link them to detox, MAT programs, and to help them advocate for residential treatment beds. Since March 2018, the SSP has linked more than 430 clients to various substance use treatment services (i.e., detox linkages, inpatient residential treatment, outpatient treatment, intensive outpatient treatment services).

On average, SSP has linked persons who use opioids to substance use treatment programs approximately 4.3 times a week, over the course of 100 weeks. This information provides insight into the needs for treatment beds of one service provider in one of Miami-Dade County's 34 municipalities.

10. What wrap-around services do you offer for individuals who overdose from opioids?

Outpatient MAT services and therapy are offered through County hospitals as well as from some service providers in the County. In addition, some programs within the County provide Narcan to individuals who have opioid use disorder and their loved ones and train them on its use.

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.? Hospital emergency departments, detox facilities, and treatment programs.
- b. Do you have peer support coaches for individuals who overdose in your community? Yes – Jackson Health System initiated a pilot program and the SSP has built in opportunities for individuals who have used the program to volunteer their time and share their experiences with current participants of the program.

2017

MIAMI-DADE COUNTY

OPIOID ADDICTION

TASK FORCE



Acknowledgements

The Opioid Addiction Task Force would like to acknowledge the support staff and committee facilitators who assisted in the process of creating the recommendations and development of this report.

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Background

2016 Miami-Dade Opioid Addiction Task Force Formation

In response to the illicit and prescription opioid addiction and overdose epidemic in Miami-Dade County, Mayor Carlos A. Gimenez, in partnership with the State Attorney Katherine Fernandez-Rundle, the Department of Children and Families, the Florida Department of Health, and Miami-Dade County's Board of County Commissioners Chairman Esteban L. Bovo, Jr. founded the Miami-Dade County Opioid Addiction Task Force. Members of the Task Force consist of several subject-matter experts and stakeholders representing the following agencies, departments, and offices:

Miami-Dade Board of County Commissioners	Department of Children and Families Behavioral Health Division
Miami-Dade County Mayor's Office	Florida Legislature
Miami-Dade County Public Defender's Office	City of Miami
Miami-Dade County State Attorney's Office	Miami-Dade County Association of Chiefs of Police
Miami-Dade County Medical Examiner's Department	University of Miami
Miami-Dade County Homeless Trust	Florida International University
Miami-Dade County Addiction Services Board	United States Drug Enforcement Administration
City of Miami Police Department	Jackson Health System
City of Miami Fire Rescue Department	Marvin's Corner Therapeutic Community, Inc.
Miami-Dade County Fire Rescue Department	Eleventh Judicial Circuit in and for Miami-Dade County
Miami-Dade County Community Action and Human Services Department	Jessie Trice Community Health Center
Florida Department of Health in Miami-Dade County	WestCare Foundation
Miami-Dade County Police Department	South Florida Behavioral Health Network

Based on a review of evidence-based and evidence-informed practices, the Task Force was charged with providing recommendations to reduce opioid overdoses, prevent opioid misuse and addiction, increase the number of persons seeking treatment, and support persons recovering from addiction in our communities. The Task Force also examined healthcare solutions, the role of the justice system in opioid prevention, and raising awareness and improving knowledge of misuse.

The Opioid Epidemic & Miami-Dade County

The scope of the problem:

Opioid-related Deaths by Year



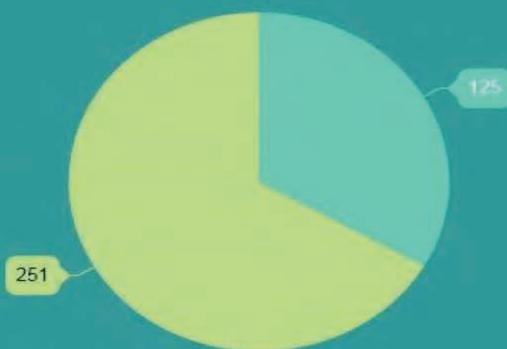
In 2016, 229 residents died due to opioids, compared to 94 deaths back in 2005. Since 2005, more than 1,200 total Miami-Dade County have died due to opioids.

What are Opioids?

Opioids in this report refer to powerful substances that produce strong, morphine-like effects in the brain. These substances can be obtained with a prescription, like hydrocodone and oxycodone, or can be obtained illegally. When misused and abused, these drugs can cause serious, sometimes fatal, consequences.



Beyond Prescription Drug Abuse



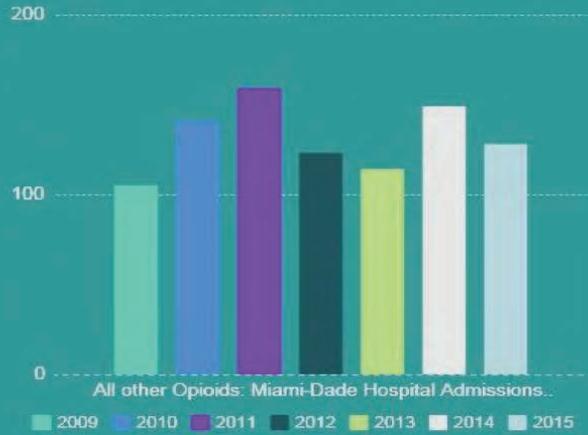
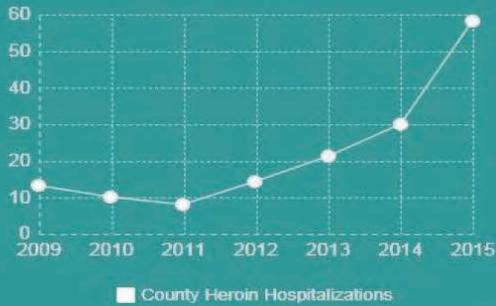
■ Fentanyl Analogs (33.24%) ■ Fentanyl as Cause of Death (66.76%)

Fentanyl

Fentanyl is 50 to 100 times stronger than morphine or heroin. Introduction of illicit fentanyl into drug markets, and the misuse of prescribed fentanyl patches, powders, and pills, has had a devastating effect. From 2014 to 2016, Fentanyl was been identified in 376 overdose death cases in Miami-Dade. In 67% of those cases, Fentanyl was listed as the actual cause of death.

Opioids & Heroin: A Crisis

Many of those who use heroin report misuse of prescription opioids before beginning their heroin use. Those with prescription opioid misuse disorder may turn to illicit substance use because they can be accessed more cheaply.



Steps Towards Prevention

Healthcare providers, law enforcement, schools, communities, and families can all contribute to preventing opioid misuse and drug abuse.



Improve prescribing practices to reduce potential for abuse



Expand access to evidence-based treatment



Encourage collaboration between State and local agencies, health officials, and law enforcement to better examine the trends of opioid use.



FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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Problem Statement

The misuse, abuse, addiction, and overdose of opioids have become serious public health problems in Miami-Dade County. Over the past decade, alarming increases in opioid-related overdoses and deaths have been observed. Since 2005, more than 1,200 members of our community have died due to opioids. According to the Medical Examiner's Office, approximately 100 Miami-Dade County residents died as a result of opioid poisoning annually from 2005 - 2015. During 2016, the numbers were more alarming, with 229 residents fatally overdosing from opioids. Furthermore, thousands of additional Miami-Dade County residents have been admitted to hospitals and treatment centers or visited emergency departments each year due to opioid poisoning and abuse, resulting in distress upon individuals, their families, and our communities.

While these dynamics have affected Miami-Dade County residents of all genders and age groups, the impact is particularly striking for males and young/middle-aged adults. Between 2005 and 2016, Miami-Dade County adults aged 25 – 54 years were nearly three times more likely to die from an opioid overdose compared to other adults. During 2016, adults aged 25 – 34 years were predominantly affected, as they experienced a 98% increase in the number of fatal opioid overdoses compared to the previous year. Additionally, a considerable increase in fatal opioid overdoses (76%) was observed last year in adults aged 35 – 64 years compared to 2015. Opioid overdoses also predominately affect males, who have accounted for 70% of all opioid-caused deaths among Miami-Dade County residents. The recent death toll among males due to opioids, however, has been striking, with overdose fatalities quadrupling since 2013 (from 42 to 187 deaths in 2016).

Significant racial-ethnic disparities in opioid overdose deaths have also been observed in Miami-Dade County. From 2005 – 2016 the highest opioid poisoning average death rates were among non-Hispanic white residents (10.0 per 100,000 population). This was more than three times greater than Hispanics (3.0 per 100,000 population) and four times greater than non-Hispanic blacks (2.3 per 100,000 population) during the same time period. Despite lower mortality rates among Hispanics, this cohort experienced a 2.2-fold increase in opioid overdose deaths between 2015 (63 deaths) and 2016 (140 deaths).

In Miami-Dade County, illicit opioid use continues to increase, resulting in a growing number of fatalities. In 2013, heroin surpassed prescription opioids as the primary cause of opioid overdose deaths. Although prescription opioid-involved deaths have been dropping since 2010, many individuals, who use heroin, report prior addiction to prescription opioids prior. When individuals, with opioid use disorder have greater difficulty obtaining pharmaceutical opioids, many switch to heroin use due to its greater availability and lower cost. Heroin, however, brings higher risks of overdose and infectious diseases, such as HIV and Hepatitis C.

In 2015, heroin-caused deaths in Miami-Dade County totaled 83, the greatest number recorded since at least 2000, and a substantial increase since 2011, when only 11 deaths were reported. Since 2014, however, a substantial increase in other illicit opioids, such as fentanyl and carfentanil, have been observed. These drugs are known to be 50 and 5,000 times more potent than heroin, respectively. During 2014 - 2016, fentanyl and/or fentanyl analogs were identified in 376 deaths

according to the Miami-Dade County Medical Examiner's Department. Of these, 251 medical examiner cases (67%) list fentanyl and/or fentanyl analogs in the cause of death; which will likely increase to over 90% once pending cases are completed. The majority of these cases involved multiple drugs, most commonly heroin and cocaine. Since September 2016, fentanyl analogs have been identified in approximately 150 cases, which include carfentanil, furanyl fentanyl, and para-fluoroisobutyryl fentanyl.

Opioid addiction and abuse in Miami-Dade County has also led to large increases in substance abuse treatment admissions. According to the Florida Department of Children and Families' Substance Abuse and Mental Health Program, opioids accounted for 11.7% of all substance abuse treatment admissions during 2013. This represents a 24% increase compared to 2010 when 9.4% of all substance abuse treatment admissions were due to opioids. The increase in opioid treatment-related admissions can largely be attributed to growing heroin addiction and abuse. Heroin primary treatment admissions in Miami-Dade increased 62% between 2010 (183 admissions) and 2013 (294 admissions).

These trends indicated a comprehensive and multi-faceted response was required to curtail the impact that opioids are having on our residents and community. Consequently, the Miami-Dade Board of County Commissioners passed a resolution on December 20th, 2016 founding the Opioid Addiction Task Force, which met over a four-month period from January - April 2017 to provide recommendations by: 1) identifying best practices to address the opioid epidemic; 2) recommending existing resources to assist opioid addicted individuals; 3) expanding available long term treatment options for individuals addicted to opioids; and 4) implementing effective interventions for opioid addicted individuals.

The task force operates under the "Collective Impact" principle. Collective Impact is a structured approach, with a backbone organization, that combines community efforts to build a common agenda and achieve lasting social change. This method is used to address complex health problems and invoke sustained population-wide health improvement. The task forces reach uses a top-down approach across multisector, with a charge of developing county-wide strategic action plans to address the opioid epidemic.

The Task Force was divided into four subcommittees:

- 1) The Healthcare Solutions Committee was charged with developing recommendations that maximized access to care and enhanced screening for opioid misuse and opioid use disorder.
- 2) The Treatment and Recovery Committee was charged with developing recommendations that addressed individuals experiencing opioid use disorder, who desired opioid agonist pharmacotherapy, and timely access to treatment.
- 3) The Law Enforcement, Justice, and First Responders Committee was charged with developing recommendations and approaches to opioid prevention and policing efforts.
- 4) The Education and Awareness Committee was charged with developing recommendations that raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder.

Each subcommittee convened three times between January 30th and April 14th, 2017 to set forth findings and recommendations for consideration by the Board of County Commissioners.

This report provides a summary of the Task Force's recommendations to both prevent opioid addiction and improve opioid use disorder outcomes in Miami-Dade County, Florida.

Healthcare Solutions Committee

In 2015, over twenty million Americans aged 12 years or older had substance use disorder (SUD). Two million involving prescription pain relievers and 591,000 with heroin ⁽¹⁾. Patients with SUD are at ten times greater risk of an overdose death in the first month after hospital discharge compared to those without SUD. Patients with SUD also have additional co-morbidities, higher hospitalization rates, increased insurance costs, and greater use of medical services ⁽²⁻⁴⁾. SUD is a chronic, relapsing, often fatal disorder that typically requires a long-term multifaceted treatment to be effective. Healthcare solutions to SUD require multiple strategies from screening and detection of opioid use disorder, to linkage to care, medication initiation, and long-term retention.

One of the major concerns discussed during the subcommittee meetings was the prescribing patterns of medical providers. While these opioids play an important role in pain management and treatment, it is critical that prescribers such as physicians, pharmacists, nurses, and dentists receive updated education on these medications, their use, and potential associated risks for patients. Sales of prescription opioids in the U.S. have nearly quadrupled from 1999 to 2014, yet very little change has occurred regarding the amount of pain Americans report ⁽⁵⁾. In Florida, opioids comprised three of the top four controlled substance prescriptions dispensed to Florida residents. These three opioids (hydrocodone, oxycodone, and tramadol) accounted for a third of all controlled substances prescribed to Florida residents during 2016 ⁽⁶⁾.

The Task Force also acknowledges the role of the physician in screening for risk and history of misuse when prescribing opioids. This responsibility is carried throughout the entirety of a patient's opioid therapy. Screening for opioid misuse or dependence can help providers identify which patients are more likely to require close monitoring while taking opioid medications. For patients with a greater risk of opioid misuse, the identification of early warning signs through screening may change negative opioid use behaviors. For others, screening tests can be significant first steps toward treatment and recovery from addiction. Most patients with opioid disorders do not seek treatment and are generally symptom-free when visiting healthcare providers. The absence of self-reporting and clear physical signs and symptoms, emphasizes the need for providers to recognize patients who are abusing or misusing opioids and ensure they obtain treatment.

The Task Force believes that the County should continue to protect and expand access to treatment for residents suffering from opioid use disorder. In addition, healthcare providers should receive continuing education pertaining to opioid use and addiction, as well as, appropriate prescribing of opiates. Specifically, the Healthcare Solutions Committee recommends the following:

1) Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of Neonatal Abstinence Syndrome.

Neonatal Abstinence Syndrome (NAS) refers to the group of problems that occur when a neonate is born dependent on the opiates used during pregnancy. With postnatal reduction of opiates, the baby experiences withdrawal symptoms (tremors, irritability, trouble sleeping, high-pitched crying, tight muscles, poor feeding, vomiting, and diarrhea) as the drug slowly leaves the baby's system. According to the National Institute on Drug Abuse, an estimated 21,732 infants were born with NAS in 2012 —equivalent to one baby suffering from opiate withdrawal born every 25 minutes. The Task Force recognizes that the rising rates of drug withdrawal in neonates points to the need for measures to reduce prenatal opiate use in mothers, and therefore recommends that healthcare providers in Miami-Dade County collaborate with Healthy Start to implement screenings that will reduce the risk of NAS.

The Healthy Start Coalition of Miami-Dade currently employs the “4Ps Plus©” screening tool, which is the first validated, evidence-based instrument that has been developed to assess for substance abuse risk in pregnant women. The 4Ps Plus© addresses risk for alcohol, tobacco, and illicit drug use, depression and domestic violence. Brief intervention strategies are also integrated into the screening process. It is the recommendation of the Healthcare Solutions Committee that Miami-Dade County Obstetricians and Gynecologists meet with Healthy Start officials to learn how to implement this screening tool in clinics and private practices and therefore reduce the risk of substance abuse in pregnant women.

2) Advocate for mandatory continuing education for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse.

While opioids do play an important role in many cases of chronic pain management, many people, who initially use opioids to control chronic pain, develop a misuse disorder when they have access to a large supply of pain medication, or when their use of the medication is not properly monitored by their physician. In order to develop and maintain safe prescribing practices among physicians, it is critical that these prescribers receive current and consistent training on opioids, their use, and the associated risks for patients.

Other counties and communities are already examples of increasing prescriber education to curb the opioid epidemic: Orange County in Florida has recommended enacting mandatory provider education in conjunction with the Florida Board of Medicine and the State Board of Nursing, which will include current courses dedicated to the subject of safe opioid prescribing. Broward County has committed to promoting compliancy with the Centers for Disease Control and Prevention

(CDC)'s Prescribing Guidelines among their physicians. Since 2012, the State of New York has required all physicians to complete four hours of continuing education on opioids and safe opioid prescribing. Kentucky passed House Bill 333 restricting some prescription for pain killers to three-day supplies.

The Task Force recommends continuing education for Miami-Dade County physicians, dentists, and other clinical providers on opiate prescribing, associated risks, and misuse. This continuing education would include trainings on medication reconciliation standards in prescribing and screening so that providers are knowledgeable on how to screen for addiction, depression, and understand when to refer patients to specialists in the event of opioid misuse disorder. The continuing education requirements would also include training providers on how to have a conversation with patients about the risks of opioid use and on the importance of follow-up visits, particularly with those patients that have a history of addiction. Providers are strongly encouraged to utilize the Centers for Disease Control and Prevention's "*Guideline for Prescribing Opioids for Chronic Pain*," which provides guidance on initiating or continuing opioids outside for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

3) Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services.

In 2015, over twenty million Americans aged 12 years or older had substance use disorders. Two million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin ⁽¹⁾. Many of these individuals ultimately present to an emergency department (ED) with opioid-related overdoses and are frequently hospitalized. Patients with opioid use disorders fear stigma and poor care while in a hospital setting, thus are more likely to leave against medical advice, resulting in a greater risk of adverse health consequences after discharge ⁽⁷⁾. Patients with a substance use disorder (SUD) are at ten times greater risk of an overdose death in the first month after hospital discharge compared to those without SUD. Patients with SUD also have additional co-morbidities, higher hospitalization rates, increased insurance costs, and greater use of medical services ⁽⁸⁻¹⁰⁾. These factors pose a difficulty to providers while caring for patients with opioid use disorders. Treatment services such as medication assisted treatment (MAT); however, are highly effective, evidence-based approaches in managing opioid use disorders ⁽¹¹⁻¹³⁾ and withdrawal symptoms. Maintenance treatment with an opioid agonist can reduce the risk of overdose deaths by 50% ⁽¹⁴⁾.

ED visits can present a crucial opportunity to identify patients with opioid addiction and link them to treatment services. ED initiation of buprenorphine combined with treatment service referrals for patients with opioid disorders has been shown to increase engagement in addiction treatment and reduce illicit opioid use ⁽¹⁵⁾. The Task Force supports the development of a pilot project at a hospital, which would provide onsite initiation of MAT combined with a referral to treatment services for patients with opioid dependence. The program would also provide an addiction-focused community outreach worker, who would help link patients with opioid use disorders to treatment services. These workers would a) collaborate with treatment programs and providers in their area; b) provide screening, intervention, and referral; c) create policies and procedures for

treatment and referral; d) follow up with patients who have received treatment and referral for treatment; and e) assist with overcoming barriers to accessing treatment.

4) Review and develop regulations to promote safe prescribing and dispensing of controlled substances

A large proportion of opioid misuse disorders begin with prescribed medications from a healthcare professional. These drugs are not illegal, and consumers trust that their physicians have prescribed a safe medication to treat pain. When these medications are not prescribed carefully consumers are placed at a higher risk of developing an opioid addiction and misuse disorder. When a misuse disorder becomes pronounced, desperate patients may turn to illicit drugs, such as heroin or fentanyl to help avoid pain and withdrawal sickness. The Committee has identified the need for heightened security and regulation in the prescribing and dispensing of opioids in Miami-Dade County. It is the recommendation that a triplicate-prescription system be put in place for controlled substances, such as prescription opioids. Triplicate-prescriptions are an effort to decrease the diversion of certain medications, like prescription painkillers and opioids, to illicit markets. In triplicate-prescribing, allows for the tracking of the physician's prescribing practices and the patient's use of opioids.

It is well established that environmental factors, such as conditions at home, at school, and in the neighborhood can result in drug addiction. Biological conditions, such as genetic factors; however, can also contribute to the development of addiction. Similar to eye color differences, there are variations in response to analgesic medications such as opioids. Scientists estimate that genetic factors may account for between 40 – 60% of a person's vulnerability to addiction⁽¹⁶⁾. When given an opioid for pain relief, an individual may experience a variety of responses, from good analgesia and improvement in function, to poor analgesia and development of physical dependence or addiction⁽¹⁷⁾. Therefore, another recommendation is to promote safe prescribing practices among Miami-Dade County's physicians, includes encouraging genetic testing. By identifying the risks of individuals to select opioids through genetic testing, a clinician might improve the efficacy of a pain medication and decrease the risk of drug-induced addiction, overdose, and death. Genetic testing may also identify or predict the likelihood of efficacy and toxicity to medical treatment with opioids.

5) Encourage medical providers to utilize the prescription drug monitoring database.

Prescription Drug Monitoring Programs (PDMPs) are state-based databases that collect information on controlled prescription drugs dispensed by pharmacies and, in certain states, by physicians as well. According to the Centers for Disease Control and Prevention (CDC), an evidence review found that most fatal overdoses were associated with patients, who received opioids from several prescribers and/or with patients receiving high total daily opioid dosages. Information pertaining to both of these risk factors can be accessed by prescribers in the PDMP. This data can also be beneficial when patient medication history is not available or when patients switch clinicians. The review also found PDMPs are valuable tools that should be utilized when starting a patient on opioid therapy.

Florida's Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), was created by the 2009 Florida Legislature to support safe prescribing of controlled substances and reduce drug abuse within Florida. E-FORCSE® developed a database that collects and stores prescribing and dispensing data for Schedule II - IV controlled substances. The function of E-FORCSE® is to provide collected database information to healthcare practitioners to help guide decisions in prescribing and dispensing prescription drugs such as opioids.

Section 893.055, Florida Statutes, requires healthcare providers report to E-FORCSE® each time a controlled substance is dispensed to an individual. The information is reported through the electronic system within 7 days after dispensing. This reporting timeframe ensures that healthcare providers have the most current information available regarding their patients' drug histories. E-FORCSE® complies with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations.

Miami-Dade County clinicians utilizing the prescription drug monitoring program (PDMP) database would be able to ascertain past opiate prescription history, whether the patient is receiving appropriate opioid dosages or dangerous drug combinations that would place the patient at high risk for overdose. Additionally, the PDMP assists providers and pharmacists in identifying high-risk patients who may benefit from early interventions. This recommendation has been adopted in other counties and states, including New York, where healthcare practitioners have been required since 2012 to consult the PDMP before prescribing or dispensing certain drugs.

6) Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder.

The Task Force acknowledges the role of the physician in screening for social, environmental, and genetic risk factors, and history of misuse, when prescribing opiates. This responsibility is carried throughout the entirety of a patient's opioid therapy. The Task Force recommends expanding the mental health and drug screenings used to determine if an opioid therapy is or continues to be a viable option for patients.

There are several evidence-based mental health screening tools that are the physician's disposal as they determine whether to begin or to continue a patient's opioid therapy: The National Institute on Drug Abuse (NIDA) has produced a quick-screen specific to addressing opioid misuse risk, called the "Opioid Risk Tool." Designed for self-report use in primary care settings, the Opioid Risk Tool assesses risk for opioid abuse among patients that have been prescribed opioids for chronic pain. Expanding the use of this and similar tools such as the Addiction Severity Index, the Clinical Opiate Withdrawal Scale, and the Opiate Screening Tool could help physicians to better understand the mental state and addiction risk factors that are specific to each patient. Combined with mental health tools, such as the Patient Health Questionnaire – 9 (PHQ9), a depressive

disorder diagnostic tool, and utilizing urine drug testing, physicians and other prescribers of opioids will have a comprehensive picture of patient risk of developing an opioid misuse disorder.

7) Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process

The Hal S. Marchman Alcohol and Other Drug Services Act of 1993, or more commonly referred to as the Marchman Act, provides for emergency assistance and temporary detention for individuals requiring substance abuse evaluation and treatment in Florida. The Marchman Act assists families through the courts to get loved ones admitted into court-ordered and monitored intervention assessment and long-term treatment when they will not voluntarily admit themselves.

The Marchman Act is initiated by filing a petition for involuntary assessment in the county court where the impaired individual resides. The petition must be filed in good faith by a person recognized by the court to do so. The petitioner must present evidence that an individual has lost the power of self-control with regard to substance abuse and that the individual has the potential to harm themselves or others unless they obtain help. The petitioner must also demonstrate that the impaired individual cannot make rational decisions with regard to needing treatment.

There are impediments to enacting a Marchman petition on an individual as it is often difficult to admit an individual into treatment, in particular those with opioid disorders. Occasionally, the Marchman Act order has elapsed by the time courts have space to admit the individual for treatment. A second issue with the Marchman Act is that a person must be located in order to be served. People who are using drugs are often transient, so it's difficult for the individual to be located and served with a court order. Lastly, there is little funding available for obtaining referrals for uninsured individuals with opioid addiction. Therefore, the task force recommends funding a Miami-Dade County clerk position to assist the community with filing and navigating issues of Marchman Act petitions and help link an individual to care.

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Treatment and Recovery Committee

Opioid addiction is a chronic disease requiring a multifaceted and comprehensive treatment system to support and encourage recovery. Currently, there are only 16 publicly funded Miami-Dade County Levels II – IV residential treatment facilities with a collective total of 247 beds providing counseling, behavioral therapy, medication, case management, and other types of services to individuals suffering from substance abuse ⁽¹⁾. During 2015, over 1,000 Miami-Dade County residents received treatment for opioid substance abuse disorder ⁽²⁾. Between 2012 and 2015, substance abuse admissions to South Florida Behavioral Health Network (SFBHN) certified treatment programs for heroin increased by 60 percent, and by 31 percent for any opioid.

Unfortunately, there is a lack of treatment options for many other Miami-Dade residents with opioid use disorder. According to the South Florida Behavioral Health Network, there has been a 63% increase in the number of individuals placed on the adult substance abuse (ASA) residential (RES) Level II waiting list from July – November 2016, compared to the same time period in 2015. Moreover, during July – November 2016, there were 136 intravenous (IV) drug users on the ASA RES II waitlist, which represents an 88% increase from 72 IV drug users on the waitlist during the same period in 2015. On an annual basis, this amounts to 326 IV drug users on the waitlist by the end of FY 2016-2017, which represents a 113% increase compared to the previous fiscal year. For many heroin and opioid users, treatment is the first stage toward recovery, but due to the lack of services, this initial step is often difficult to take. This causes more individuals to overdose and continue their addiction to opiates. During the subcommittee meetings, the Task Force heard from panelists and guests pertaining to the lack of treatment beds as well as barriers to accessible, effective treatment due to insurance delays or lack of coverage.

Research has indicated that effective outcomes are dependent on adequate treatment length. Participation of less than 90 days during residential treatment is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes. For example, one year is considered the minimum treatment required for methadone maintenance. Due to the growing demand in persons seeking treatment for opioid abuse and long recovery times, there is presently insufficient access to treatment beds. Moreover, many persons seeking help for opioid use disorder have barriers to accessible, effective treatment due to insurance delays or lack of coverage.

Opioid addiction typically will not abate simply with opioid discontinuation, it can carry a high risk of relapse for years, and increase the risk of overdose death without proper treatment. A patient's risk of overdose death can be reduced even with as little as one week of medication-assisted treatment. Retention in treatment can reduce overdose death risk even further. Opiate substitution treatment has been observed to reduce overall mortality by 85% among opioid users receiving treatment for nearly a year ⁽³⁾.

Using medications for opioid addiction treatment also results in decreased healthcare and criminal justice costs. The average cost for one full year of methadone maintenance treatment is approximately \$4,700 per patient. In comparison, the annual cost to house an inmate in a Florida prison during FY 2015-16 was \$19,577 ⁽⁴⁾. Every \$1 invested in addiction treatment yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft alone. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12:1 ⁽⁵⁾. Medication-assisted treatment for opioid use disorders has been associated with \$223 to \$153 lower total healthcare expenditures per month compared to treatment without medication ⁽⁶⁾.

Recovery is a life-long process, and persons addicted to heroin and opioids are highly likely to relapse if not provided with proper supports. Unfortunately, if a relapse occurs many incorrectly believe that the treatment was a failure. Successful treatment for any addiction usually requires constant evaluation, similar to that of other chronic diseases.

The Task Force believes that the County should continue to protect and expand access to treatment for Miami-Dade residents suffering from opioid use disorder. Specifically, the Treatment and Recovery Committee recommends the following:

1) Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care,” by developing and implementing a comprehensive opioid addictions treatment “Recovery-oriented System of Care (ROSC).”

In mental health and recovery services, a “continuum of care” refers to an integrated system of care and treatment that involves guiding and tracking the patient through a comprehensive array of services, spanning all levels of care and recovery. It is the recommendation of the Task Force that the existing Miami-Dade County treatment options for opioid misuse and substance abuse be strengthened by developing and implementing a recovery-oriented system of care (ROSC).

Developing and implementing a ROSC would include supporting a wide range of evidence-based treatment interventions, including medication-assisted treatment (MAT) options for some individuals. When using public funding, evidence-based interventions would need to be stipulated contractually to ensure that funds are being spent correctly. Implementing a ROSC, will be highly effective if providers and stakeholders are able to create and expand the types of settings where these treatments can be delivered to those suffering from opioid addiction, including emergency rooms, jails, shelters, and recovery housing.

2) Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a stable funding source to support opioid addiction services, including paying for the appropriate medication(s) in Medication Assisted Treatment (i.e. Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.)

On April 25th, 2017, a federal grant proposal was submitted to the US Department of Justice to receive funding for the support of opioid addiction services in Miami-Dade County. The submission of this grant came shortly before Governor Rick Scott directed Florida State Surgeon General Celeste Phillip to declare a state of emergency in Florida over the state of increased opioid-related morbidity and mortality. The grant submission for the “Overdose Outreach Project” includes designs to decrease overdose deaths by increasing treatment and recovery engagement among overdose survivors. Partners for this project include The Miami-Dade Police Department; Jackson Health System through its Corrections Health Services Division; South Florida Behavioral Health Network, Inc.; University of Miami Miller School of Medicine, Department of Public Health Services; City of Miami Police Department; Miami-Dade Fire Rescue Department; City of Miami Department of Fire-Rescue; the Florida Department of Health in Miami-Dade County; and Miami-Dade County Homeless Trust. Language in the grant application calls for funds to be directed towards the buying and distributing of Naloxone (nasal spray and injectable), Suboxone and Vivitrol, and to provide overdose victims with support services (other MAT options, education, and temporary housing). The first and second priorities of this funding, if secured, will go towards (1) Providing survivors of non-fatal overdoses, and their friends and family, with access to Narcan and other recovery support services, including psychological services; and (2) Prioritized access to detox and treatment services as well as access to medication-assisted treatment (Suboxone, Subutex or Vivitrol); (3) Provide overdose prevention education and community outreach.

3) Provide comprehensive psychosocial services when using a medication assisted treatment model.

Medication-Assisted Treatment (MAT) is the combined use of medications and behavioral or counseling therapies to address substance abuse disorder. Primarily used for the treatment of addiction to opioids and heroin, MAT provides a “whole patient” approach to addiction and misuse disorders. The first half of the treatment combination is a prescribed medication, which consists of prescriptions that help to normalize the chemistry in the brain by blocking the effects of opioids and other substances and relieve withdrawal cravings. These MAT medications include drugs such as Vivitrol, Buprenorphine, Methadone, Suboxone and Naxeltrone. The second half of the treatment combination includes behavioral and counseling therapies such as cognitive behavior therapy (CBT), physical and occupational therapy treatments, individual and group counseling, 12-step fellowships, peer support groups, intensive outpatient treatments, and more.

MAT patients must receive some sort of counseling under federal law. MAT has been proven to be clinically effective as a comprehensive, individualized program for those suffering from opioid misuse disorder. Patients in MAT programs have shown increased survival rates, retention in treatment, a decrease in opioid misuse and the use of illicit substances, a greater ability to gain and maintain employment, and better birth outcomes for those patients who were pregnant during treatment. Studies have also shown that these medications and counseling therapies can contribute to lowering a person's risk of contracting HIV or Hepatitis C by reducing relapse incidence.

Despite its obvious advantages, MAT is still underused. According to SAMHSA's Treatment Episode Data Set (TEDS) 2002-2010, the "proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010."⁽⁷⁾ It is the recommendation that these treatment programs provided by Miami-Dade County physicians follow federal guidelines by providing not only pharmacologic treatment, but non-pharmacologic therapies as well, thereby increasing the patients' chances of recovery.

4) Develop entry points where MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms.

According to the National Commission on Correctional Health Care (NCCHC), it is well recognized that drug use occurs in correctional facilities. Outcomes which may result from drug use in prison include fatal overdoses, suicides, drug-related criminal activity, disciplinary actions, and spread of blood-borne pathogens. The first few weeks after a prisoner's release may be a period of high susceptibility to drug overdoses. Within the first two weeks of an inmates release from prison, the individual is at 10 times greater risk of fatal overdoses versus the general population^(8, 9).

Inmates, who enter correctional facilities with opioid dependence, are also at high risk for withdrawal syndrome, which is characterized by rhinorrhea, sneezing, yawning, lacrimation, abdominal cramping, leg cramping, nausea, vomiting, diarrhea, and dilated pupils. Suboptimal treatment for withdrawal syndromes such as opioids creates several risks for the inmate, including greater risks for suffering, treatment interruption, exacerbation or reoccurrence of infections and illnesses, and in some circumstances death. MAT presents an approach to reduce opioid use inside prisons, which, may benefit the individual and facility.

Studies have shown, however, that effective treatments such as long-term MAT can reduce overdose death rates in prisoners following their release^(10, 11). MAT is the use of medications, in combination with counseling and behavioral therapies to treat substance use. Research indicates that a combination of both medication and psychosocial therapy can successfully treat opioid disorders and help sustain recovery⁽¹²⁾. The Key Extended Entry Program (KEEP) Program in New York City has offered methadone treatment for opioid dependent inmates incarcerated in New York City's jails since 1986. This program performed, on average, 18,000 detoxification services per year between 1995 and 1999 and referred thousands to community-based treatment upon release^(12, 13). This program has been cited as a model for others to emulate.

Another benefit of MAT's is that they have been shown to be cost effective. Gisev et al, demonstrated that after accounting for treatment and criminal justice system costs six months following prison release, individuals who received opioid substitution therapy (OST) incurred \$7,150 fewer costs and resulted in 26 fewer deaths (11). Overall, the cost-effectiveness ratio revealed that OST post-release incurred lower expenses and saved more lives at a cost of \$500. The Miami-Dade County Task Force committee recommends adopting a comprehensive program to provide MAT in Miami-Dade County jails/correctional facilities combined with counseling or psychosocial treatment for incarcerated individuals with opioid use disorder. Funding options should be explored to implement and support such programs. Principles for care should adhere to those recommended by the NCCHC and may include: 1) continuation of prescribed medications for incarcerated individuals with opioid abuse disorders; 2) offering MAT to inmates prior to release, particularly for those who did not receive MAT prior to entry or whose MAT was discontinued while incarcerated; 3) Implement strategies for provision of buprenorphine or methadone on inmates; and 4) Follow national standard of care to provide MAT, and not withdrawal, to pregnant women with opiate use disorders. Additional NCCHC principles for care of incarcerated individuals with opioid use disorders can be obtained at <http://www.ncchc.org/substance-use-disorder-treatment-position-statement>.

5) Increase the availability of permanent, supportive housing to improve treatment and recovery.

Licensed residential treatment facilities provide structured and intensive care for those recovering from addiction, including safe housing and specialized medical attention. Residential treatment facilities may use a variety of therapeutic approaches, and they are generally aimed at helping the patient live a drug-free, crime-free lifestyle after treatment. Examples of residential treatment settings include therapeutic communities (highly structured programs in which patients remain at a residence, typically for 6 to 12 months), short-term residential treatment (detox treatment and intensive counselling in a community-based setting), and recovery housing (supervised, short-term housing for patients, often following other types of inpatient or residential treatment and focused on the return to an independent, drug-free life).

Chronic homelessness is strongly correlated with substance use disorders ⁽¹⁴⁾. If those with substance use disorders remain homeless, then even if they are motivated to change, the lack of stability will reduce the likelihood that they will be able to sustain change over long term ⁽¹⁵⁾. Stable, affordable housing is crucial for recovery. Supportive housing integrates services for people, who face complex challenges, and can be an effective solution for long-term recovery and gives individuals the opportunity to engage in important community roles ⁽¹⁴⁾. Without supportive housing, these individuals and families will continue to cycle endlessly between homelessness and expensive public services delivery systems including, inpatient hospital beds, psychiatric centers, detox services, jails and prisons, at an enormous public and human cost ⁽¹⁶⁾. It is the recommendation of the Task Force that Miami-Dade County focus on an increased availability of these housing facilities in order to improve the treatment and recovery of those suffering from opioid addiction. The federal grant submitted to the US Department of Justice in April of 2017

details that funds awarded will be directed to providing more housing opportunities to those who suffer from opioid misuse disorder.

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Law Enforcement, Justice, and First Responders Committee

Since 2010, accidental deaths due to prescription opioids have declined in Florida through legislation, such as the enactment of the Prescription Drug Monitoring Program, the crackdown on pill mills, and other means. However, drug-overdose deaths due to illicit opioids such as heroin, fentanyl, and more recently carfentanil have dramatically increased since 2014.

Reducing the supply of illicit drugs such as heroin is an essential component in addressing the opioid epidemic in Miami-Dade County. Heroin dealers are continually discovering new methods to get their product into residents' hands, and law enforcement agencies must counter these efforts by disrupting the supply.

In 2017, the Florida Legislature introduced a pair of bills that would create new and enhance existing penalties for drug dealers found selling various synthetic opioids, including fentanyl and carfentanil. Senate Bill (SB) 150 would make selling, buying or manufacturing 4 grams or more of fentanyl a first-degree felony. House Bill (HB) 477, which was recently passed, creates a new crime of trafficking in fentanyl, carfentanil, and fentanyl analogs and adds a class of fentanyl derivatives to the Controlled Substances Schedules. This new law also provides the unlawful distribution of fentanyl, carfentanil, or a mixture, which proves to be the proximate cause of death, constitutes the crime of first degree murder. Nevertheless, traditional criminal enforcement strategies are not sufficient to address opioid addiction and its consequences. Addiction is a disease, and law enforcement has an opportunity to work with the public health community to help reduce illicit opioid use and overdose deaths. Law enforcement dialogue about how to treat persons with opiate addiction has increasingly shifted to focus on treatment rather than punishment.

Naloxone (trade name – “Narcan”) has risen to the forefront of law enforcement discussion in recent years. Many law enforcement agencies across the country have begun deploying their officers with naloxone, enabling them to reverse overdoses that would otherwise likely result in death. A recent study indicated that officers surveyed would be willing to help overdose victims, and believed that naloxone administration training would allow them to effectively deal with an opioid overdose ⁽¹⁾.

Law enforcement recognizes the consequences of repeated contact with the justice system for individuals who, because of their addiction, might benefit from local, community-based drug treatment programs. Although a large proportion of incarcerated individuals have substance abuse disorders, a small minority actually receive drug treatment while in custody. Many inmates following their release will return to their communities, without having received treatment for addiction, potentially reuse drugs, and may soon face their next encounter with police. Since police officers routinely encounter individuals with opioid use disorders while patrolling, they can

become a referral source to treatment. Law enforcement drug treatment referral programs such as the Angel Program in Massachusetts have shown high direct-referral rates (94.5%), exceeding those reported for hospital-based initiatives and has been replicated by 153 other police departments in 28 states ⁽²⁾.

While these initiatives have assisted in reducing opioid addiction and overdose deaths, the Task Force believes that additional steps are required. Specifically, the Law Enforcement, First Responders, and Justice Task Force Committee recommends the following:

1) Improve law enforcement, first responder, and outreach providers' knowledge and awareness on drug court services, treatment resources, Marchman Act, and naloxone administration.

The Task Force heard from several representatives from law enforcement, first responders, and community members involved in outreach who reported that increased knowledge is needed regarding the processes of drug courts, the resources available to those suffering from opioid misuse disorder, the procedures involved in activating the Marchman Act, and continued education related to the distribution of Naloxone. Law enforcement officials were especially interested in trainings and continuing education related to Naloxone distribution.

It is the recommendation that trainings be made available for all law enforcement officers, first responders, and those involved in educational outreach about ending opioid misuse and heroin addiction. In order to maintain the “continuum of care” that has been advised in other committees' recommendations, it is especially important that these trainings involve information on how to refer victims of overdose to treatment programs and facilities, as well as trainings regarding the legal proceedings that aid overdose victims and opioid misusers in beginning treatment and recovery.

2) Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) and implement a real-time overdose surveillance system on Naloxone dispensing.

The South Florida High Intensity Drug Trafficking Area (HIDTA), established in 1990, works to foster cooperation among law enforcement agencies in South Florida and engages these agencies in strategy development to better target the community's drug-related activities. The HIDTA receives funding from the Office of National Drug Control Policy (ONDCP), and works to disrupt local markets for illicit substances like cocaine, heroin, ecstasy and methamphetamines. The HIDTA considers diverted pharmaceuticals, such as those medications implicated in opioid misuse-related overdoses, to be a threat that is comparable with the buying, selling, and use of other illicit drugs.

In order to better inform local law enforcement, fire rescue, policy makers and public health officials about the current state of opioid use in the community, the Committee recommends partnering with HIDTA to design and implement a real-time overdose surveillance system, which shows instances of Naloxone dispensing in Miami-Dade. Naloxone has been shown to be effective in preventing opioid-related overdose deaths when administered by trained officials and

outreach personnel, protected by Good Samaritan laws. A real-time surveillance system will show the full scope of Naloxone use in Miami-Dade County, and will therefore better apprise law enforcement officials and public health data specialists on the geographic distribution of opioid-related overdoses, helping to make response more directed and effective.

3) Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful unknown synthetic opioids.

In an attempt to curb the ongoing opioid epidemic in Miami-Dade County, the Task Force advises implementing and strengthening legislation to stop the buying, selling, and distribution of illicit substances such as fentanyl and carfentanil, which are found lacing the heroin used to supplement an opioid user's addiction. House Bill (HB) 477 and Senate Bill (SB) 150 were proposed by Florida lawmakers in March of 2017, seeking harsher punishment for those, who sell these illegal substances. Florida law already allows for heroin and cocaine suppliers to be charged with felony murder, but does not address dealers selling fentanyl or a mixture of those drugs. Legislation, such as HB 477 and SB 150, would allow for those persons selling fentanyl and carfentanil to be charged with manslaughter, thereby making it easier to prosecute drug dealers.

4) Establish a public Suboxone and Naloxone program.

In recognition that overdoses from opioids play a role in the mortality of Miami-Dade County residents, the Task Force recommends developing and implementing a public Suboxone and Naloxone prevention program. Suboxone, containing Buprenorphine and Naloxone, assists in addiction recovery providing relief from heroin cravings. Suboxone can be dispensed in a primary care setting for take home use, by prescription. Naloxone has been used by emergency medical services and first responders for decades, and has played an important role in reversing overdoses and preserving life. Establishing a public Suboxone program, would increase treatment options for those, with limited accessibility to healthcare providers and seeking treatment recovery.

Organizations that provide naloxone kits to laypersons have expanded substantially since 2010. Although early adopters of naloxone kit provision were mainly syringe exchanges, other programs, including substance use treatment facilities, Veterans Administration healthcare systems, primary care clinics, and pharmacies have started providing naloxone to laypersons.

Providing naloxone kits to laypersons has been shown to reduce overdose deaths and be safe and cost-effective⁽³⁾. U.S. and international health organizations recommend providing naloxone kits to laypersons who may witness an opioid overdose, to patients in substance use treatment programs, to persons recently released from prison, and as an element of responsible opioid prescribing⁽³⁾. Although the number of organizations providing naloxone kits to laypersons is increasing, 20 states had no such program as of 2013. Among those states with no access to naloxone kits for laypersons, several had age-adjusted 2013 drug overdose death rates greater than the national median⁽⁴⁾.

Through a public Suboxone and Naloxone program, people affected by the opioid epidemic, would have increased accessibility to life-saving medications. The recipients of these medications could include EMS responders, law enforcement officials, and family or friends of residents with a documented history of opioid use and/or overdose.

5) Amend legislation for the needle exchange program to expand services and support collaboration.

The Task Force heard from representatives from Miami-Dade County's successful Infectious Disease Elimination Act's (IDEA) needle exchange program, a part of the Harm Reduction Coalition. In March 2016, Governor Rick Scott signed the Miami-Dade Infectious Disease Elimination Act, making this Miami-Dade program the first legal needle exchange effort in the Southeast. The goal of needle exchange programs, in which drug users hand in their used syringes for new sterile ones, is to reduce the number of infections from diseases like HIV and hepatitis C -- viruses that are often transmitted through the sharing of contaminated needles. The injection drug use associated with opioid and heroin create a greater need for programs such as needle exchanges.

The rapidly growing opioid epidemic has assisted in changing the long-standing stigma that once surrounded needle exchange programs. It was believed that needle exchange programs condone and encourage illicit drug use and the crime-activity that is often associated with drug use. These programs, however, aim at harm reduction rather than condoning risky behaviors, and ultimately have a positive effect on curbing the overdose epidemic by providing counseling services and referrals to treatment centers. Further action is needed to expand this legislation and move Miami-Dade's new needle exchange program beyond its five-year pilot test.

6) Create a Miami-Dade County contract that allows community stakeholders to purchase Naloxone.

Narcan Nasal Spray is available for group purchasing at \$37.50 per 4mg dose or \$75.00 per carton of 2 dose, which represents a 40% discount off the wholesale acquisition cost of \$125 per carton ⁽⁵⁾. As the opioid epidemic surges, the price of naloxone has increased. Creating a Miami-Dade County contract to secure bulk pricing, stabilizes the price and increases access and affordability for community stakeholders.

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Education and Awareness Committee

Healthcare practitioners, communities, patients, and families all can contribute to preventing prescription drug abuse; however, quality information is needed to combat the opioid epidemic in Miami-Dade County. Stigma, lack of information, and misinformation have contributed to the rise in opioid addiction and overdoses. Unfortunately, many patients and medical providers are unaware of the addictive nature of opioids.

Patient and public education are necessary to counter the misconception that prescription drugs, such as opioids, pose little risk. Studies indicate that many persons perceive prescription drugs are safer, less addictive, and less risky than using illicit drugs, yet they can be as addictive and put users at risk for an overdose, especially when taken concomitantly with other drugs or alcohol ⁽¹⁾. As a result, the economic impact of opioid addiction and overdose is currently \$55 billion annually in healthcare and societal costs and \$20 billion in emergency department and inpatient care for opioid poisonings ^(2, 3).

Patient and public education is a beneficial and cost-effective approach to counter opioid abuse and misuse. Educational programs, such as "This is (Not) About Drugs," has reached more than 20,000 adolescents in Indiana and communities in several other states. This program informs students regarding the risks of abusing prescription opioids and how misusing these drugs can lead to addiction, heroin use, and overdose. A second educational campaign based in Utah ("Use Only As Directed"), was found to have contributed to a 14% reduction in opioid-related overdose death rates ⁽⁴⁾. Assuring that opioid public education activities are appropriately targeted, consistent, evidence-based, and rigorously evaluated is critically important to assure that investments are well placed and effective.

Education and training pertaining to the risks of opioids is also essential for prescribers who may be contributing to prescription drug abuse and overdose. Such actions are important to reduce opioid abuse or overdose and maintain appropriate access to these drugs. Unfortunately, many healthcare providers receive insufficient training on appropriate prescribing and dispensing of prescription pain relievers, recognizing substance misuse and abuse in patients, or treating pain ⁽⁵⁻⁷⁾. Significant limitations of pain education in medical schools have also been well documented ⁽⁸⁾. Approaches for educating providers, such as prescribing guidelines, however, have been shown to be effective in reducing misuse and overdose deaths.

Despite increasing information regarding the risks of opiates, public awareness of opioid prescription drug abuse and misuse is low. The Task Force believes raising public awareness countywide is a priority. Moreover, the Task Force believes an increase in education pertaining to appropriate prescription of opiates among prescribers is warranted. The Task Force finds that educational efforts must be enhanced so that fewer people become addicted to prescription drug

and illicit opioids. Specifically, the Education and Awareness Committee recommends the following:

ADULT

1) Develop a public and prescriber educational campaign raising awareness and knowledge about opioid abuse, addiction, and overdose.

With opioid-related deaths continuing to rise, many agencies and organizations are educating both prescribers and the public on the potential dangers of using opioids for chronic pain. Government officials and other advocacy groups are raising awareness on the toll that opioids have taken many of our residents. Several other states have already implemented substance misuse prevention media campaigns, including Georgia, North Dakota, Ohio, Utah, and Wisconsin (<https://www.samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns>). The Task Force's focus on addressing opioid use, includes a coordinated, Miami-Dade County-wide public education initiative to help the public and prescribers identify and respond to signs of addiction and to access support services. This would include several strategies including but not limited to media campaigns, social media outreach, and public service announcements to increase the education and awareness about the risks of prescription drug misuse. The Task Force also aims to reach providers with awareness messaging on opioid abuse, appropriate prescribing practices, and actions providers can take to be a part of the solution in reducing opioid abuse. The promotion and utilization of SAMHSA Opioid Overdose Prevention toolkit will be a valuable resource for educating both community members and prescribers. Specific activities suggested by the task force to fulfill this recommendation include:

- Creating a local resource brochure with information on treatment centers and accessing naloxone
- Identifying a central resource location for opioid addiction information
- Educating medical providers and patients on pain management
- Partnering with the Wahlberg Foundation "If Only Program"
- Partnering with recovering addicts for peer outreach, education, and awareness
- Collaborating with media on public service announcements
 - Law enforcement promoting the Good Samaritan Law and Naloxone
 - Steps to prevent overdose

2) Promote the availability and distribution of Naloxone in Miami-Dade County.

In the event of an overdose, the medication Naloxone can be used to revive an overdose victim by blocking opioid receptors in the brain. Sold under the brand name "Narcan", and also available in generic brands, this emergency medication was administered 966 times by Miami-Dade Fire and Rescue from January - September, 2016. In staggering contrast, the City of Miami Fire Rescue administered 1,700 doses of Naloxone during the same time period. This is a startling increase from the 634 and 771 total administrations during 2015 for both departments, respectively. Miami-Dade County Police and City of Miami Police are not trained in the distribution of the medication,

though law enforcement officers are often dispatched to assist with medical emergencies, many involving overdoses. To promote the availability and distribution of Naloxone, the Task Force recommends that police officers be trained and equipped to administer the medication. In February of 2017, the Florida Legislature passed Section 381.887 of the Florida Statutes regarding emergency treatment for suspected opioid overdose. This statute authorizes law enforcement officers to “possess, store, and administer emergency opioid antagonists” to a person who is experiencing an opioid-related overdose. In order for officers to carry and administer Naloxone, Miami-Dade County Police and City of Miami Police would need to develop and implement Naloxone-related policies, as well as provide training and guidance to all of its officers. Law enforcement would also need to remain up-to-date on Naloxone administration standards in order to comply with the statute’s requirements. If officers follow these policies and training in administering Naloxone, they will not be held personally liable for such actions, pursuant to Section 768.13 of the Florida Statutes. Likewise, there are no foreseeable liability concerns for the Department specifically relating to the administration of Naloxone.

In addition to training law enforcement officials, the Task Force recognizes the potential of partnering with community-based organizations to widen the distribution of Naloxone in Miami-Dade County. Since 1996, an increasing number of programs across the United States have provided laypersons with training and kits containing Naloxone to reverse opioid overdoses. These programs have included community-based organizations which provide services to drug-users, public health departments, pharmacies, healthcare facilities, and substance use treatment facilities⁽⁹⁾. It is the recommendation of the Task Force that Naloxone kits and training be administered to facilities and sites such as these across the Miami-Dade County within a partner network. Law enforcement and legal officials must promote protections such as the Florida Good Samaritan Act to encourage laypersons who may not have a medical background to administer the drug in the event of encountering an individual who has overdosed. Partnerships must promote continued training and education regarding Naloxone administration, and clear Naloxone access points must be made available at these public program sites.

3) Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents through town hall meetings and community policing.

Town hall meetings serve as an outlet for concerned citizens who can voice their opinions on issues that affect the community at large. Town hall meetings allow for citizens to voice their opinions and concerns and provide a way for government officials and citizens to solve problems together. The Task Force believes that holding town hall meetings throughout Miami-Dade County can help increase education and awareness on the opioid epidemic, symptoms and signs of abuse/addiction, provide information on Naloxone (administration, availability, cost) and on MAT options and resources in the community. The town hall meetings should feature federal, state, and local law enforcement from Miami-Dade County, as well as experts on addiction and emergency medical treatment. Panel discussions should also focus on opioid use and overdose trends, law enforcement's efforts to reduce drug supply, and how to help citizens struggling with addiction.

As the incidence of opioid and heroin addiction grows, law enforcement has developed new approaches to combat. Many police officials are now transitioning to a public health approach that emphasizes drug treatment for people struggling with addiction, rather than enforcement. Although drug enforcement continues to play an important role in reducing drug supply, the real solution to drug addiction lies mainly in prevention and treatment and in support services for people who are struggling to overcome addictions. Community policing practices can promote effective crime reduction while building public trust. In December 2016, The Miami-Dade County Community Relations Board (CRB) urged police departments to employ community policing strategies while addressing the dramatic increase in the illegal sale and use of opioids. The Task Force recommends community policing interventions be utilized to reach out to citizens addicted to opioids, residents who have overdosed, and to the community as a whole.

4) Partner with the faith-based community to support substance abuse prevention and addiction treatment.

When individuals and families face substance abuse problems, many turn to their faith-based communities. Faith-based community leaders can play a significant role in increasing understanding and awareness of substance abuse by encouraging individuals experiencing substance abuse problems to seek treatment, and helping to build resilience and well-being in individuals, families, and communities. Faith and other neighborhood leaders are often first responders when an individual or family faces a substance abuse concern. Knowing how to respond to these issues can make a huge difference in how the individual and community copes and heals.

Negative attitudes and discrimination of people with substance abuse can impede recovery. Religious leaders can help lessen negative attitudes, fear, and discrimination against people with substance abuse by creating a safe and supportive environment where people can openly talk about their problem. Empathy and active listening can also help build relationships and support recovery. Using faith-based communities as a means of helping individuals with substance abuse problems is widely endorsed and supported by various agencies including the Substance Abuse and Mental Health Services Administration (SAMHSA). Other jurisdictions have also launched initiatives to reach out to faith-based communities. The Tennessee Department of Mental Health and Substance Abuse Services actively seeks and engages faith-based communities and organizations as a means of increasing outreach, educational activities, access, and visibility to people seeking substance abuse services. SAMHSA has also helped develop several additional faith-based partnerships and coalitions in various communities, including in Atlanta, New York, and Chicago (<https://www.samhsa.gov/faith-based-initiatives/training-technical-assistance/coalitions-collaboratives>). The Task Force recommends engaging with Miami-Dade County faith based communities to help educate citizens about the signs and symptoms of opioid abuse/addiction, Naloxone and overdose prevention, treatment resources, and prevention strategies.

5) Provide a culturally competent and sensitivity substance abuse segment in the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement.

According to SAMHSA, cultural competence is the ability to interact effectively with people of different cultural and socio-economic backgrounds ⁽¹⁰⁾. “Culture” is a term that includes not just race or ethnicity, but can also denote other characteristics such as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession ⁽¹⁰⁾. Practicing cultural competence ensures that all members of a community are represented and included. Within the behavioral health system (which includes substance abuse), cultural competence must be a driving principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment, and intervention. Culturally competent practice is widely recognized as a crucial approach in increasing the quality of services for racial/ethnic minorities in substance abuse treatment due to the disparities that exist within these populations. Minorities are less likely to have access to available mental health services, underuse mental health services, and are more likely to delay seeking treatment. With Miami-Dade County being such a widely diverse community, practicing cultural competence in any agency is of vital importance.

Crisis Intervention Team (CIT) programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises including substance abuse. They are built on strong partnerships between law enforcement, mental health provider agencies, and individuals and families affected by mental illness. A goal of CIT programs is to improve the safety of community members and law enforcement officers when responding to crisis calls involving a person with substance abuse. Yet, given the immediate demands placed upon law enforcement during a crisis situation, factors of cultural identity may be neglected. By providing a culturally competent segment for CIT trainings among law enforcement, it can help to sensitize law enforcement in how best to interact with a person experiencing drug addiction and refer them to proper community resources rather than incarceration.

6) Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to Miami-Dade County laboratories for the identification of novel and emerging illicit drugs.

The DEA’s Special Testing and Research Laboratory’s Emerging Trends Program regularly compiles data through archived seizures and analyses from drug evidence analyzed by the DEA’s laboratory system. This data is published in the “DEA Emerging Threat Report” on a quarterly basis displaying a snapshot of the new psychoactive substances in the United States. New Psychoactive Substances (NPS) describes a recently emerged drug that may pose a public health threat. This includes synthetic cannabinoids, substituted cathinones, phenethylamines, opioids, tryptamines, benzodiazepines, and a variety of other chemical classes ⁽¹¹⁾. Although this information is readily available to local labs, a drawback is that they may not be aware of emerging drugs until they obtain a copy the next quarterly “DEA Emerging Threat Report” after being identified by DEA. Currently, there is no existing real-time communication network established between DEA and local labs when emerging drugs are first identified. Therefore, if one lab finds a new drug, but other labs are not aware of the new drug, they will not test for it. The DEA has

begun to establish a listserv to share newly identified drugs with local labs, so that they can begin testing for that specific drug. The Task Force determined that county labs should partner with the DEA to obtain assistance, education, and timely information pertaining to any emerging opioids and analogs.

YOUTH

7) Coordinate with Miami-Dade County Public Schools (MDCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate.

Schools play an important role in preventing drug addiction, along with families and peers. According to the 2016 Florida Youth Substance Abuse Survey, the percentage of high school students who reported taking prescription pain relievers was 3.9% ⁽¹²⁾. In addition, 0.2% of high schoolers reported using heroin ⁽¹²⁾. Although the percentage of high schoolers using prescription drugs and heroin has slightly declined from 2014 (4.6 and 0.7%, respectively), there are approximately 4,000 Miami-Dade County high school students who have used either prescription pain drugs or heroin during their lifetime. Evidence indicates that substance use initiation early in life may result in higher levels of use and abuse later in life. Early onset of drug use is also associated with several negative health, social, and behavioral outcomes later in life including physical and mental health problems, violent and aggressive behavior, and adjustment difficulties in the family and workplace ⁽¹³⁾. Because opioids are so prevalent and initiation often happens among teens, it is important to educate students regarding the dangers of opioids.

It is well recognized that school-based drug prevention efforts are efficient approaches in that they offer access to large numbers of students. Youth-focused prevention can include several initiatives including educational and skills training programs for students in school settings, programs that educate parents in effective ways to monitor and communicate with their children regarding substance use, and community-based programs that combine these elements with additional mass media components. Targeted prevention efforts can begin focusing on middle school aged students, because early adolescence is the time of life when substance use experimentation often begins to occur. The Task Force thus recommends collaboration with the MDCPS system to develop and implement a comprehensive opioid and prescription drug education program.

8) Partner with the South Florida Behavioral Health Network and Drug Enforcement Administration to provide ongoing substance abuse education trainings and capacity building targeting school and community site personnel working with youth.

A large number of Miami-Dade high school-aged students have used prescription opioids or illicit substances in their lifetime, and are therefore at increased risk of developing an opioid misuse disorder or substance abuse, it is important to train those, who work daily with Miami's youth to respond to the opioid epidemic. The Task Force recommends partnering with the South Florida Behavioral Health Network (SFBHN) and the Drug Enforcement Administration (DEA) to provide

substance abuse education trainings and capacity building workshops that target those who work with students on a regular basis. These educational trainings will include recognizing the signs of opioid misuse disorder, addressing opioid use in classes and counseling environments, and the storage and dispensing of Naloxone. Community centers and organizations that work with at-risk youth can also be trained in Naloxone dispensing and receive capacity-building trainings that will help to curb opioid usage in Miami's young people. Sites where trainings could be provided include, but are not limited to, Miami-Dade Parks, YMCA, youth-serving agencies, and the Children's Trust.

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Appendices

Opioid Addiction Task Force Roster

The **Opioid Task Force** is committed to reducing the consequences of opiate and heroin abuse in Miami Dade County through education, collaboration, and resources. The Opioid Task Force is charged with developing an action plan that addresses the reduction of opioid addiction, prevents overdose deaths, and improves the quality of life in Miami-Dade County.

Facilitator: Sarah Kenneally MPH, CHES and Michelle Theurer

Transcriber: Edryse Meus

Appointed Task Force Members	
Ms. Agnes Winokur	Drug Enforcement Administration
Ms. Annie Neasman	Federally Qualified Health Center
Ms. Betty Hernandez	South Florida Behavioral Health Network
Mr. Carlos Martinez	Miami-Dade County Public Defender's Office
Chief Delma K. Noel-Pratt	Miami-Dade Police Department
Commander Nicole Davis	City of Miami Police
Dr. Emma Lew	Miami-Dade County Medical Examiner
Dr. F. Javier Ruiz	Dade County Medical Association
Dr. Jose Szapocznik	University of Miami
Dr. Patricia Ares-Romero	Jackson Behavioral Health System
Mr. Emilio Vento	Miami-Dade County Addiction Services Board
Mr. Frank Rabbito	WestCare Foundation
Mr. Howard Rosen	Miami-Dade State Attorney's Office
Mr. Hugo Barrera	South Florida High Intensity Drug Trafficking Area
Judge Jeri Cohen	Eleventh Judicial Circuit Court of Florida
Mr. Jon Schmidt	Marvin's Corner and Community Representative
Representative Jose Felix Diaz	Florida House of Representatives
Chairman Keon Hardemon	City of Miami
Dr. Lillian Rivera	Florida Department of Health in Miami-Dade County
Ms. Lucia Davis-Raiford	Miami-Dade County Community Action and Human Services Department
Chief Maurice Kemp Chief Terrance Davis	City of Miami Department of Fire-Rescue
Ms. Victoria Mallette	Homeless Trust
Chief Rowan Taylor	Miami-Dade County Fire Rescue
Deputy Mayor Russell Benford	Miami-Dade County Office of the Mayor
Commissioner Sally Heyman	Miami-Dade County Board of County Commissioners
Dr. Tomás Guilarte	Florida International University
Ms. Yamile Diaz Conte	Department of Children and Families

The **Healthcare Solutions Committee** is charged with developing recommendations that maximize access to care and enhancing screening for opioid misuse and opioid use disorder. These efforts include, leveraging and augmenting existing screening practices in healthcare settings to prevent and identify opioid use disorder, reduce drug related overdose deaths by expanding the distribution of Naloxone to individuals using heroin and pharmaceutical opioids, and professionals who may administer Naloxone through the course of their work.

Facilitator: Emily Moore MPH and Dr. Anthony Llau PhD

Mr. Howard Rosen, Committee Chair	Miami-Dade State Attorney's Office
Dr. F. Javier Ruiz, MD, Committee Co-Chair	Dade County Medical Association
Ms. Angela Machado-Valdes	WestCare Foundation
Ms. Pamela Vilaboy	Jesse Trice Community Health Center
Dr. Lillian Rivera, PhD	Florida Department of Health of Miami-Dade County
Ms. Mayte Capo	South Florida Behavioral Health Network

The **Treatment and Recovery Committee** is charged with developing recommendations that address individuals experiencing opioid use disorder, who desire opioid agonist pharmacotherapy, and have timely access to treatment. The committee will explore meeting the needs of the community and adjust treatment capacity to ensure demand for services is met.

Facilitator: Dr. Conchita S. Lundblad PhD, LCSW

Judge Jeri Cohen, Committee Chair	Eleventh Judicial Circuit Court of Florida
Mr. Howard Rosen, Committee Co-Chair	Miami-Dade State Attorney's Office
Mr. Danny Blanco	WestCare Foundation
Ms. Pamela Vilaboy	Jesse Trice Community Health Center
Ms. Yamile Diaz-Conte	Department of Children and Families
Dr. Patricia Ares-Romero	Jackson Behavioral Health System
Ms. Betty Hernandez	South Florida Behavioral Health Network
Mr. Jon Schmidt	Marvin's Corner
Mr. Benjamin Hedrick	Representing Representative Jose Felix Diaz
Dr. Jose Szapocznik	University of Miami
Ms. Sandra Sandakow	Miami-Dade County Community Action and Human Services Department

The **Law Enforcement, Justice, and First Responders Committee** is charged with developing recommendations and approaches to opioid prevention and policing efforts. The committee will explore best practices of drug court models, strengthening public health partnerships, utilize strategic enforcement mechanisms to reduce excessive supply of opioids, and exploring the role of the first responder in Naloxone administration.

Facilitator: Habsi W. Kaba MS, MFT, CMS

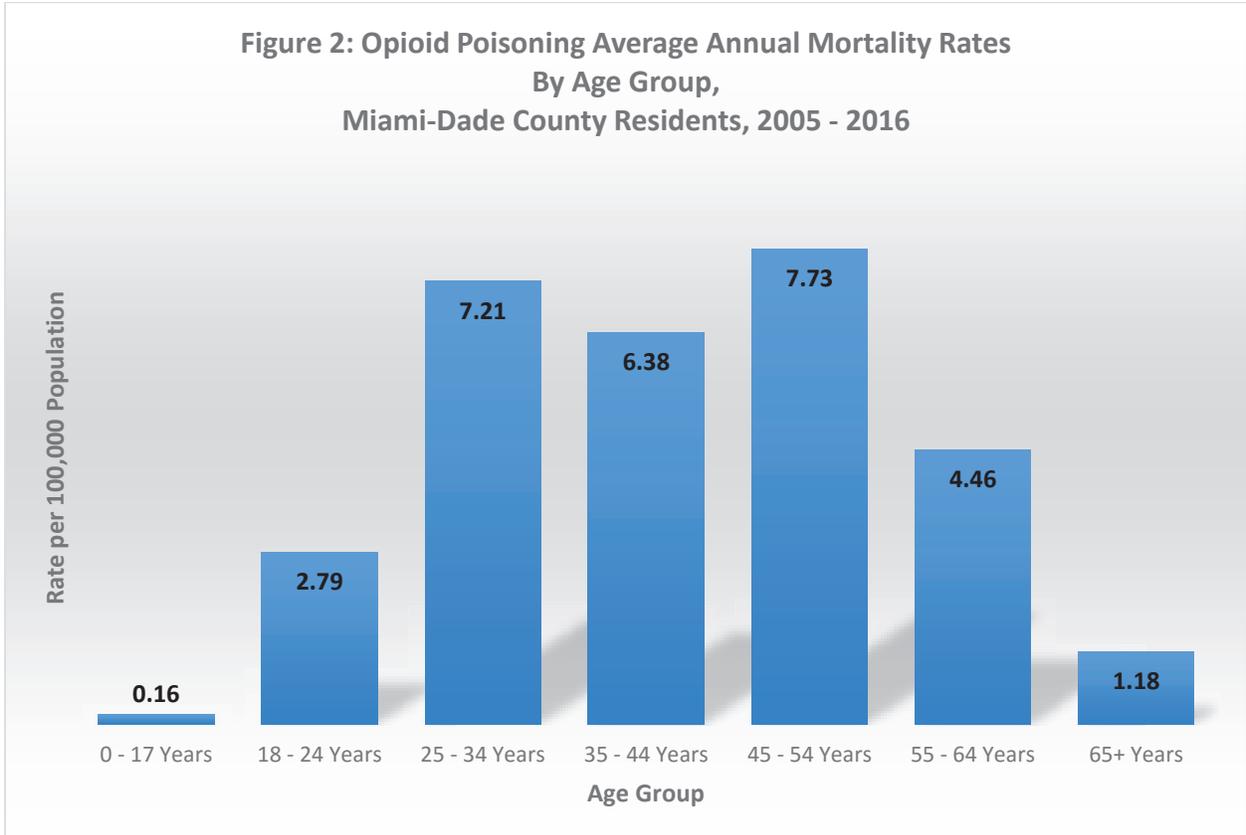
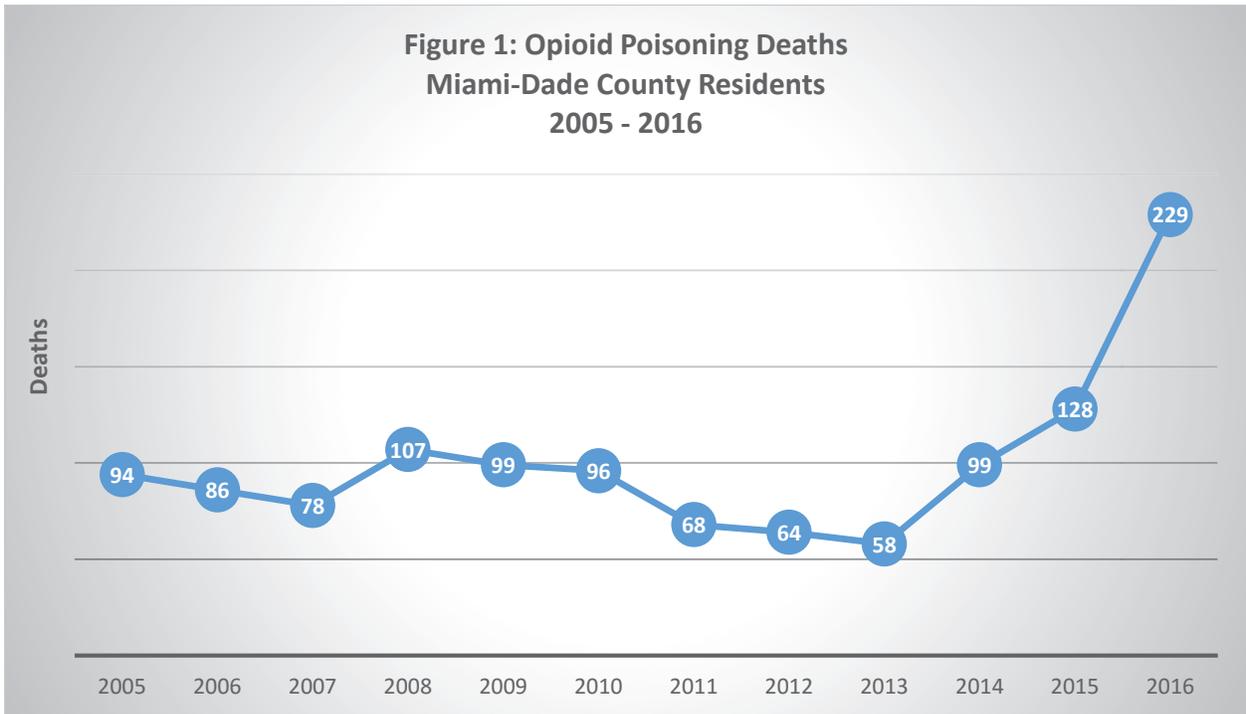
Commissioner Sally Heyman, Committee Chair	Miami-Dade County Board of County Commissioners
Ms. Betty Hernandez, Committee Co-Chair	South Florida Behavioral Health Network
Agnes Winokur	Drug Enforcement Administration
Deputy Mayor Russell Benford	Miami-Dade County Office of the Mayor
Ms. Anamaria Arana	WestCare Foundation
Chief Rowan Taylor	Miami-Dade County Fire Rescue
Ms. Gale Lewis	Miami-Dade County Public Defender's Office
Chief Delma Noel-Pratt	Miami-Dade Police Department
Judge Jeri Cohen	Eleventh Judicial Circuit Court of Florida
Mr. Gary Grimm	South Florida High Intensity Drug Trafficking Area Program
Mr. Howard Rosen	Miami-Dade State Attorney's Office
Mr. Michael Pineiro	Representing Representative Jose Felix Diaz
Mr. Michael Nozile	Gang Alternative
Ms. Victoria Mallette	Homeless Trust
Chief Maurice Kemp Chief Terrance Davis	City of Miami Fire Rescue
Commander Nicole Davis	City of Miami Police

The **Education and Awareness Committee** is charged with developing recommendations that raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder. The committee will focus on prescriber and public education, inform the public about the Good Samaritan 911 Overdose Law, and educate service providers and the community about Naloxone availability and access points.

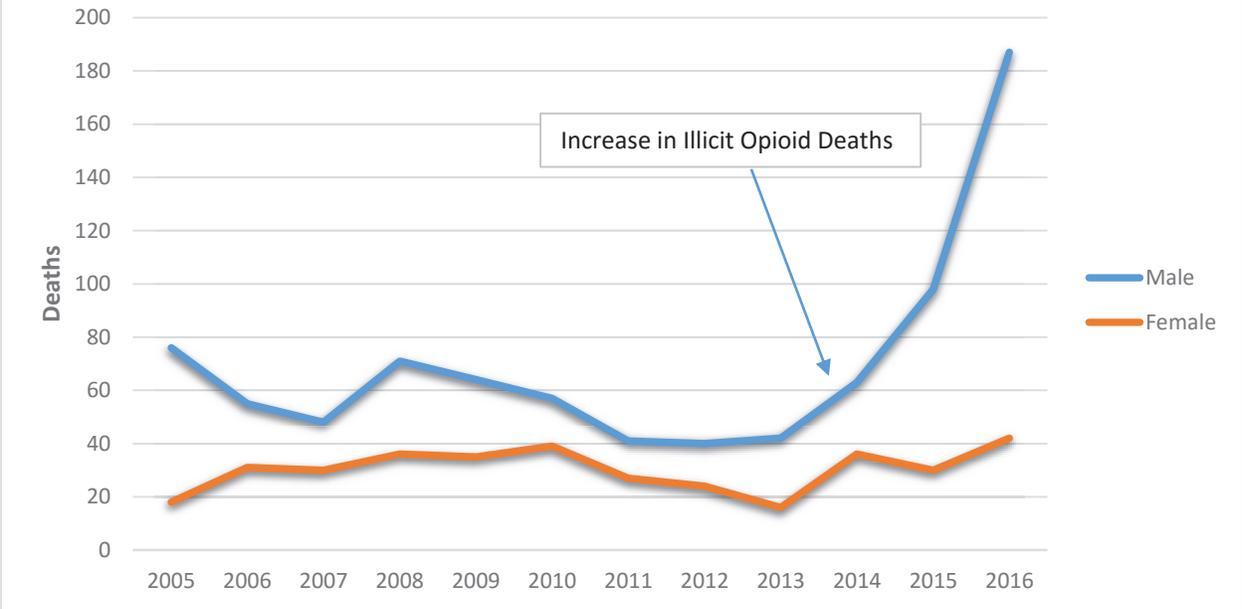
Facilitator: Margaret Sotham

Mr. Emilio Vento, Committee Chair	Miami-Dade County Addiction Services Board
Ms. Elyse Dermer	WestCare Foundation
Ms. Agnes Winokur	Drug Enforcement Administration
Dr. Fabian Thurston	Jesse Trice Community Health Center
Ms. Beatriz Lopez	Department of Children and Families
Dr. Tomas Guilarte	Florida International University
Ms. Liz Zaney	Miami-Dade County Medical Examiners
Mr. Jon Schmidt	Marvin's Corner
Ms. Lina Castellanos	South Florida Behavioral Health Network
Mr. Howard Rosen	Miami-Dade State Attorney's Office
Ms. Habsi Kaba	Eleventh Judicial Circuit Court of Florida
Officer Victor Milian	Miami-Dade Police Department

FIGURES



**Figure 3: Opioid Poisoning Deaths by Gender
Miami-Dade County Residents, 2005 - 2016**



Opioid Addiction Task Force Recommendations

At the final committee meeting a nominal group technique called “n/3” was employed to identify which recommendations each respective committee members valued. The aggregate total of the voting process is bolded in the chart highlighting what recommendations the committee valued.

<u>HEALTHCARE SOLUTIONS COMMITTEE</u>	<u>TREATMENT AND RECOVERY COMMITTEE</u>	<u>LAW ENFORCEMENT, FIRST RESPONDERS AND JUSTICE COMMITTEE</u>	<u>EDUCATION AND AWARENESS COMMITTEE</u>
<p>1. Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of neonatal abstinence syndrome.</p> <p>2. Advocate for mandatory continuing education for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse.</p> <p>3. Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services.</p> <p>4. Review and develop regulations to promote safe prescribing and dispensing of controlled substances</p>	<p>1. Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care,” by developing and implementing a comprehensive opioid addictions treatment recovery-oriented system of care.</p> <ol style="list-style-type: none"> Support a wide range of evidence-based or informed treatment interventions Stipulate evidence based interventions contractually, especially when using public funding Expand the type of settings where treatment can be delivered <p>2. Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a stable funding source to support opioid addiction services, including paying for the appropriate</p>	<p>1. Improve law enforcement, first responder, and outreach providers’ knowledge and awareness on drug court services, treatment resources, Marchman Act, and Naloxone administration.</p> <p>2. Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) program and implement a real-time overdose surveillance system on Naloxone dispensing</p> <p>3. Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful known and unknown synthetic opioids.</p> <p>4. Establish a public Suboxone and Naloxone program.</p>	<p><i>Adult</i></p> <p>1. Develop a public and prescriber education campaign raising awareness and knowledge about opioid abuse, addiction, and overdose.</p> <p>2. Promote the availability and distribution of Naloxone in Miami-Dade County.</p> <p>3. Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents.</p> <p>4. Partner with the faith-based community to support substance abuse prevention and addiction treatment</p> <p>5. Provide a culturally competent and sensitivity substance abuse segment the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement.</p>

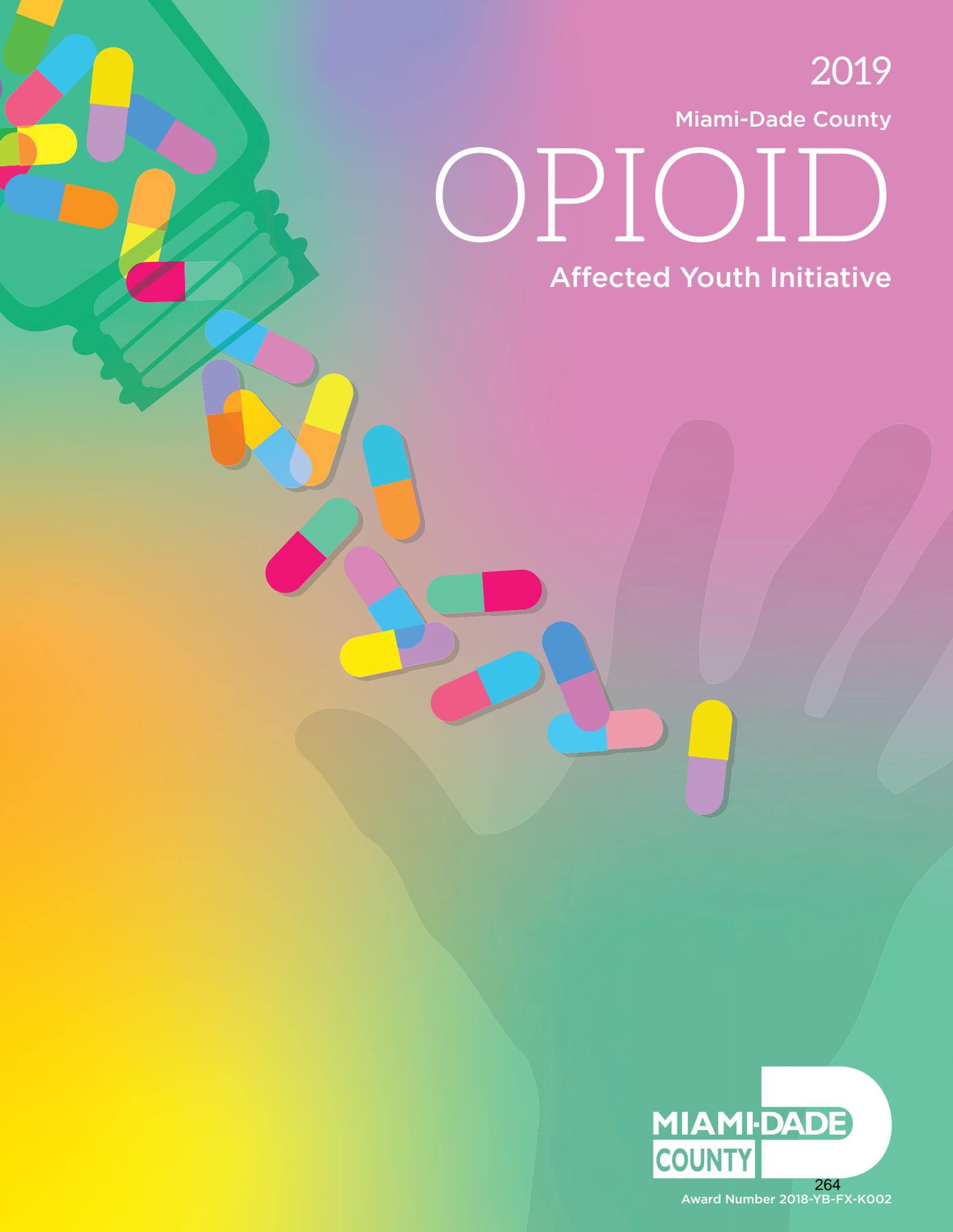
<p>5. Encourage medical providers to utilize the prescription drug monitoring database.</p> <p>6. Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder.</p> <p>7. Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process</p>	<p>medication(s) in Medication Assisted Treatment (i.e. Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.)</p> <p>3. Provide comprehensive psychosocial services when using a medication assisted treatment model</p> <p>4. Develop entry points where MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms.</p> <p>5. Increase the availability of permanent, supportive housing to improve treatment and recovery.</p>	<p>5. Amend legislation for the needle exchange program to expand services and support collaboration.</p> <p>6. Create a county contract that allows community stakeholders to purchase Naloxone.</p>	<p>6. Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to county laboratories for the identification of novel and emerging illicit drugs.</p> <p><i>Youth</i></p> <p>7. Coordinate with Miami-Dade County Public School system (M-DCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate.</p> <p>8. Partner with South Florida Behavioral Health Network and Drug Enforcement Administration to provide on-going substance abuse education trainings and capacity building targeting school and community site personnel working with youth.</p>
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2019

Miami-Dade County

OPIOID

Affected Youth Initiative



Background

The misuse, abuse, addiction, and overdose of opioids have become serious public health problems in Miami-Dade County. Over the past decade, alarming increases in opioid-related overdoses and deaths have been observed. Since 2008, an average of 140 members of our community have died annually due to opioid overdoses. The recent death toll due to opioids, however, has been striking, with overdose fatalities increasing more than five-fold since 2013 (from 58 to 311 deaths in 2017). Furthermore, thousands of additional Miami-Dade County residents have been admitted to hospitals and treatment centers or visited emergency departments each year due to opioid poisoning and abuse, resulting in distress upon individuals, their families, and our communities. While these dynamics have affected Miami-Dade County residents of all genders and age groups, the impact is particularly striking for males and young/middle-aged adults. During 2017, adults aged 25 – 54 years accounted for 71% of all opioid overdose deaths in Miami-Dade County despite comprising only 42% of the county's population. Opioid overdoses also predominately affect males, who accounted for 74% of all opioid-caused deaths among Miami-Dade County residents during 2017.

In Miami-Dade County, illicit opioid use continues to increase, resulting in a growing number of fatalities. During 2017, fentanyl was involved in 44% of all opioid overdose deaths in Miami-Dade County. Moreover, 68 (22%) heroin-involved deaths and 127 (41%) cocaine-involved overdose deaths also involved fentanyl. Although prescription opioid-involved deaths have been dropping since 2010, many individuals who use heroin report prior addiction to prescription opioids. When individuals with opioid use disorder have greater difficulty obtaining pharmaceutical opioids, they switch to heroin use due to its greater availability and lower cost. Heroin, however, brings higher risks of overdose and infectious diseases, such as HIV and Hepatitis C.

What began as a public health problem primarily among middle-aged white male adults is now an epidemic of prescription and illicit opioid abuse that is taking a toll on all segments of U.S. society, including youths (defined here as any individual aged 24 years or less). Millions of children, adolescents, and young adults are now routinely exposed in their homes, schools, and communities to these potent and addictive drugs. The opioid epidemic has had devastating consequences for children and families across the country, with growing social and financial implications for states. The estimated cost of the epidemic nationwide between 2001 and 2017 exceeded \$1 trillion from lost productivity and increased spending on health care, social services, education, and criminal justice. There has also been a dramatic rise in neonatal abstinence syndrome, which is costly to treat and poses long-term threats to a child's health.

In Miami-Dade County, a growing number of youths have died from opioid overdoses over the past decade. An average of 38 youths died from opioid overdoses in 2016 and 2017, which is more than four times greater compared to 2010 when only 9 youths died as a result of opioids. Although overdose locations for these deaths were spread throughout the county, many were concentrated in or near the City of Miami downtown area. The health consequences of opioid overdose, misuse, and abuse, however, affect considerably more youths. For example, from 2016 to 2017, there were 479 emergency department visits due to either opioid poisoning, abuse, dependence, or adverse effects among youths. During the same period, an additional 612 Miami-Dade County youths were hospitalized for either opioid poisoning, abuse, dependence, or adverse effects. Emergency responders are also treating large numbers of youths. Between 2017 and 2018,

there were 232 fire rescue Narcan-associated calls in Miami-Dade County responding to youths aged less than 25 years of which the majority (84%) were aged 18 – 24 years. A smaller proportion (14%) of calls involved youths aged 10 – 17 years. Two separate hotspot maps have been generated utilizing this data to show where the incident occurred and where the youth resided (see Appendix , pages 28-29). Lastly, the 2017 Youth Behavioral Risk Survey also indicates that 4.3% of high-school students have tried heroin at least once in their lifetimes which is more than double compared to 2013 (1.9%).

Substance abuse treatments for opioid use disorders among Miami-Dade County youths is also evident. According to the South Florida Behavioral Health Network, which is the managing entity for the administration, contracting, and monitoring of substance abuse and mental health prevention and treatment for both adults and children within the Southern Region of Florida, approximately 181 Miami-Dade County youths aged 15 – 24 years were served by substance abuse treatment facilities from 2016 to 2018, with opioids identified as the individual’s primary drug of choice. Notably, two-thirds of these youths were male and 91% of them were either Hispanic or white Non-Hispanic.

Numerous calls regarding youth-related opioid poisonings have also been reported by Florida Poison Control Centers. From 2017 through 2018, 133 calls were placed to Florida Poison Control Centers where the victim was a Miami-Dade County youth affected by opioids. Approximately two-fifths were aged between 18 and 24 years of age. Among these affected youths, 85% had an outcome of a clinical effect to the victim with the breakdown of the drugs called about as follows (number of calls in parenthesis): Percocet (10), Heroin (8), Oxycontin (8), Tramadol (7), Fentanyl (4), and Other/Unknown (10).

An additional concern regarding youths is those who inject drugs. This group generally has been doing so for a shorter period of time compared to older adults. They, therefore, may be at particularly high risk for unsafe needle-sharing practices, given that individuals who have been injecting drugs for a shorter period of time tend to know less about the mechanisms of HIV or Hepatitis C transmission and to practice fewer risk reduction behaviors. Yet, according to the Infectious Disease Elimination Act (IDEA) Exchange program, which is currently the only such needle exchange program in Florida as of June 2, 2019, 12.5% of enrolled participants who visited the site during the past three months were aged 18 - 24 years. Moreover, 2% of participants aged 18 - 24 years have self-reported at least one overdose at enrollment or in the past 30 days during quarterly assessments.

Despite this ongoing epidemic, opioid prescriptions continue to increase among youths. Between 2015 and 2018, the number of opioid prescriptions filled for Miami-Dade County youths aged 16 – 24 years increased from 14,193 to 20,886, corresponding to a 47% increase over four years. Filled opioid prescriptions for Miami-Dade County youths during 2017 comprised a fourth of all prescription drugs filled for this population. Contributing to this issue is prescription drug misuse, which is among the fastest-growing drug problems in the U.S. According to the 2017 Youth Risk Behavioral Survey, 13.6% of high school students in Miami-Dade County either took a prescription pain medication without a prescription or took it differently than the instructions provided by their physician.

While these numbers alone highlight the importance of evidence-based strategies to help reduce opioid-related harms among older youths, younger children and adolescents are also directly impacted if a parent or caregiver has either died from an opioid overdose or are either abusing,

misusing, or addicted to opioids. As a result, younger children and adolescents can experience numerous negative consequences, including poor outcomes and costs associated with prenatal exposure to opioids; accidental opioid ingestion; increased risk of removal from the home and placement in the foster care system; and increased risk of trauma and adverse childhood experiences, which are linked to negative health consequences later in life. According to the Florida Department of Children and Families, there were twenty-seven investigations related to opioids during 2018 in Miami-Dade County, of which approximately two-thirds (63%) involved children less than five years of age and nearly three-fourths of these cases were parent/caregiver priors with substance abuse patterns. Additionally, nearly two-thirds (63%) of these cases were classified as either at “medium” or “high” risk. Lastly, according to the Florida Department of Health, fourteen children were born in Miami-Dade County during 2016 with opioid-related neonatal abstinence syndrome.

The Miami Dade County Opioid Addiction Task Force, founded in December 2016, developed a series of recommendations ranging from prevention methods and access to treatment, to public education and the role of law enforcement, health care, faith-based, educational, and governmental agencies and organizations in combatting the opioid epidemic. The recommendations and the actions taken in response to the recommendations were primarily focused on the adult users of opioids, leaving a wide gap in the community’s response to opioids and the impact on, and the victimization of, children and youth. The data provided in this document suggests that the development of a data-driven coordinated response is necessary to identify and respond to challenges resulting from opioid abuse that are impacting youth and community safety.

Implementation Plan

The Miami-Dade County Office of Management and Budget – Grants Coordination, in response to a \$1 million grant awarded from the U.S. Department of Justice, worked in concert with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Institute for Intergovernmental Research (IIR), as the technical assistance provider, to collaboratively build a strategic plan rooted in partnership engagement and community mobilization through the Miami-Dade County Addiction Services Board that supports the needs of youth and their families who have been affected by opioid use and misuse. Through the development and implementation of this comprehensive strategic plan, Miami-Dade County will be empowered to enhance and expand efforts to prevent and respond to the impact of opioids on children, youth, and their families through three overarching strategic priority areas.

To date, no scientific studies exist identifying the causal factors associated with opioid misuse among youth, although the negative consequences of opioid misuse have been widely documented. Researchers will independently investigate these causal issues through youth-targeted focus groups and educational sessions that will be conducted throughout the project. In the meantime, the project’s Research Partner will evaluate the effectiveness of the project’s outreach efforts, that is, the effectiveness of the curriculum, educational sessions, and other publicity campaigns in reducing the most adverse consequences of opioid misuse, using several performance measures including deaths, hospital visits, Narcan-associated fire rescue responses, and poison control calls among Miami-Dade County youths using an interrupted time series analysis. This design is increasingly being used for the evaluation of public health interventions and is appropriate for population level interventions introduced over a clearly defined time period and target population-

level health outcomes. It has been used for the evaluation of a wide range of public health interventions including new vaccines, cycle helmet legislation, and traffic speed zones.

First and upon approval of the Strategic Plan, the Research Partner will coordinate data sharing among numerous agencies to collect data for future scientific analysis and program evaluations. These data will enable researchers to quantify the level, degrees, locations, and types of opioid misuse among youth in Miami-Dade County.

Second, these data will allow the Research Partner to confirm the reliability of baseline data and trends as well as identify the degree to which this project's programs are effective in mitigating the outcomes of opioid misuse among youth in Miami-Dade County.

Lastly, these data will inform other opioid intervention and treatment efforts of entities in the future. With a stronger empirical understanding of behavioral and situational risk factors associated with opioid misuse by youth, agencies dedicated to reducing opioid misuse can implement more effective intervention strategies and programs. This project is an important first step in the direction of more effective opioid intervention programs. The following goals and objectives are developed by Miami-Dade County in conjunction with Florida International University (Research Partner) to address the impact of opioids on youth within our community.

Strategic Priority 1: Reduction of opioid misuse and abuse and its associated risks among Miami-Dade County youth.

Goal 1: Educate adolescents and young adults about the risks associated with opioid misuse and abuse.

Objective 1.1: Develop and implement periodic informational sessions for school-aged youths during 2020 and 2021 focusing on educating students and families regarding the dangers of opioid use and how to prevent opioid misuse and addiction.

Education regarding opioid abuse is an important part of helping individuals understand the many aspects of these substances. This information can include factual data about what opioid abuse is; warning signs of abuse/misuse and addiction; information about how opioids affect the mind and body; the consequences that opioid addiction can have on one's physical and mental health, family, relationships, and other areas of functioning; and how and why opioids are abused. Education may also include information on how to deal with a family member or friend who is struggling with an opioid use disorder, and how to be supportive during the detoxification and rehabilitation process.

Therefore, we will develop and implement periodic 2-hour educational sessions conducted by drug prevention educators for school-aged youths (aged 12 – 18) during 2020 and 2021 focusing on the dangers of opioid use and how to prevent opioid misuse and addiction. During March and April 2020, drug prevention educators will be recruited and selected via a competitive process. Educators will be selected based on credentials, experience, and education. While the curriculum provided is critical, we believe based on discussions with community partners and other youths that to the extent possible someone in the same age range as our target audience should deliver the sessions to bring about a greater impact.

Once drug prevention educators are selected, we will finalize contract agreements and secure all necessary departmental and County approvals during April 2020 in order to begin developing the educational sessions and selecting the locations where they will be held. Once selected, drug

prevention educators will hire and train facilitators during May 2020 who meet selection criteria requirements and competencies to assist in delivering sessions.

During May 2020, the Miami-Dade County Office of Management and Budget – Grants Coordination and drug prevention educators will begin to select locations for sessions. Educational sessions will be scheduled and combined whenever possible with activities or events that promote overall wellness or provide and/or promote healthy alternative activities that will also serve as protective factors against not only opioid misuse but other unhealthy behaviors. One such example where the educational sessions can be combined is when youths are learning about or engaging in other healthy activities like the arts, volunteering, sports, and hobbies. During this period, all session presentation/educational materials and toolkits will also be created. Sessions will be promoted at least one month prior to the event through social media and flyers which will be distributed by community partners to youths and their families at afterschool programs, youth church groups, and youth-related occasions such as health fairs or sporting events.

After IIR and DOJ approval of materials/curriculum in June 2020, between July 2020 and June 2021, drug prevention educators and facilitators will deliver 1 to 2-hour educational sessions in at least one location. Presentation/educational materials and toolkits will be provided to all attendees prior to the beginning of each session. At the completion of each session, we will evaluate the educational/training session effectiveness based on an evaluation and pre- and post-test completed by attendees. Sessions will be continuously adjusted based on the evaluation feedback and pre- and post-tests.

Objective 1.2: Design, implement, and evaluate a mass-media campaign during 2020 and 2021 focusing on prescription opioids directed at adolescents and young adults.

One of the plan's priorities is to develop a mass communication campaign that seeks to educate both youth (ages 12-17) and adults (over the age of 18) on the risks of prescription opioid misuse particularly among our target population (ages 12-24), how to properly store prescription drugs in households, and how to properly dispose of them. This campaign will be planned and implemented by Miami-Dade County's Communications Department and Office of Management and Budget in partnership with Florida International University's Research Partner.

During March through April 2020, Miami-Dade County Office of Management and Budget – Grants Coordination and the Research Partner will contract with an addictions treatment expert or organization to work with the Miami-Dade County Communications Department to develop, adapt, and finalize coordinated opioid prevention messages and public service announcements. Consistent dissemination of key messages to create social awareness will be ensured during the mass media campaign. Specific messages to be focused on will include, but not be limited to: the types and hazards of opioids; their negative health effects; beliefs and misconceptions, safeguarding of prescription medications and disposing of unused pills; and availability of treatment resources. It will also include youth-directed messages such as discouraging young people from misusing opioids if pressured by their peers.

Several messages and public service announcements will be developed to be advertised through various channels such as social media platforms and Miami-Dade television. The method/platform used will depend on the audience. Examples include TikTok for teens; Instagram for teens and young adults; and Facebook for older adults. Messages and public service announcements will be pilot-tested on a target audience focus group prior to its launch to assess whether the messages are

memorable, understandable, and consistent with objectives. After IIR/DOJ approval of messages in June 2020, the mass media campaign will begin launching in July 2020 and will run through June 2021.

A series of live in-person or virtual focus group sessions consisting of 8 – 10 participants each will also be held throughout the mass-media campaign in order to assess whether the target audience is being exposed to and impacted by the media messaging. They will be held and facilitated in locations convenient to participants, including schools, community centers, other locations, and/or online. Participants will examine and provide feedback on all opioid-related media messaging released through television and social media channels. Participants will also be asked to discuss their perceptions of the messaging, its content, and the strategies they might employ for enhancing its reliability and usefulness.

The campaign will be evaluated using several short- and long-term outcome measures. Short-term measures, specific to the campaign, will be the frequency of advertisements and public service announcements presented and the percentage of audiences that advertisements and public service announcements reach. In order to assess whether the campaign impacted audiences to change their attitude and/or behaviors consistent with the plan's objectives, and to measure the extent that the campaign had on improved community knowledge regarding prescription opioid misuse, we will assess: 1) long-term outcome measures such as the prevalence of school-aged youths that misuse prescription and illicit opioids such as heroin; 2) the number of deaths attributed to opioid overdoses among youths aged 18 – 24 years; 3) the number of individuals aged less than 25 years receiving Narcan administrations as reported by county and municipal fire-rescue departments; and 4) the number of opioid-related emergency department visits and hospitalizations among school-aged adolescents.

Objective 1.3: Develop and disseminate educational materials and resources by September 2020 to inform parents, children, youth and young adults, schools, workplaces, and communities about the facts and consequences of opioid use and misuse.

To further achieve Strategic Priority Area 1, we will also develop and disseminate educational materials and resources to parents, children, youth and young adults, schools, workplaces, and communities, in addition to advocacy groups and other healthcare organizations, to educate youths and their families regarding the facts and consequences of opioid use and misuse. Materials and resources will consist of science-based messaging to educate individuals on the types and hazards of opioids; their negative health effects; beliefs and misconceptions, safeguarding prescription opioids, disposing of unused pills, and not sharing prescription opioids; and availability of treatment resources.

Between March and May 2020, the Miami-Dade County Office of Management and Budget – Grants Coordination will recruit, select, and contract with an addictions treatment expert or organization to work with opioid prevention partners, stakeholders, and Miami-Dade County Communications Department to develop educational materials and resources (e.g. newsletters, website updates, social media materials, fact sheets, brochures, etc.) for use in opioid misuse prevention activities. After their development, Miami-Dade County will conduct a series of focus group sessions during June and July 2020 with selected target audiences and stakeholders to evaluate the materials and resources. During these meetings, educational materials with the greatest impact will be identified for dissemination. Focus groups will also be utilized to review

and identify any opioid-related materials which require revision and amendments for greater impact.

Miami-Dade County will seek IIR/DOJ approval of materials in August 2020 and will disseminate printed educational materials and resources beginning in September 2020 through June 2021 to target audiences. Dissemination will occur through a variety of channels, social contexts, and settings on a wide scale across Miami-Dade County through schools, community events, health fairs, faith-based organizations, health-care providers, and other local stakeholders who will assist in distributing and discussing these materials with youths and families.

Objective 1.3 will be assessed using the following outcome measures. First, we will measure the number of focus group sessions conducted and participants attending. This measure is critical to establish what messages or materials might work best to meet the need. Secondly, we will measure the number of opioid prevention materials and resources approved for use in primary prevention services and activities as this indicates the level of knowledge that can be gained by youths and families through these materials. It also increases awareness of available prevention and treatment programs and services. Third, to measure whether the materials had a wide impact throughout the County, we will measure the number of opioid prevention printed materials and resources distributed to local media groups, stakeholders, and target audiences.

We hope that by achieving this objective, there will be several long-term outcomes attained including 1) a 10% decline in the number of individuals aged less than 25 years receiving Narcan administrations as reported by county and municipal fire-rescue departments by June 2021; and 2) a decline of at least 10% in the number of opioid-related emergency department visits and hospitalizations among school-aged adolescents decline by at least 10% by September 2021 as measured by emergency department and hospitalization data. The outcome performance measurement goals were determined based on: 1) Arizona's opioid strategic plan (azhealth.gov/opioid); and 2) Fresno County, California's Alcohol and Other Drug Strategic Prevention Plan which focuses on youths.

(<https://www.co.fresno.ca.us/home/showdocument?id=17228>)

Lastly, the County will develop a landing page on its website which will contain these materials as a repository of resources that will be available to the public and can be downloaded or viewed by anyone. The website will automatically count the number of page hits and downloads as part of the evaluation effort.

Objective 1.4: Promote and support middle and high schools to participate in National Drugs and Alcohol Chat Day during National Drug and Alcohol Facts Week ® in April 2020 and 2021.

The National Institute on Drug Abuse's (NIDA) Drug Facts Chat Day website (<http://drugfactsweek.drugabuse.gov/chat/>) offers some insights into young people's curiosity for accurate information about drugs and the lack of accessibility to information. National Drugs and Alcohol Chat Day is an annual live online chat held between high school students and NIDA scientists during National Drug and Alcohol Facts Week®. Students from around the country ask the questions they most want the answers to about drugs and drug misuse, including drug effects, how to help friends or family that are abusing drugs, and what causes addiction. This event not only highlights the hazards of opioids, but also other substances youth may be exposed to such as marijuana, alcohol, and vaping products.

In March 2020 and January – March 2021, we will begin to target a variety of local outlets to publicize the event—including broadcast (television and radio), print (magazine, daily newspaper, community paper, high school papers) and online (TikTok, Twitter, Instagram, Facebook, Patch.com, Instagram). Miami Dade County’s Communications Department will contact metro/local reporters, as well as health, youth, education, and lifestyle reporters. For TV and radio stations, producers will be contacted to schedule guest experts for on-air interviews. Influential bloggers who cover issues related to health, youth, or drug and alcohol abuse will also be contacted to promote the event. A compelling and concise sales pitch will be adapted from the National Institute on Drug Abuse and delivered through March 2020 and February/March 2021 to journalists, broadcasters, editors, etc., at a variety of outlets explaining the purpose of the event and why it should be promoted. The pitch will focus and highlight how the event serves a need in the community, tied to recent news (local issues with teens and opioids, alcohol, or other drugs), list attendance of VIPs/important community leaders, an intent of a number of schools and youths participating, and highlighting photo and video opportunities at the event. Information will be provided to relevant media via emails and phone calls and reminders will be sent on a weekly basis and 1 – 2 days prior to the event. A plan will be developed to coordinate with reporters who have expressed interest in, or confirmed their attendance at, the event including designating a media point of contact, sending point of contact’s phone number to reporters/producers, distribution of press materials to be shared with relevant parties, and identifying spokespersons prior to event day.

We will also prepare and disseminate social media content (photos, videos, relevant graphics, links to resources, or quotes, etc.) outlining the topic and promoting the event. A schedule will be created for using County social media channels outlining the event and its associated topics and activities. We will add creative assets such as social media share buttons to encourage potential event participants to share posts related to the event. Graphic templates and facts will also be posted through social media to use as a tool to promote the event and visually enhance posts for opioid-related facts. We will also encourage our followers and event participants to share their content as well.

After the event, we will evaluate its effectiveness by publicizing a summary in addition to opioid-related content [e.g. Photo with the greatest engagement (likes, shares, favorites, etc.)] or new information resulting from the event through social media. A summary will be sent immediately after National Drugs and Alcohol Chat Day to all media contacts who expressed interest or attended the event. We will also create a Twitter Moment (<https://twitter.com/i/moments>) capturing a summary of the event which will be measured according to the number of likes, retweets, comments, and replies for up to one week after the event. Within one month after the 2020 event is completed, a SWOT analysis will be conducted consisting of Miami-Dade County Office of Management and Budget – Grants Coordination, Miami-Dade County Communications Department, and the Research Partner to identify factors that made the event successful and how it can be improved for 2021.

Goal 2: Educate and increase awareness of parents regarding the risks and behaviors associated with opioid misuse and abuse among youths.

Objective 2.1: Combine Objective 1.1 with periodic 1 – 2-hour family-based educational sessions during 2020 and 2021 focusing on educating parents regarding the dangers of opioid use among youths and how to prevent opioid misuse and addiction.

A way people access prescription drugs is by taking them from friends or family, or by using someone else's prescribed medications, unbeknownst to them. Either way, they are often taken directly from the home. According to the 2011 document released by the Executive Office of the President of the United States titled "Epidemic: Responding to America's Prescription Drug Abuse Crisis," a recommended strategy was the education and proper disposal of prescription drugs. Unused and readily accessible medicines have the potential to be misused and abused, especially by youth. Parents and youth need to be better educated regarding the dangers of misuse and abuse of prescription drugs. Many are still not aware that the misuse or abuse of prescription drugs can be as dangerous as the use of illegal drugs, leading to addiction and even death. Explaining safe storage and disposal in the context of the overall epidemic will help parents adopt these habits. Therefore, we plan to combine Objective 1.1 with periodic 1 – 2-hour family-based educational sessions during 2020 and 2021 focusing on educating parents and caregivers regarding the dangers of opioid use among youths, recognizing the warning signs of opioid abuse and misuse, and proper storage and disposal of prescription opioids and other drugs.

Drug prevention educators and staff team members who are contracted by the County through Objective 1.1 will deliver the educational sessions to parents. Similar to Objective 1.1, during May 2020, we will also select locations for sessions. Parents will be recruited during the month of June 2020 to participate in a session through social media, afterschool care programs, faith-based group events, and high school sporting events. Drug prevention educators and staff team members will assist in recruiting families. To facilitate parents, each session will be held at the same time as the youth sessions stated in Objective 1.1. During the same period, we will create and purchase the required educational program materials for the sessions. Presentation/educational materials and toolkits will be provided to all attendees prior to the beginning of each session. We expect to begin conducting the 1 – 2-hour sessions beginning in July 2020 through June 2021.

At the completion of each session, we will evaluate the educational/training session's effectiveness based on an evaluation and pre and post-tests completed by attendees. Sessions will be continuously adjusted based on the evaluation feedback and pre and post-tests.

We will evaluate this objective using several measures including the number of families that are recruited at each location to receive an educational session which will be measured according to the number of families that sign up for a session as measured through completed registration sheets and the number of sessions held quarterly within each county district as measured by the number of signatures in sign-in sheets and completed evaluations. We will also measure the session's effectiveness according to pre- and post-test results. Through these sessions, we expect that at least 75% of families who originally signed up for a session will attend as measured by sign-in and post-training evaluation sheets; and that parents will increase their knowledge about the harmful consequences of opioid misuse by at least 10% as measured by pre- and post-test results.

Objective 2.2: Develop and implement a social media marketing plan during 2020 and 2021 to increase awareness and knowledge among parents.

Changes in technology and the social media landscape present new opportunities to deliver innovative prevention interventions to parents. Information regarding the dangers of opioids can now be more accessible to parents by strategically leveraging social media, blogs, and news media to promote new findings, inform the public about emerging drug trends, and educate the community on opioids. Therefore, the Miami-Dade County Communications Department will work with a contracted addictions treatment expert or organization to develop and implement a

social media marketing plan during 2020 and 2021 to increase awareness and knowledge among parents and caregivers regarding the dangers of opioid use among youths, recognizing the warning signs of opioid abuse and misuse, and proper storage and disposal of prescription opioids and other drugs.

During May and June 2020, we will work with an addiction specialist and the Miami-Dade County Communications Department to develop a parent-focused opioid misuse prevention webpage on the Miami-Dade County website consisting of a toolkit and supporting marketing materials to include information about the harmful effects of opioids, personal testimonials, and other related opioid use/misuse resources and where to get help. A marketing plan will be developed in conjunction with Miami-Dade County Communications Department, an addiction specialist, and the Research Partner by April/May 2020 incorporating social media to increase awareness. During this time, the Miami-Dade County Office of Management and Budget – Grants Coordination, an addiction specialist, and Miami-Dade County Communications Department will also create and implement management services for the website in addition to curating and developing the toolkit and marketing materials for the website. To ensure the progress of the website development, we will establish a communications calendar for ongoing updates and social media interconnection. In addition to the County website, Miami-Dade County will also provide information via parent-focused social media websites (e.g. Facebook, Twitter, Instagram), through posts, messages, etc., to raise awareness and increase knowledge of the nature and extent of opioid abuse and misuse, increase safe use, storage, and disposal of prescription drugs, and provide support for addiction, prevention, and recovery awareness resources. We expect that all materials will be posted online and through social media by July 2020. In order to continuously educate parents regarding new opioid-related trends and facts, Miami-Dade County will hold quarterly meetings through June 2021 with the Miami-Dade County Communications Department and Research Partner to continuously review the impact of and update opioid-related materials posted on the webpage/social media websites and identify new high-impact materials which can be added.

Miami-Dade County and the Research Partner will continuously evaluate the website and social media content by regularly reviewing whether the materials contain consistent and credible messaging, that it is focused on the target audience (parents and caregivers), and its accuracy, as it pertains to that the information, conforms to a certain standard and that it is grammatically and typographically error-free. Miami-Dade County will also evaluate the volume, reach, exposure and amplification of messages and posts according to the monthly number of URL clicks and shares, conversions, likes, retweets, comments, and replies which will be measured throughout the project.

Strategic Priority Area 2: Improve the capacity of school systems to educate, identify, respond, and refer youths at risk of opioid misuse and abuse.

Goal 1: Educate school-based personnel including counselors, athletic coaches and school nurses to deliver prevention messages regarding the dangers of opioid misuse and abuse along with identifying and engaging youths who are at risk of misusing or abusing opioids.

Objective 1.1. Develop, implement, and deliver train-the-trainer workshops for school-based personnel during 2020 and 2021 as evidenced by the number of workshops delivered and staff trained.

Schools are a critical partner in any and all youth prevention work. Miami-Dade County and its partners will form and expand partnerships with after-school programs to work with Miami-Dade

County Public Schools (MDCPS) students to coordinate resources that will ensure an integrated approach to opioid abuse prevention in middle and high school youths. Tools for school-based personnel are essential to enhance knowledge of the dangers of opioid use, as well as early intervention strategies for at-risk children with environmental and individual risk factors (trauma, foster care, adverse childhood experiences, and developmental disorders). Given the importance of schools, which can serve as a protective factor in providing prevention and early intervention services, Miami-Dade County aims to develop, implement, and deliver a train-the-trainer module during 2020 and 2021 to enhance the knowledge of school-based personnel (e.g. counselors, social workers, or nurses) including the administration of opioid abuse screening tools and benefits of early interventions. We expect that this training workshop will enhance the dissemination of knowledge as it pertains to opioids and its related harms. The training workshop will be based on research and evidence-based content from SAMSHA and will consist of the risks associated with opioid misuse, youth-related opioid data focusing on Miami-Dade County, strategies to prevent opioid misuse and its related harms, an overview of opioid-use disorders and treatment and local resources, and screening tools to identify at-risk youth.

Drug prevention educators and staff team members who are hired by the County through Objective 1.1 will deliver the training workshops to the school-based personnel. The training locations will be selected, and attendees will be recruited during May 2020 based on specific criteria. Between September 2020 and May 2021, the drug educators will provide training for school-based personnel on the signs, symptoms, and risk factors of opioid abuse, misuse, and dependence to detect students at risk.

Miami-Dade County will also increase training opportunities for school-based personnel to increase knowledge on the nature, extent, and risk factors of opioid abuse and misuse as a student health and safety issue. The Miami-Dade County Office of Management and Budget – Grants Coordination will arrange and hold a meeting with MDCPS during early 2020 to identify the approaches used to provide school-based personnel with opportunities to complete these training including, but not limited to, online training, in-service training (continuing education), and individual professional development plans. These training will include prevention, recognizing symptoms and behavioral patterns of opioid abuse/misuse, appropriate intervention strategies, and treatment options for students showing signs of opioid misuse. Miami-Dade County aims to commence the trainings by the beginning of the 2020 – 2021 school year.

This objective will be evaluated according to several measures including the annual number of school-based personnel who receive training; the monthly number of school-based personnel who receive other opioid-related training (e.g. online, in-service, and professional development plans); and whether a training module focused on opioid abuse/misuse is integrated into existing training by September 2021.

Priority Area 3: Expand and enhance data surveillance capabilities to improve the understanding of and response to opioid-affected youth.

Goal 1: Expand the participation and collaboration of community organizations to assess the prevalence of parents/caregivers who abuse or misuse opioids.

The opioid epidemic continues to have devastating consequences for families across the nation with young children directly impacted by opioid use disorder among their parents/caregivers.

Young children can experience numerous negative consequences due to opioid use disorder among their parents/caregivers, including:

- Poor outcomes and costs associated with prenatal exposure to opioids;
- Accidental ingestion of opioids;
- Increased risk of removal from the home and placement in the foster care system; and
- Increased risk of trauma and adverse childhood experiences, which are linked to negative health consequences later in life.

During the first year of the Opioid Affected Youth Initiative, we found a weakness pertaining to a lack of information within Miami-Dade County of the impact on children whose parents are abusing or misusing opioids. We also found some informational deficiencies regarding opioid-distinct data indicators among youth, that is, a lack of opioid-specific statistics within drug-associated youth data sources. In order to address this issue, Miami-Dade County aims to expand and enhance data surveillance capabilities to improve the understanding of and response to opioid-affected youth within the County through these objectives. Miami-Dade County's Research Partner will play a central role in collecting, organizing, clarifying, storing and disseminating existing and new data on opioid misuse among youth. The Research Partner is engaged in the first stage of organizing data-sharing agreements with various agencies. Next, he will begin efforts to differentiate, harmonize, and standardize data, where possible, to facilitate future research and inform opioid outreach efforts. Throughout these processes, he will ensure data integrity, confidentiality, security, and proper dissemination of non-confidential data.

Objective 1.1: Define needs, identify gaps, and craft a plan by April 2020 to expand the participation and collaboration of community organizations to collect data pertaining to children less than 18 years of age whose parents are affected by opioid use disorders.

For our first objective, we will define needs, identify gaps, and craft a plan by April 2020 to expand the participation and collaboration of community organizations to collect data pertaining to children less than 18 years of age whose parents are affected by opioid use disorders. During March and April 2020, Miami-Dade County and the Research Partner will set and hold meetings with relevant partner agencies and other stakeholders. These meetings will include several of our stakeholders including, but not limited to, the Miami-Dade County Medical Examiner's Office, Florida Department of Children and Families, and Thriving Minds (South Florida Behavioral Health Network). During these meetings, we will assess the capability of each partner to begin identifying, collecting, and sharing relevant data indicators that identify the prevalence, risk factors, and impact associated with children less than 18 years of age whose parents are affected by opioid use disorders. Examples of data indicators include the number of parents that died due to opioid overdoses with children that were under 18 years of age at the time of the fatality; and the number of parents that have undergone substance abuse treatment with opioids as the primary drug of choice. We expect that it will take approximately one month to hold meetings with all the partners identified for this objective. By May/June 2020, the County will develop and sign data-sharing agreements with those partner agencies who are able and agree to collect and share relevant data.

The success of this objective will be based on the number of partner agencies and stakeholders who sign data-sharing agreements with Miami-Dade County.

Goal 2: Expand the participation and collaboration of community organizations to improve the specificity of opioid-affected youth data.

Objective 2.1: Define needs, identify gaps, and craft a plan by April 2020 to expand the participation and collaboration of community organizations to collect opioid-distinct data indicators.

Achieving this objective will entail a similar process to Objective 1.1. We will define needs, identify gaps, and craft a plan by April 2020 to collect opioid-distinct data indicators. During March and April 2020, Miami-Dade County and the Research Partner will set and hold meetings with relevant partner agencies and other stakeholders. These meetings will include several of our stakeholders including, but not limited to, the Florida Department of Children and Families, and local police departments. During these meetings, we will assess the capability of each partner to begin identifying, collecting, and sharing relevant data indicators that distinguish opioids from other drugs. Examples of data indicators include the number of opioid-related civil citations and arrests; and the number of child maltreatment cases due to opioid misuse. We expect that it will take approximately one month to hold meetings with all the relevant partners identified for this objective. Within a month after these meetings are held, the County will develop and sign data-sharing agreements with those partner agencies who are able and agree to collect and share relevant data.

The success of this objective will be based on the number of partner agencies and stakeholders that sign data-sharing agreements with the County. We expect that at least five partner agencies and stakeholders sign data-sharing agreements with the County which will, in turn, expand and enhance data surveillance capabilities that will result in improving the understanding of and response to opioid-affected youth within the County.

Goal 3: Disseminate improved quality and completeness of opioid affected-youth related data.

Objective 3.1: Analyze and disseminate improved opioid-affected youth data indicators obtained from relevant partner agencies.

Once data-sharing agreements are signed and finalized, Miami-Dade County in conjunction with the Research Partner will begin to collect and analyze relevant data indicators on a monthly basis. The Miami-Dade County Office of Management and Budget – Grants Coordination will act as a liaison where they will directly obtain all data from each partner and forward it to the Research Partner who will then analyze the data and identify prevalence, trends, and risk factors.

Beginning in September 2020, the Research Partner will present these findings on a bi-annual basis during Miami-Dade County Addiction Services Board meetings. This objective will be evaluated according to the number and types of data indicators collected from partners and stakeholders who signed data-sharing agreements with Miami-Dade County; and the number of presentations delivered to the Miami-Dade County Addiction Services Board. We hope that by September 2020, at least 10 new data indicators obtained from data-sharing agreements are collected, analyzed, and disseminated to the Miami-Dade County Addiction Services Board and other stakeholders. Based on the success of this strategic priority, Miami-Dade County aims to adopt additional evidence-based interventions that improve the quality of lives among opioid-affected youth.

Priority Area 1: Reduction of opioid misuse and abuse and its associated risks among Miami-Dade County youth.

Goal 1: Educate adolescents and young adults about the risks associated with opioid misuse and abuse.						
Objectives	Tasks	Timeline	Person(s) Responsible	Performance Measurement	Output/Outcome Indicators	
<p>1.1: Develop and implement periodic sessions for school-aged youths during 2020 and 2021 focusing on educating students and families regarding the dangers of opioid use and how to prevent opioid misuse and addiction.</p>	<p>1. Select drug prevention educators via competitive process.</p>	<p>Mar - April 2020</p>	<p>Miami-Dade County Office of Management and Budget (MDC OMB)</p>	<p>Number of responses received from drug prevention community partners.</p>	<p>Number and percentage of youths that successfully complete the sessions based on pre and post-tests.</p> <p>By June 2021, the prevalence of school-aged adolescents that misuse prescription opioids decline by at least 10% as measured by the Youth Risk Behavior Survey (YRBS)</p> <p>By June 2021, the number of opioid-related emergency department visits and hospitalizations among school-aged adolescents decline by at least 10% as measured by emergency department and hospitalization data.</p>	
	<p>2. Finalize contract agreements and secure all necessary departmental and County approvals.</p>	<p>April 2020</p>	<p>MDC OMB</p>	<p>Finalized, approved, and signed contract agreement with selected drug prevention educators.</p>		
	<p>3. Select and train facilitators to assist in delivering sessions.</p>	<p>May 2020</p>	<p>Drug Prevention Educators</p>	<p>Number of facilitators that successfully complete the course training.</p>		
	<p>4. Select locations.</p>	<p>May 2020</p>	<p>MDC OMB, Drug Prevention Educators</p>	<p>Number of locations.</p>		
	<p>5. Implement and deliver sessions.</p>	<p>July 2020 – June 2021</p>	<p>Drug Prevention Educators and Facilitators</p>	<p>Number of sessions held.</p>		
<p>1.2: Design, implement, and evaluate a mass-media campaign during 2020 and 2021 focusing on prescription opioids directed at adolescents and young adults.</p>	<p>1. Work with Miami-Dade County Communications Department (MDC CD) and contractor to develop, adapt, and finalize coordinated opioid prevention messages and public service announcements.</p>	<p>May-June 2020</p>	<p>MDC OMB, MDC CD, contracted Addictions Treatment Provider, and Research Partner</p>	<p>Development of coordinated substance abuse prevention media messages and public service announcements.</p>	<p>The frequency of advertisements and public service announcements presented.</p> <p>The percentage of audiences that advertisements and public service announcements reach.</p> <p>By June 2021, the prevalence of school-aged youths that misuse</p>	

	<p>2. Identify and select print and social media mediums.</p> <p>3. Select and implement advertising schedules</p> <p>4. Disseminate prescription opioid prevention media campaign using selected broadcasting mediums.</p> <p>5. Conduct a series of focus groups to assess media campaign impact.</p>	<p>May - June 2020</p> <p>July 2020</p> <p>July 2020 – June 2021</p> <p>July 2020 – June 2021</p>	<p>MDC OMB and MDC CD</p> <p>MDC OMB and MDC CD</p> <p>MDC CD</p> <p>MDC OMB</p>	<p>The number and types of broadcast mediums used to deliver media campaign messages. (e.g. television, newspapers, magazines, posters, billboards, bus ads, print materials, etc.).</p> <p>Finalized time period in which media campaign messages will be disseminated.</p> <p>The number of unique prescription opioid abuse prevention media campaigns conducted.</p> <p>The number of focus group meetings held.</p>	<p>prescription opioids declines by at least 10% as measured by Youth Risk Behavior Survey (YRBS).</p> <p>By June 2021, the number of deaths attributed to opioid overdoses among youths aged 18 – 24 years decline by at least 25%.</p> <p>By June 2021, experience a 10% decline in the number of individuals aged less than 25 years receiving Narcan administrations as reported by county and municipal fire rescue departments.</p> <p>By June 2021, the number of opioid-related emergency department visits and hospitalizations among school-aged adolescents decline by at least 10% as measured by emergency department and hospitalization data.</p>
<p>1.3: Develop and disseminate educational materials and resources by September 2020 to inform parents, children, youth and young adults, schools, workplaces, and communities about the facts and consequences</p>	<p>1. Work with opioid prevention partners, stakeholders, and MDC CD to develop educational materials and resources (e.g. newsletters, website updates, social media materials, fact sheets, brochures, etc.) for use</p>	<p>May – June 2020</p>	<p>MDC OMB, MDC CD, and Research Partner</p>	<p>Development of original opioid prevention educational materials and resources for use in primary prevention services and activities.</p>	<p>Create a county resource to include validated resources collected in Objective 1.3, and made available to all stakeholders.</p> <p>By June 2021, experience a 10% decline in the number of individuals aged less than 25 years receiving Narcan administrations</p>

of substance use and misuse.	in opioid misuse prevention activities.				as reported by county and municipal fire rescue departments.
	2. Conduct focus group with selected target audiences and stakeholders to evaluate printed educational materials and resources.	June 2020	MDC OMB, MDC CD, and Research Partner	The number of focus groups conducted and participants attending.	By June 2021, the number of opioid-related emergency department visits and hospitalizations among school-aged adolescents decline by at least 10% as measured by emergency department and hospitalization data.
	3. Revise and amend printed educational materials and resources based on focus group results.	July 2020	MDC OMB, MDC CD, and Research Partner	The number of opioid prevention materials and resources approved for use in primary prevention services and activities.	
	4. Disseminate printed educational materials and resources to target audiences.	July 2020 – June 2021	MDC CD, Opioid Prevention Partners and Stakeholders	The number of opioid prevention printed materials and resources distributed to local media groups, stakeholders, and target audiences.	
1.4: Promote and support middle and high schools to participate in National Drugs and Alcohol Chat Day during National Drug and Alcohol Facts Week ® in April 2020 and April 2021.	1. Create a targeted media list including but not limited to: local TV stations, radio stations, and newspapers, including college and high school papers.	Mar 2020 and Jan – Mar 2021	MDC OMB, MDC CD	The number of targeted media outlets reached out to assist in promoting National Drugs and Alcohol Chat Day.	A post-event summary capturing the number of middle and high schools, estimated students, stakeholders, and media outlets that attended the event.
	2. Adopt NIDA message to create a compelling and concise sales pitch for journalists, broadcasters, editors, etc., at a variety of outlets explaining the purpose of the event and why it should be promoted.	Mar 2020 and Jan - Mar 2021	MDC CD	The number of targeted media outlets that promote information regarding the National Drugs and Alcohol Chat Day event.	Number of likes, retweets, comments, and replies in response to the Twitter Moment for up to 1 week after the event.

	<p>3. Adapt and disseminate social media content (photos, videos, relevant graphics, links to resources, or quotes, etc.) outlining the topic and promoting the event.</p> <p>4. Create a schedule for social media channels (e.g. Twitter, Facebook) that outlines the topics and activities regarding the event.</p> <p>5. Post-event, publicize a summary in addition to opioid-related content (e.g. Photo with the greatest engagement (likes, shares, favorites, etc.) or new information resulting from the event through social media.</p>	<p>Mar 2020 and Jan - Mar 2021</p> <p>Mar 2020 and Jan - Mar 2021</p> <p>May - June 2020 and 2021</p>	<p>MDC CD</p> <p>MDC CD</p> <p>MDC OMB, MDC CD</p>	<p>The number of social media content publicized to promote National Drugs and Alcohol Chat Day.</p> <p>The number of social media content publicized to promote National Drugs and Alcohol Chat Day.</p> <p>A summary sent immediately after National Drugs and Alcohol Chat Day to all media contacts who expressed interest or attended the event. Create a Twitter Moment (https://twitter.com/i/moments) which captures a summary of the event.</p>	
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Goal 2: Educate and increase awareness of parents regarding the risks and behaviors associated with opioid misuse and abuse among youths.					
Objectives	Tasks	Timeline	Person(s) Responsible	Performance Measurement	Output/Outcome Indicators
<p>2.1: Combine Objective 1.1 with periodic 1 – 2-hour family-based educational sessions during 2020 and 2021 focusing on educating the parents regarding the dangers of opioid use among youths and how to prevent opioid misuse and addiction.</p> <p>2.2: Develop and implement a social media marketing plan during 2020 and 2021 to increase awareness and knowledge among parents.</p>	1. Contract drug prevention educators and staff team members via competitive process.	Mar – Apr 2020	MDC OMB	Drug prevention educators and staff team members are hired to provide educational sessions.	<p>Parents will increase their knowledge about the harmful consequences of opioid misuse by at least 10% as measured by pre- and post-tests.</p> <p>At least 75% of families who originally signed up for a session attended as measured by sign-in and post-training evaluation sheets.</p> <p>By June 2021, the prevalence of school-aged youths that misuse prescription opioids declines by at least 10% as measured by Youth Risk Behavior Survey (YRBS).</p> <p>By June 2021, experience a 10% decline in the number of individuals aged less than 25</p>
	2. Select locations.	May 2020	MDC OMB, Drug Prevention Educators	The number of locations selected to host educational component for parents.	
	3. Recruitment of parents to participate via social media, afterschool care programs, high school sporting events.	May 2020 – Jun 2021	Drug Prevention Educators, Staff Team	The number of families that are recruited at each location to receive an educational session.	
	4. Purchase required program materials.	June 2020	Drug Prevention Educators, Staff Team, MDC OMB	Required materials are purchased prior to the beginning of sessions.	
	5. Conduct 1 – 2-hour sessions.	Ongoing July 2020 – June 2021	Drug Prevention Educators, Staff Team,	The number of sessions held quarterly within each county district.	
	1. Work with MDC CD and contractor to develop a parent-focused opioid misuse prevention webpage on the MDC website consisting of a toolkit and supporting marketing materials to include information about the harmful effects of opioids, personal	May - June 2020	MDC OMB, MDC CD, Drug Prevention Educators, contractor, and Research Partner	Creation of publicly available website consisting of materials and toolkit with consistent messaging. Tracking URL shares, clicks and conversions.	

	<p>testimonials, and other related opioid use/misuse resources and where to get help.</p>				<p>years receiving Narcan administrations as reported by county and municipal fire rescue departments.</p>
<p>2. Develop a marketing plan in conjunction with MDC CD and contractor incorporating social media to increase awareness.</p>	<p>May – June 2020</p>	<p>MDC OBM, MDC CD, Drug Prevention Educators, contractor, and Research Partner</p>	<p>Development of a plan focusing on the types of materials and resources to be included, information to be provided, campaign time period, and setting of social media benchmarks.</p>	<p>Increased community knowledge and awareness of the effects, risks, and symptoms associated with opioid abuse and misuse based on social media measurement benchmarks.</p>	
<p>3. Provide information via parent-focused social media websites (e.g. Facebook, Twitter, Instagram), through posts, messages, etc., to raise awareness and increase knowledge of the nature and extent of opioid abuse and misuse, increase safe use, storage, and disposal of prescription drugs, and provide support addition, prevention, and recovery awareness resources.</p>	<p>July 2020 – June 2021</p>	<p>MDC OBM, MDC CD, Drug Prevention Educators, and Research Partner</p>	<p>Volume, reach, exposure and amplification of monthly messages and posts. Monthly number of likes, retweets, comments, and replies.</p>		

Priority Area 2: Improve the capacity of school systems to educate, identify, respond, and refer youths at risk of opioid misuse and abuse.

Goal 1: Educate school-based personnel including teachers, athletic coaches, and school nurses to deliver prevention messages regarding the dangers of opioid misuse and abuse along with identifying and engaging youths who are at risk of misusing or abusing opioids.

Objectives	Tasks	Timeline	Person(s) Responsible	Performance Measurement	Output/Outcome Indicators
<p>1.1: Develop, implement, and deliver train-the-trainer workshops for school-based personnel during 2020 and 2021 as evidenced by the number of workshops delivered and staff trained.</p>	<p>1. Select and hire qualified drug prevention educators who meet selection criteria requirements and competencies to provide trainings for school-based personnel.</p>	<p>Mar – April 2020</p>	<p>MDC OMB</p>	<p>Number of drug prevention educators who meet selection criteria requirements and competencies hired to provide trainings for school-based personnel.</p>	<p>By June 2021, the prevalence of school-aged youths that misuse prescription opioids declines by at least 10% as measured by Youth Risk Behavior Survey (YRBS).</p> <p>School-based personnel will increase their knowledge about the harmful consequences of opioid abuse and misuse by at least 10% as measured by pre- and post-tests.</p>
	<p>2. Provide trainings for school-based personnel on the signs, symptoms, and risk factors of opioid abuse, misuse, and dependence to detect students at risk.</p>	<p>July 2020 – Jun 2021</p>	<p>Drug Prevention Educators</p>	<p>Annual number of school-based personnel who receive pre-service trainings.</p>	
	<p>3. Increase training opportunities for school-based staff to increase knowledge on the nature, extent, and risk factors of opioid abuse and misuse as a student health and safety issue.</p>	<p>July 2020 – June 2021</p>	<p>Drug Prevention Educators</p>	<p>Monthly number of school-based personnel reached out to receive opioid-related trainings and percentage of those who receive them.</p>	
	<p>4. By July 2020, develop and implement an opioid abuse/misuse training module to be integrated into existing trainings for school-based personnel.</p>	<p>May 2020 – June 2021</p>	<p>Drug Prevention Educators</p>	<p>A training module focused on opioid abuse/misuse is integrated into existing trainings by July 2020.</p>	

Priority Area 3: Expand and enhance data surveillance capabilities to improve the quality and completeness of opioid affected-youth related data.

Goal 1: Expand the participation and collaboration of community organizations to assess the prevalence of parents/caregivers who abuse or misuse opioids.					
Objectives	Tasks	Timeline	Person(s) Responsible	Performance Measurement	Output/Outcome Indicators
1.1: Define needs, identify gaps, and craft a plan by April 2020 to expand the participation and collaboration of community organizations to collect data pertaining to children less than 18 years of age whose parents are affected by opioid use disorders.	1. Set and hold meetings with relevant partner agencies and other stakeholders.	Mar - Apr 2020	MDC OMB, Research Partner	Number of meetings held with relevant partner agencies and other stakeholders	At least 5 partner agencies and stakeholders agree to share relevant data indicators pertaining to children less than 18 years of age whose parents are affected by opioid use disorders.
	2. Assess capability of each partner to identify, collect, and share relevant data indicators that identify the prevalence, risk factors, and impact associated with children less than 18 years of age whose parents are affected by opioid use disorders.	Mar - Apr 2020	MDC OMB	Number of partners and stakeholders who are able and agreeable to sharing relevant data indicators.	
	3. Develop and sign data sharing agreements by June 2020 with partner agencies who can collect and share relevant data.	June 2020	MDC OMB	Number of partners that sign data sharing agreements with MDC.	At least 5 partner agencies and stakeholders sign data sharing agreements with MDC.

Goal 2: Expand the participation and collaboration of community organizations to improve the specificity of opioid-affected youth data					
Objectives	Tasks	Timeline	Person(s) Responsible	Performance Measurement	Output/Outcome Indicators
2.1: Define needs, identify gaps, and craft a plan by April 2020 to expand the participation and	1. Set and hold meetings with relevant partner agencies and other stakeholders.	Mar - Apr 2020	MDC OMB, Research Partner	Number of meetings held with relevant partner agencies and other stakeholders	At least 5 partner agencies and stakeholders agree to share relevant data indicators that distinguish opioids from other drugs.

collaboration of community organizations to collect opioid-distinct data indicators.	2. Assess capability of each partner to identify, collect, and share relevant data indicators to distinguish opioids from other drugs.	Mar - Apr 2020	MDC OMB	Number of partners and stakeholders who are able and agreeable to sharing relevant data indicators.	
	3. Develop and sign data sharing agreements by December 2019 with partner agencies who can collect and share relevant data.	May – June 2020	MDC OMB	Number of partners that sign data sharing agreements with MDC.	At least 5 partner agencies and stakeholders sign data sharing agreements with MDC.

Goal 3: Disseminate improved quality and completeness of opioid affected-youth related data					
Objectives	Tasks	Timeline	Person(s) Responsible	Performance Measurement	Output/Outcome Indicators
3.1: Analyze and disseminate improved opioid-affected youth data indicators obtained from relevant partner agencies.	1. By August 2020, begin to collect and analyze relevant data indicators on a monthly basis from partners and stakeholders who signed data sharing agreements with MDC.	Aug 2020 – Jun 2021	Research Partner	Number and types of data indicators collected from partners and stakeholders who signed data sharing agreements with MDC.	By September 2020, at least 10 new data indicators obtained from data sharing agreements are collected, analyzed, and disseminated to the MDC ASB and other stakeholders.
	2. Beginning in September 2020, provide bi-annual presentations during MDC Addictions Services Board (ASB) meetings.	Sept 2020 – Jun 2021	Research Partner	Number of presentations delivered to the MDC ASB.	Improve the dissemination and translation of opioid-affected youth findings to adopt evidence-based interventions that improve the quality of lives among youth.

Evaluation and Monitoring Plan

An essential component of Miami-Dade County's Office of Management and Budget – Grants Coordination (Miami-Dade County) Implementation Plan is ongoing performance monitoring, evaluation, and reporting based on an established accountability and performance monitoring framework. Tracking the plan's results will show its progress towards achieving intended outcomes and will support continued improvements and maintain accountability to the those involved with the project. The project's Research Partner will serve as the formal evaluator.

The Opioid Affected Youth initiative will be evaluated monthly to document its success in meeting its objectives and milestones and to assess its impact on the youth and families it serves. As discussed below, the evaluation is designed to ensure that: a) implementation will be monitored systematically and continuously; b) specific progress measures will be used to assess the quality and completeness of project activities; and c) specific progress measures will be aligned with the goals, targets and expected outcomes set forth in the implementation plan so that progress towards achieving them can be accurately assessed.

Miami-Dade County will work with the Research Partner to ensure that an extensive evaluation is conducted on the Opioid-Affected Youth Initiative project. The Research Partner will provide objective summative (impact) and formative (process) evaluation services for the project including: monitoring, accuracy checks and audits, producing summative evaluation reports, developing a formative evaluation system, and generating semi-annual progress reports. The Research Partner will collect and analyze all project data on a quarterly basis, as well as reporting findings within one month of the close of each quarter. Thus, Miami-Dade County and all project stakeholders (including the Miami-Dade County Addiction Services Board) will have four opportunities annually to assess project success and make recommendations on any modifications that may be necessary. Miami-Dade County and the Addiction Services Board will finalize all modification actions.

The evaluation will include both formative and summative performance measures. Miami-Dade County will assist the Research Partner collect required data regarding performance measures. Formative evaluation methods will entail the effectiveness of the project's procedures, practices, and activities in implementing the project and meeting project milestones in conformance with the proposed timelines.

A crucial function of the formative evaluation is to collect, analyze, and disseminate data over the course of the project to help the project partners and staff to stay "on track" in implementing project activities and to promote ongoing project improvement. Therefore, formative evaluation data will be shared with project partners and staff on a monthly basis throughout the project via conference calls and meetings. Key formative evaluation questions include: a) Are project partners carrying out project activities that are conforming with the implementation plan's goals and objectives? b) Has the project met its annual targets for staffing, training, and coordinating delivery of services? c) Has project staff used information effectively throughout the implementation phase—including formative evaluation data—for self-assessment and program improvement? d) Has the project met its targets regarding implementation of specific initiatives and dissemination of project results? e)

Is management effectively supporting the project in accomplishing its proposed activities and meeting its milestones? f) Are project activities conforming to timelines set forth in the implementation plan?

Formative evaluation approaches include a) monthly in-person/online meetings and conference calls with project staff/partners and other project stakeholders; b) structured observations of project activities during meetings; c) frequent reviews of project educational session schedules and records; d) frequent reviews of documents, procedures used, and results of the mass media campaign; and e) reviews of questionnaire and survey instrument results such as evaluation forms and pre-post tests administered during each quarter; and reviews of interim and year-end reports prepared by project staff.

Formative evaluation results will be included in semi-annual reports and will be shared with project staff, partners, and stakeholders, in writing or through meetings. Formative evaluation data will also be included in evaluation and year-end reports to the Department of Justice - Office of Juvenile Justice and Delinquency Prevention and the Institute for Intergovernmental Research, the technical assistance provider.

Summative evaluation methods will address project implementation and consequent changes in outcome and output indicators regarding project objectives. Key summative evaluation questions to be answered include: a) Is the project achieving its objectives and performance targets?; and b) What is the project's impact on youths who reside in Miami-Dade County? Summative evaluation will examine the project's impact on:

- Opioid misuse among youths, including analysis of opioid-related overdoses, prevalence of opioid misuse, opioid-related emergency department visits and hospitalizations, frequency of Narcan administrations, and other relevant indicators. Data will be collected, analyzed, and disseminated to key local stakeholders including the Miami-Dade County Addiction Services Board.
- Increased community knowledge and awareness of the effects, risks, and symptoms associated with opioid abuse and misuse through analysis of pre- and post-test results, number of individuals (parents, youths, Miami-Dade County Public School staff, etc.) who receive educational sessions, and development of a curriculum opioid education as part of continuing education. Data will be collected, analyzed, and disseminated to key local stakeholders including the Miami-Dade County Addiction Services Board.
- Increased knowledge and awareness of the effects, risks, and symptoms associated with opioid abuse and misuse among youths and families through analysis of mass media campaign-related indicators, including analysis of social media measurement benchmarks (e.g., Monthly number of likes, retweets, comments, and replies) and conventional media measurement indicators (e.g., frequency of advertisements and public service announcements presented and percent of audiences that advertisements and public service announcements reach).
- Expanded and enhanced data surveillance capabilities to improve the understanding of and response to opioid-affected youth through analysis of the number of new data indicators obtained from data-sharing agreements that are collected, analyzed, and disseminated to

the Miami-Dade County Addiction Services Board and other stakeholders throughout the implementation phase.

Summative evaluation reports will be submitted to the project partners and key local stakeholders including the Miami-Dade County Addiction Services Board, and its data and results will be included in year-end reports to the Department of Justice - Office of Juvenile Justice and Delinquency Prevention and the Institute for Intergovernmental Research, the technical assistance provider. For each stated objective, process measures, data collection methods, tools, and timelines are detailed on the chart below:

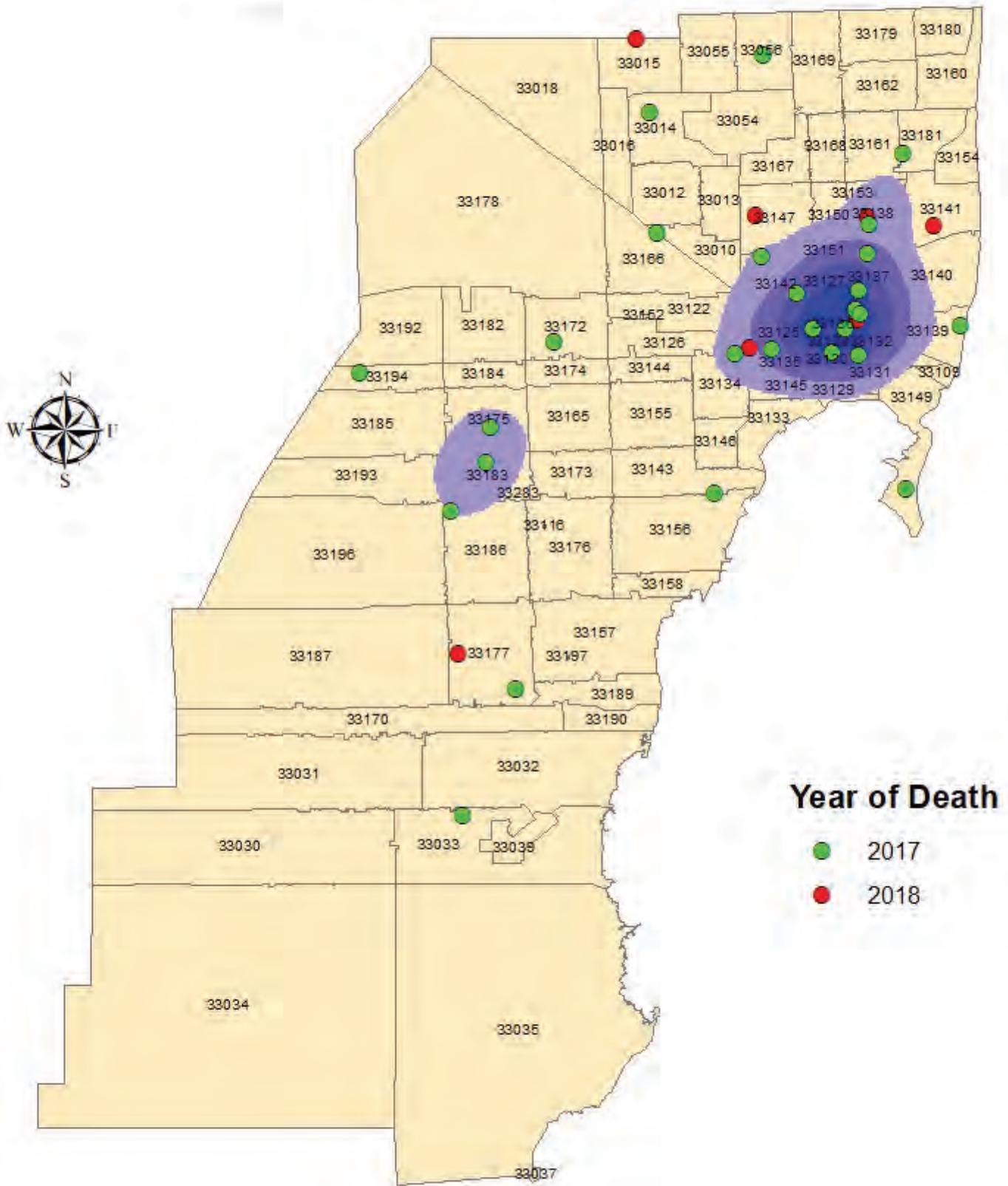
Objective	Process Measure	Data Tool	Timeline
Develop and implement periodic sessions for school-aged youths during 2020 and 2021 focusing on educating students and families regarding the dangers of opioid use and how to prevent opioid misuse and addiction.	<ul style="list-style-type: none"> → Finalized, approved, and signed contract agreement with selected drug prevention educators. → Number of locations within each district selected for sessions. → Number of sessions held within target area. 	→ Copy of contract agreements	→ April 2020
		→ Email confirmations	→ July 2020 – June 2021
		→ Attendance records	→ July 2020 – June 2021
Design, implement, and evaluate a mass-media campaign during 2020 and 2021 focusing on prescription opioids directed at adolescents and young adults.	<ul style="list-style-type: none"> → Development of coordinated substance abuse prevention media messages and public service announcements. → The number and types of broadcast mediums used to deliver media campaign messages. → The number of unique prescription opioid abuse prevention media campaigns conducted → The number of focus group meetings held 	→ Digital media files	→ July 2020 – June 2021
		→ Media agreement records, media releases	→ July 2020 – June 2021
		→ Media agreement records, media releases	→ July 2020 – June 2021
		→ Attendance records	→ July 2020 – June 2021
Develop and disseminate educational materials and resources by June 2020 to inform parents, children, youth and young adults, schools, workplaces, and communities about the facts and consequences of opioid use and misuse.	<ul style="list-style-type: none"> → Development of original opioid prevention educational materials and resources for use in primary prevention services and activities. → The number of focus groups conducted and participants attending. → The number of opioid prevention materials and resources approved for use in primary prevention services and activities. → The number of original opioid prevention printed materials and resources distributed to local media groups, stakeholders, and target audiences. 	→ Digital media files	→ July 2020
		→ Attendance records, Report Summary	→ July 2020 – June 2021
		→ Email confirmations, Digital Media Files	→ July 2020 – June 2021
		→ Records of acknowledgment	→ July 2020 – June 2021
Promote and support middle and high schools to participate in National Drugs and Alcohol Chat Day during National Drug and Alcohol Facts Week ® in April 2020 and 2021.	→ The number of targeted media outlets reached out to assist in promoting National Drugs and Alcohol Chat Day.	→ List of contacts, emails	→ Mar 2020 and Feb - Mar 2021

	<ul style="list-style-type: none"> → The number of targeted media outlets that promote information regarding the National Drugs and Alcohol Chat Day event. → The number of original social media content publicized to promote National Drugs and Alcohol Chat Day. → A summary sent immediately after National Drugs and Alcohol Chat Day → Create a Twitter moment summarizing the event. 	<ul style="list-style-type: none"> → Email confirmations, media releases 	→ Mar 2020 and Feb – Mar 2021
		<ul style="list-style-type: none"> → Records of social media posts 	→ Mar 2020 and Feb - Mar 2021
		<ul style="list-style-type: none"> → Copy of summary 	→ Apr 2020 and Apr 2021
		<ul style="list-style-type: none"> → Records of likes, retweets, comments, and replies in response to the Twitter Moment 	→ May 2020 and Apr 2021
Conduct 1 – 2-hour family-based educational sessions during 2020 and 2021 focusing on educating parents regarding the dangers of opioid use among youths and how to prevent opioid misuse and addiction.	<ul style="list-style-type: none"> → The number of locations within each district selected to host educational component for parents. → The number of families that are recruited at each location to receive an educational session. → Required materials are created/purchased prior to the beginning of sessions. → The number of sessions held quarterly within each country district. 	<ul style="list-style-type: none"> → Email confirmations 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Completed Registration Forms 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Digital media files 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Attendance records 	→ July 2020 – June 2021
Develop and implement a social media marketing plan during 2020 and 2021 to increase awareness and knowledge among parents.	<ul style="list-style-type: none"> → Creation of publicly available website consisting of materials and toolkit with consistent messaging. → Development of a plan focusing on the types of materials and resources to be included, information to be provided, campaign time period, and setting of social media benchmarks. → Assess the impact of social media marketing plan. 	<ul style="list-style-type: none"> → Website URL 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Summary report of marketing plan 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Records of URL shares, clicks and conversions. 	→ July 2020 – June 2021
Develop, implement, and deliver train-the-trainer workshops for school-based personnel during 2020 and 2021 as evidenced by the number of workshops delivered and staff trained.	<ul style="list-style-type: none"> → Annual number of school-based personnel who receive trainings. → Monthly number of school-based personnel reached out to receive opioid-related trainings and percentage of those who receive them. → A training module focused on opioid abuse/misuse is integrated into existing trainings by June 2021. 	<ul style="list-style-type: none"> → Attendance records, pre and post-test records, evaluation records 	→ July 2020 - June 2021
		<ul style="list-style-type: none"> → Email confirmations, completed online registration sheets (e.g. Survey Monkey), attendance records 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Contract agreement, email confirmation, media releases 	→ July 2020 - June 2021
Develop piloted opioid education curriculum for middle and high school sports coaches, athletic trainers, and school-based personnel.	<ul style="list-style-type: none"> → A meeting is held with school-based administrators agreeing to develop opioid education curriculum for coaches, athletic trainers, and other school officials. → Presentation dates and locations are finalized and confirmed. 	<ul style="list-style-type: none"> → Attendance records, summary report 	→ July 2020 – June 2021
		<ul style="list-style-type: none"> → Email confirmations 	→ July 2020 – June 2021

	<ul style="list-style-type: none"> → The number of coaches, athletic trainers, and school officials identified to receive trainings. → The number and percentage of middle and high school sport coaches, athletic trainers, and school-based personnel identified who receive an opioid education curriculum. 	<ul style="list-style-type: none"> → Email confirmations, completed online registration sheets (e.g. Survey Monkey) → Attendance records, pre and post-test records, evaluation records 	<ul style="list-style-type: none"> → July 2020 – June 2021 → July 2020 – June 2021
Define needs, identify gaps, and craft a plan by April 2020 to expand the participation and collaboration of community organizations to collect data pertaining to children less than 18 years of age whose parents are affected by opioid use disorders.	<ul style="list-style-type: none"> → Number of meetings held with relevant partner agencies and other stakeholders. 	<ul style="list-style-type: none"> → Attendance records, email confirmations, agenda copies 	→ Mar 2020
	<ul style="list-style-type: none"> → Number of partners and stakeholders who are able and agreeable to sharing relevant data indicators. 	<ul style="list-style-type: none"> → Email confirmations 	→ Mar 2020
	<ul style="list-style-type: none"> → Number of partners who that sign data sharing agreements with MDC. 	<ul style="list-style-type: none"> → Data sharing agreement records 	→ May - June 2020
Define needs, identify gaps, and craft a plan by April 2020 to expand the participation and collaboration of community organizations to collect opioid-distinct data indicators.	<ul style="list-style-type: none"> → Number of meetings held with relevant partner agencies and other stakeholders. 	<ul style="list-style-type: none"> → Attendance records, email confirmations, agenda copies 	→ Mar -Apr 2020
	<ul style="list-style-type: none"> → Number of partners and stakeholders who are able and agreeable to sharing relevant data indicators. 	<ul style="list-style-type: none"> → Email confirmations 	→ Mar - Apr 2020
	<ul style="list-style-type: none"> → Number of partners who that sign data sharing agreements with MDC. 	<ul style="list-style-type: none"> → Data sharing agreement records 	→ May - June 2020
Analyze and disseminate improved opioid-affected youth data indicators obtained from relevant partner agencies.	<ul style="list-style-type: none"> → Number and types of data indicators collected from partners and stakeholders who signed data sharing agreements with MDC. 	<ul style="list-style-type: none"> → Summary report, Microsoft PowerPoint presentation copy 	→ Sept 2020 – June 2021
	<ul style="list-style-type: none"> → Number of presentations delivered to the MDC Opioid Addiction Task Force. 	<ul style="list-style-type: none"> → Transcript records 	→ Sept 2020 – June 2021

APPENDIX

Opioid-Related Deaths Youths Aged < 25 Years Miami-Dade County: 2017 - 2018*



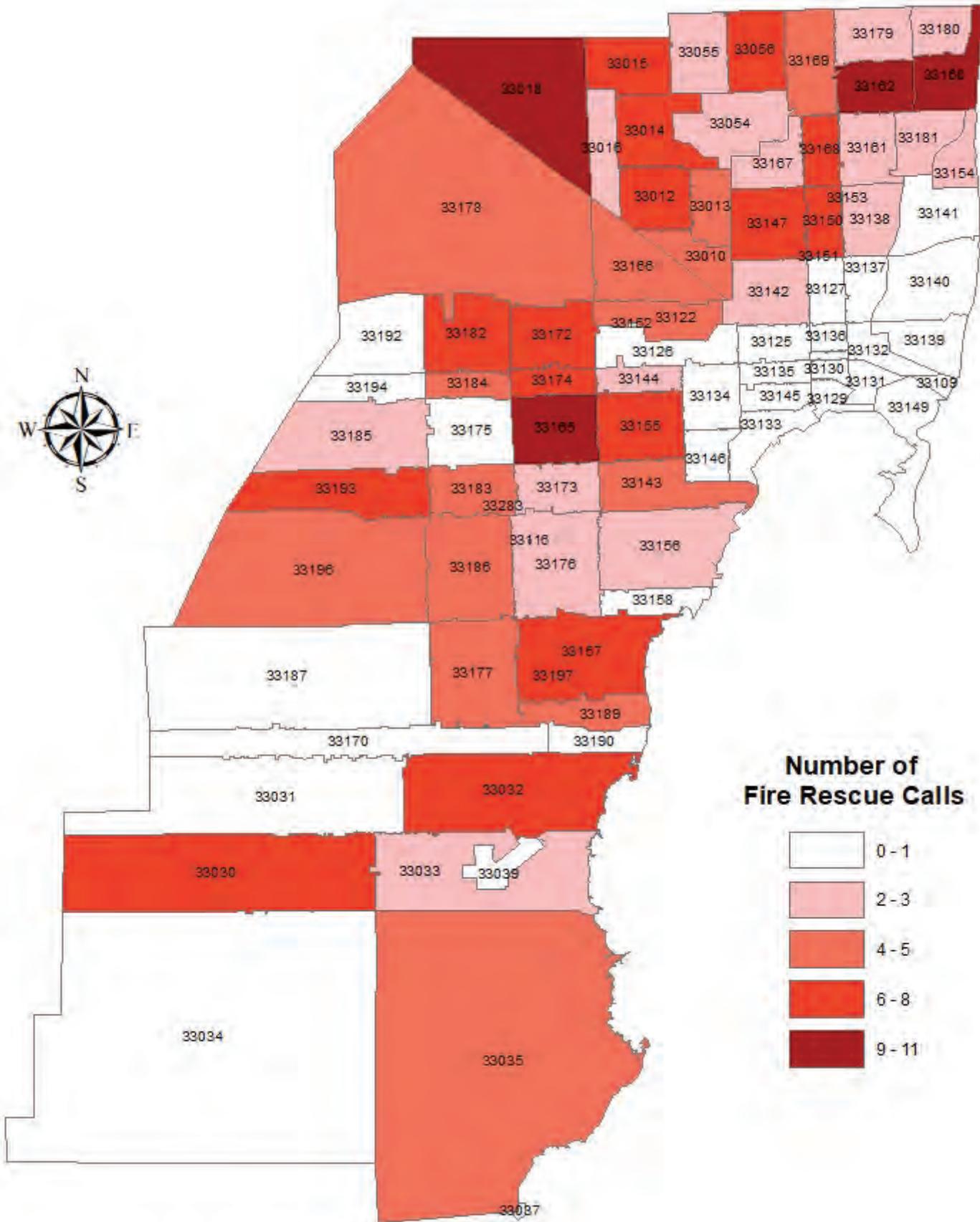
Year of Death

- 2017
- 2018

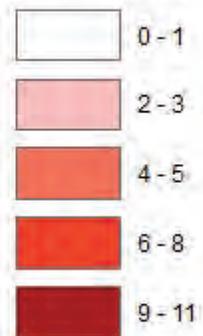
0 1.75 3.5 7 10.5 14 Miles

* Location of Death
No address provided for 9 deaths

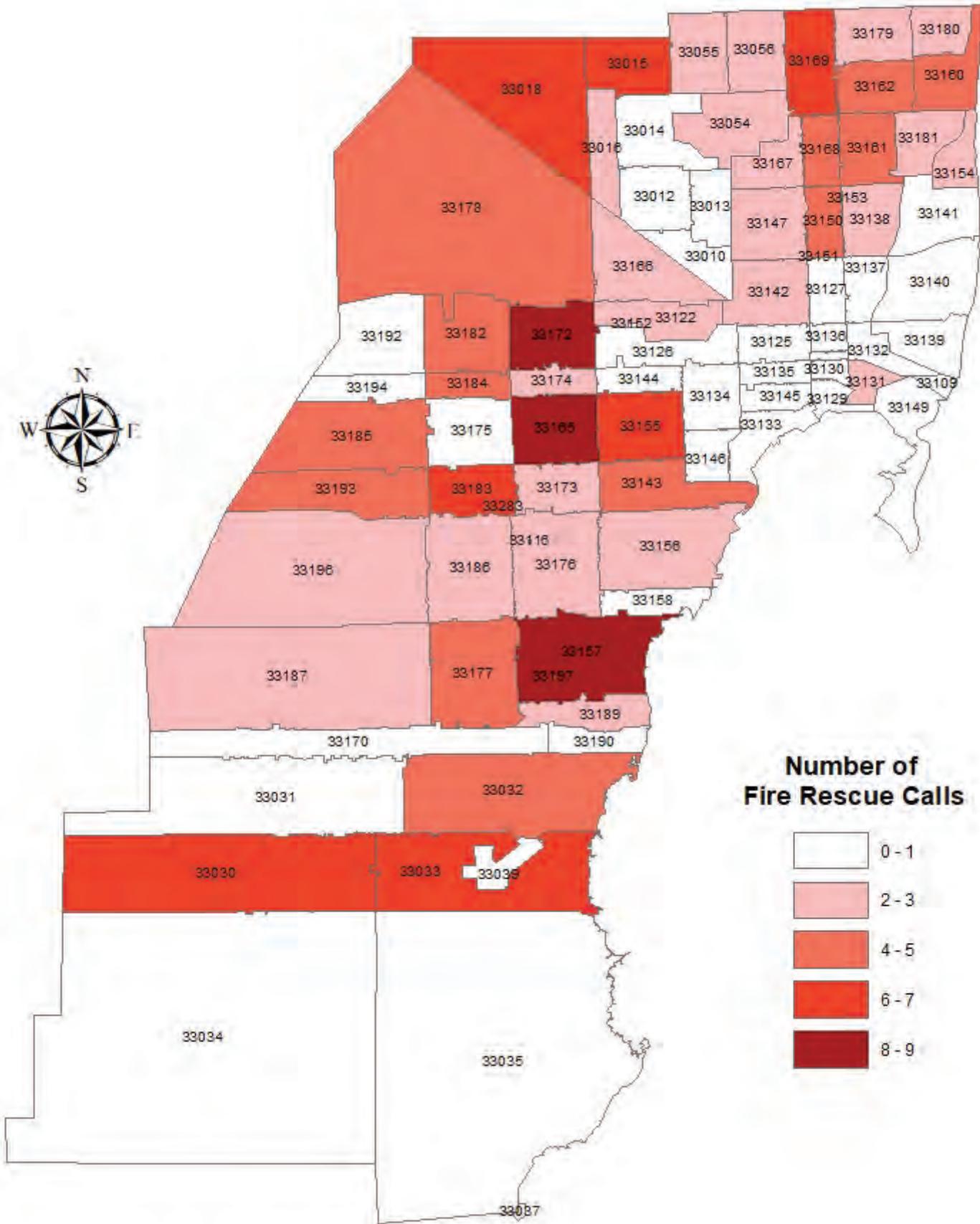
Miami-Dade Fire Rescue Narcan-Associated Calls Youths Aged < 25 Years Miami-Dade County, 2017 - 2018 By Incident Zip Code



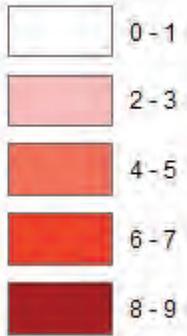
Number of Fire Rescue Calls



Miami-Dade Fire Rescue Narcan-Associated Calls Youths Aged < 25 Years Miami-Dade County, 2017 - 2018 By Residential Zip Code



Number of Fire Rescue Calls



MIAMI-DADE COUNTY OPIOID AFFECTED YOUTH INITIATIVE

PARTNERSHIP AGENCIES

- City of Miami Department of Fire Rescue •
- City of Miami Human Services Department •
- City of Miami Police Department • E-FORCSE®
- Eleventh Judicial Circuit Court of Florida •
- Florida Department of Children and Families
- Florida Department of Health in Miami-Dade County •
- Florida Department of Juvenile Justice
- Florida Poison Information Center • Jackson Behavioral Health System •
- Miami-Dade County Juvenile Services Department •
- Miami-Dade County Community Action & Human Services Department •
- Miami-Dade County Corrections & Rehabilitation Department •
- Miami-Dade County Public Defender's Office •
- Miami-Dade County Public Schools •
- Miami-Dade County Fire Rescue •
- Miami-Dade County Homeless Trust •
- Miami-Dade County Medical Examiners •
- Miami-Dade County Police Department •
- Miami-Dade County State Attorney's Office •
- South Florida Behavioral Health Network, Inc. •
- The Children's Trust •
- U.S. Attorney's Office •
- U.S. Drug Enforcement Administration
- University of Miami Infectious Disease Elimination Act (IDEA) Exchange



“This publication was prepared under grant #2018-YB-FX-K002 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

Points of view or opinions expressed in this document are those of the author/s and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.”

2018

MIAMI-DADE COUNTY

OPIOID ADDICTION

TASK FORCE



IMPLEMENTATION

The Opioid Addiction Task Force recognizes the serious public health problems associated with the opioid epidemic occurring in Miami-Dade County. Task Force Members created an action plan with 26 recommendations that are charged with invoking sustained population-wide health improvements. The participating agencies understand that combining community efforts can achieve a lasting social change and are committed to implementing these recommendations to the extent that resources and legal authority allow. The members of the Task Force strongly encourage all other organizations and individuals to do the same. It is recommended that entities, charged with implementing specific recommendations, report on their progress quarterly to staff support. The Task Force Members will monitor this plan for a year and will meet as needed to discuss best practices and opportunities for improvement to address meeting the goal of reducing opioid addiction, preventing overdose deaths, and improving the quality of life in Miami-Dade County.

Shared Commitment:

- Organizations that accept responsibility of a recommendation, agree to implement to the extent that resources and legal authority allow
- Reporting members agree to submit reports the 20th day after the closing of the reporting quarter
- Champions will meet as needed to review progress, until the plan has achieved completion of the recommendations

Acronyms

ASOC = Adult System of Care

CSOC = Children System of Care

DCMA = Dade County Medical Association

DCF = Department of Children and Families

IDEA Exchange Program = Infectious Disease Elimination Act Exchange Program

MAT = Medication Assisted Therapy

ME = Managing Entity

MDPD = Miami Dade Police Department

SFBHN = South Florida Behavioral Health Network

ROSC = Recovery Oriented System of Care

STR = State Targeted Response

HEALTHCARE SOLUTIONS

GOAL: MAXIMIZE ACCESS TO CARE AND ENHANCING SCREENING FOR OPIOID MISUSE AND OPIOID USE DISORDER

The **Healthcare Solutions** recommendations explore maximizing access to care and enhancing screening for opioid misuse and opioid use disorder. These efforts include, leveraging and augmenting existing screening practices in health care settings to prevent and identify opioid use disorder, reduce drug related overdose deaths, and promote healthcare collaboration

H1. Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of Neonatal Abstinence Syndrome (NAS).

***Champions:** Healthy Start Coalition of Miami-Dade, Dade County Medical Association, Correctional Health System*

Actions: **Healthy Start Coalition of Miami-Dade** developed a presentation to educate healthcare providers about screening and reducing the risk of NAS. On May 16th, Healthy Start hosted a one-day conference addressing NAS and opioids targeting clinical providers, social workers, and law enforcement. To date, 62 OB/GYN practitioners have been educated. **Dade County Medical Association (DCMA)** will work with local hospital executives to promote these screenings and include in DCMA publications. DCMA is also working to create a continuing medical education program that can be included in local hospitals offering obstetrics services. **Florida Department of Health and Healthy Start Coalition** established a new partnership with HealthPartners180, who provides case management services to pregnant women, with opioid addiction.

2018 Florida Legislation

Senate Bill 458: *Controlled Substance Prescribing (Passed):* Limiting an initial prescription for a controlled substance that is an opioid to a 7-day supply; providing exceptions to supply limits for certain patients; requiring a health care practitioner who is authorized to prescribe controlled substances to complete a continuing education course as a condition of initial licensure and biennial licensure renewal, etc.

House Bill 21: *Controlled Substances (Passed):* Requires practitioners to complete specified board-approved continuing education course to prescribe controlled substances; defines "acute pain"; provides for adoption of standards of practice for treatment of acute pain; limits prescribing of opioids for acute pain in certain circumstances; requires pain management clinic owners to register approved exemptions with DOH; provides requirements for pharmacists & practitioners for dispensing of controlled substances to persons not known to them; conforms state controlled substances schedule to federal controlled substances schedule; revises & provides definitions; revises requirements for prescription drug monitoring program.

H2. Advocate for mandatory continuing educations for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse

Champions: *Commissioner Heyman*

Actions: On October 17, 2017, the Miami-Dade Board of County Commissioners passed a resolution urging Florida legislators to pass legislation bills that would support this recommendation. Governor Rick Scott signed opioid legislation into law on March 16, 2018.

H3. Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services

Champions: *Jackson Health System, South Florida Behavioral Health Network*

Actions: Jackson Health System has initiated a hospital pilot program utilizing peer specialist to link opioid-related overdose victims to treatment. These individuals will be engaged at the Emergency Departments in Jackson Memorial and Jackson North Hospital. **South Florida Behavioral Health Network (SFBHN)** is working with Jackson Health System to provide outpatient MAT services to individuals presenting at the emergency department and will have 4 peers embedded to assist with care coordination. SFBHN has also established partnerships with law enforcement agencies and other front line staff, to increase the number of individuals accessing treatment services. SFBHN and Jewish Community Services have coordinated efforts to provide information related to opioid related information should first responders call the 211 Helpline. SFBHN collaborated in the development of a Baker Act Transportation Plan which incorporates access to care for individuals suffering from substance abuse disorder. In collaboration with Miami Dade County and the Department of Children and Families,

Enhancing Healthcare Solutions in the Field – Highlights of Best Practices to address the Homeless Population

South Florida Behavioral Health Network (SFBHN) and Miami Beach Police Department (MBPD) have partnered together to focus on engaging chronically homeless consumers that reside on Miami Beach, with a history of mental illness and/or substance abuse, and are in need of care coordination services. When a consumer is identified, MBPD contacts the SFBHN Care Coordinator to coordinate placement, a treatment provider, and if required a hospital. If detox services are required, SFBHN assists MBPD with accessing a detox bed and coordinating admission. This model program will be expanded to Cutler Bay Police Department and discussions have been initiated with Broward Behavioral Health Coalition and Broward Sheriff's Office.

*A partnership has also been established between SFBHN, IDEA Exchange, and the Miami Police Department to offer shelter and treatment for those individuals participating in the needle exchange program. At the IDEA Exchange, participants are offered clean needles, a naloxone kit, and treatment services. If a participant decides to initiate treatment, the person is linked to SFBHN for services. Many of the individuals are identified as homeless. The Miami Police Department Outreach Team also works with the IDEA Exchange, to link these individuals with shelter placement. Individuals are provided an assessment, Medication Assisted Treatment and Outpatient Treatment through *The Village* while they wait for residential treatment. Once a bed is available, they are transported to the facility by law enforcement. These best practice highlights the partnership between a law enforcement agency and substance abuse providers.*

SFBHN opened a Centralized Receiving Facility (CRF) at Banyan Health Systems that will provide Medication Assisted Therapy treatment when appropriate.

A new partnership was established with Jackson's Corrections Health System (JCHS) to discuss individuals that are in jail due to a Marchman Act contempt order. A process will be determined where SFBHN can share information with JCHS to assist in discharge planning into residential treatment. JCHS requested a presentation by SFBHN to their discharge planners which was held on November 8, 2017. SFBHN's Care Coordination Manager, Adult System of Care Manager and Forensic Services Manager met with Jackson's Corrections Health Department for an in-service training on available resources/services through SFBHN. During the meeting, procedures and protocols, along with points of contact, were established between SFBHN and JCHS to assist individuals that are incarcerated that are in need of behavioral health services while in jail and upon discharge. This is a new partnership that will greatly benefit all individuals, including those linked to Care Coordination, as it will help to maintain treatment in jail and will lead to better discharge planning into the community.

H4. Review and develop regulations to promote safe prescribing and dispensing of controlled substances

Champions: Commissioner Heyman, Florida Department of Health, Dade County Medical Association

Action: On October 17, 2017, a resolution passed the Miami-Dade Board of County Commissioners to act on urging Florida legislator to pass legislation bills that would support this recommendation. House Bill 21 and Senate Bill 458 were passed in the 2018 Florida Legislative session. **Dade County Medical Association** is working with Mayor of Miami-Dade County. In this partnership, the following recommendations have been shared

- Miami-Dade County Commission pass an ordinance requiring all pharmacies in Miami-Dade County to accept electronic prescriptions for all legal medications, including Category II Controlled Substances.
- Miami-Dade County protect patient confidentiality by avoiding the collection of duplicate data such as would be collected by a triplicate prescription program, thereby avoiding unnecessary risks of data privacy breaches.
- Miami-Dade County establish a "resource" unit to investigate complaints of coercion of physicians by employers or patients to write inappropriate prescriptions and that the task force issues a formal press release noting the existence of this problem and announcing the existence of the "resource" unit that will investigate complaints of coercion.
- Appointment of a Medical Advisor on Controlled Substances to the Mayor and the Miami-Dade County Commission who is a Florida licensed physician with controlled substances prescription privileges and who is board-certified in a specialty deemed by the State of Florida to specialize in the use of controlled substances for pain control - anesthesiology, physical medicine and rehabilitation, neurology, or interventional pain management.
- The DCMA will work with the Florida Medical Association (FMA) to advocate for controlled substances prescription and dispensing guidelines that have been proven to enhance patient

safety and reduce diversion and abuse; and be an available resource to local governments or any other form of government agency or unit, dealing with controlled substances

H5. Encourage medical providers to utilize the prescription drug monitoring database (PDMP)

Champions: Florida Department of Health, Dade County Medical Association

Action: On October 9, 2017 Senate Bill 458: Controlled Substance Prescribing was filed and would mandate use of the PDMP and House Bill 21: Controlled Substances was also filed. Both bills were introduced in 2018 Florida Legislative session and passed. **Florida Department of Health** is initiating authorization to initiate interstate data sharing agreements to provide prescribers a more complete view of patient's history and authorization to work with electronic health records to facilitate workflow efficiency for prescribers and dispensers. **Dade County Medical Association** is working with Miami-Dade County Mayor to recommend that the Miami-Dade County Commission pass a resolution asking E-FORCSE to include data on all psychiatric medications dispensed and data on arrest records.

H6. Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder

Champions: Department of Children and Families, South Florida Behavioral Health Network

Action: All publically funded sites are required to use validated mental health and drug screenings. There is no control what screenings are used in private medical providers.

H7. Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process.

Champions: Addiction Services Board

Action: Miami-Dade County-Community Action Services Department has created a position to assist the community with filing Marchman Act petitions.

Treatment and Recovery

Goal: Adjust treatment and recovery system capacity to ensure timely access for individuals seeking opioid agonist pharmacotherapy

The **Treatment and Recovery** recommendations address individuals experiencing opioid use disorder, who desire opioid agonist pharmacotherapy, and have timely access to treatment. The recommendations explore meeting the needs of the community and adjust treatment capacity to ensure demand for services is met.

T1. Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care” by developing and implementing a comprehensive opioid addictions treatment “recovery-oriented System of Care (ROSC).”

Champions: Department of Children and Families and South Florida Behavioral Health Network

Action: The Department of Children and Families (DCF) and SFBHN are implementing the ROSC initiative. DCF hired a Recovery Oriented Quality Improvement Specialist to work in collaboration with the managing entity and lead the initiative in the Southern Region as part of the ongoing efforts to move towards a more Recovery Oriented System of Care. Table 1 highlights what actions have been implemented to address recommendation T1.

Table 1: How Miami-Dade County is implementing a Recovery-Oriented System of Care

- Initiating discussions with treatment providers on the elements of ROSC to get buy-in and implementation of best practices within their respective organizations.
- Leading Recovery Oriented Coalitions
- Providing funding to the Peer Coalition of Florida to host ROSC related workshops and plan a Recovery Oriented System of Care workshop within our community.
- Meeting with community service providers to have open discussions on recovery oriented practices and implementing peer services.
- Meeting with Medication Assisted Treatment Providers to understand current practices and aligning towards Recovery Oriented practices.
- Educating case managers on the elements of ROSC, MAT and Peer Recovery services.
- Providing technical assistance to Peer Specialists
- A Substance Use Coalition is being developed as the priority for the Southern Region ROSC. Members have been recruited through ongoing meetings with treatment providers and at the April ROSC Workshop.
- Administered a ROSC Self-Assessment/Planning Tool (SAPT) to the Southern Region network of providers to measure a baseline for the implementation of ROSC.
- Received specialized training through the Florida Certification Board to provide Quality Improvement Monitoring of Network Providers to ensure the adequate implementation of ROSC.

T2. Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a recurring funding source to support opioid addiction services, including paying for the appropriate medication(s) in Medication Assisted Treatment (MAT) (i.e. Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.)

Champions: Department of Children and Families and Government of Miami-Dade County Office of Management and Budget

Action: The Miami-Dade County Grants Coordination Division conducted targeted searches for grant opportunities. The Division continues to seek-out grant opportunities at the State of Florida, and the U.S. Departments of Justice and Health and Human Services, to support the recommendation. Miami-Dade County, as fiscal agent and applicant for the Eleventh Judicial Circuit, applied to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) for a grant of \$2.125 million. The goal of the proposed project is to strengthen the continuum of care's capacity to respond to the effects of trauma exposure on families affected by substance abuse disorder, and involved in the child welfare system. If funded, the project will work with 400 individuals over a five-year project. In February, Miami-Dade County, applied for a grant of \$2 million over a five-year project period, to expand substance abuse treatment capacity in Adult Treatment Drug Courts.

This fiscal year 2017-18, DCF has given SFBHN \$995,410.00 (STR grant funds) to address the opioid epidemic and SFBHN is contracting MAT services providers in Miami Dade County. Effective July 1, 2018 House Bill 21: Controlled Substances appropriates to DCF: \$27 million in nonrecurring funds from the Federal Grants Trust Fund for expenditures related to the second year of the State Targeted Response to the Opioid Crisis Grant and \$14.6 million in recurring funds for community-based services to address the opioid crisis. DCF, in collaboration with SFBHN, repurposed an additional \$1.5 million to implement MAT in our community in an effort to tackle the opioid epidemic. DCF has contracted with the Florida Alcohol and Drug Abuse Association (FADAA) to enable providers to access and receive reimbursement for naltrexone extended-release injectable medication (Vivitrol). There are two providers in Miami, which currently have a contract with FADAA to receive the Vivitrol (Banyan Health Systems and The Village South). This is an ongoing initiative. In addition, SFBHN received an additional \$150,000.00 from DCF for the implementation of the pilot program at Jackson in October 2017. Closely tied to this task, DCF identified that it was imperative to collect timely and accurate data to support our efforts to address the opioid epidemic. As a result, DCF have modified the Data Pamphlet 155-2, Chapter 6c to set more stringent guidelines for reporting detoxification episodes. DCF in collaboration with SFBHN is also placing additional emphasis on opioid related data and services to ensure the reoccurrence of the funds from the federal government and to position ourselves for any funds lapsed by other states.

T3. Provide comprehensive psychosocial services when using a medication assisted treatment model.

Champion: Department of Children and Families and South Florida Behavioral Health

Action: DCF in collaboration with the managing entity ensures that dollars contracted for the provision of MAT are used in conjunction with comprehensive psychosocial services that are individualized based on individual needs. The managing entity has contracted with The Village South, Banyan Health Systems, and Agape for the provision of MAT. All the individuals that have received MAT services have received comprehensive psychosocial services as specified in their treatment plans. Furthermore, Chapter 65E-14 (DCF Financial Rule) requires that MAT services are used in conjunction with substance abuse treatment. SFBHN contracts with providers reference the financial rule and all contractors shall abide by these requirements.

T4. Develop entry points where Medication MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms.

Champion: Jackson Health System, Department of Children and Families, Dade County Medical Association, South Florida Behavioral Health Network, Correctional Health System

Action: State of Florida Legislature under Florida Statutes 401.253 requires a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services. Jackson Health System established a MAT Outpatient Clinic to treat opioid use disorder with the goal of treating 50 patients in a 6-month period. On February 18, 2018, DCF released a memo authorizing Managing Entities (MEs) to contract with for-profit Opioid Treatment Programs (OTPs) for methadone- and buprenorphine-assisted treatment and recovery support services using SAMHSA's State Targeted Response funding. This is significant for Miami-Dade County, as the only licensed methadone maintenance provider is a for-profit organization. The mentioned exemption allows SFBHN to contract with the methadone provider using the STR funding. DCF in collaboration with SFBHN have created 9 MAT entry points with community providers (The Village South, Banyan Health Systems, Agape, Citrus Health Network, and Jackson Health Emergency Departments).

The Department published the Opioid STR Hospital-Based Pilot Programs guidelines. The concept of this pilot program is to use time spent in the emergency room/ hospital to initiate buprenorphine induction and engage the individual in an on-going treatment and recovery support. This pilot program is connected to recommendation T.1 (ROSC) as the hospital pilot project is required to utilize peer specialists to link opioid-related overdose victims. SFBHN is required to contract with a network service provider for care coordination provided by peer specialists in the hospital, to enter into a formal agreement with a hospital which has an emergency department, and to monitor the outcome measures on the pilot. SFBHN received \$150,000 from DCF to implement this pilot project. SFBHN is in the process of contracting with

Jackson Health Systems (JHS) for the implementation of this project. In addition, SFBHN, in collaboration with DCF, is implementing a Centralized Receiving System (CRS) at Banyan Health Systems, which will constitute an additional entry point for MAT services. DCF also hired an Opioid Behavioral Health Consultant to assist Child Protective Investigators (CPIs) in the early identification of parents/ caregivers with opioid use disorders and the linkage to appropriate services, including but not limited to MAT. Furthermore, SFBHN in collaboration with DCF, contracted with Banyan Health Systems to co-locate Behavioral Health Consultants in each CPI hub. There are three Behavioral Health Consultants (one per CPI hub) supervised by a licensed clinician. The Behavioral Health Consultants staff cases where behavioral health issues could be involved as early as pre-commencement. They make recommendations to CPIs in those cases involving behavioral health disorders, particularly Opioid Use Disorders (OUDs). Both DCF Opioid Behavioral Health Consultant and Banyan Behavioral Health Consultants have been trained in the resources available in the community to refer cases that might be appropriate for MAT.

In coordination with these consultants, the DCF Family Safety Office has created a CPI unit with expertise in Opioid Use Disorders. These specialized CPIs work in collaboration with the DCF Opioid Behavioral Health Consultant and the Banyan Consultants to follow-up on allegations that might involve Opioid Use Disorders. These human resources have been allocated to ensure children safety and that parents/ caregivers are linked to treatment resources, primarily MAT. **Correctional Health System** has implemented a MAT protocol for pregnant patients using a maintenance dose of Subutex, while a patient is in custody. This patient is followed per protocol and discharge planning includes a 7-day bridge of medication in order to allow for continuity of care as part of the re-entry program.

DCMA: In order to protect public safety, DCMA recommend to the Miami-Dade County Mayor that the Miami-Dade County Commission pass an ordinance prohibiting the operation of needle exchange programs or medication assisted treatment programs within 2500 feet of any residential neighborhood, school, or assisted living facility.

T5. Increase the availability of permanent, supportive housing to improve treatment and recovery.

Champions: Homeless Trust, Government of Miami-Dade County

Action: The **Homeless Trust** added custom assessment questions in its Homeless Management Information System to better understand the number of individuals entering the homeless system that have opioid use disorder. This is self-reported. The Homeless Trust continues to pursue opportunities to increase the availability of Permanent Housing (including Permanent Supportive Housing) through local, state and federal funding, as well as partnerships with Public Housing Agencies and developers.

LAW ENFORCEMENT, JUSTICE, AND FIRST RESPONDER

GOAL: STRENGTHEN PARTNERSHIPS TO REDUCE EXCESSIVE SUPPLY OF OPIOIDS AND EXPLORE BEST PRACTICES FOR PREVENTION AND POLICING EFFORTS

The **Law Enforcement, Justice, and First Responders** recommendations explores approaches to opioid prevention and policing efforts. The outcomes explore strengthening public health partnerships, utilizing strategic enforcement mechanisms to reduce excessive supply of opioids, and exploring the role of the first responder in Naloxone administration.

- L1. Improve law enforcement, first responder, and outreach providers' knowledge and awareness on drug court services, treatment resources, Marchman Act, and naloxone administration.

Champions: Miami-Dade Police Department, City of Miami Fire Rescue, South Florida Behavioral Health Network

Action: **Miami Dade Police Department (MDPD)** distributed a legal note to all MDPD employees delineating Miami-Dade County's transportation plan for individuals meeting the criteria for a Baker Act and Marchman Act. Within the legal note, details the conditions under which MDPD sworn personnel will take individuals, needing assistance into custody, and transport the individual to the appropriate receiving facility to obtain the necessary treatment. MDPD continues to support and attend the Miami-Dade Addictions Service Board Meeting. **SFBHN** engages the community in a wide array of behavioral health trainings and provide technical assistance whenever it is needed. **City of Miami Fire Rescue** incorporated practice recommendations for the treatment of patients presenting with an opioid overdose into the agency "paramedic update" curriculum. This curriculum has been approved for paramedic contact hours applying to state recertification. The course content included intranasal naloxone administration utilizing a mucosal atomizer device and information on the needle exchange program. There is discussion to create trainings for emergency medical field supervisors on improving knowledge and awareness of local opioid resources. **Miami-Dade Fire Rescue** has been receiving requests to train various municipal police departments on administering naloxone nasal spray. **City of Miami Police** sent a legal bulletin to all officers regarding what was outlined in recommendation L1.

- L2. Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) and implement a real-time overdose surveillance system on Naloxone dispensing.

Champions: *South Florida High Intensity Drug Trafficking Area*

Action: Opiate Overdose mapping surveillance system is operational in Florida. Outreach presentations have been completed in all South Florida HIDTA counties and have been delivered to major Police and Fire Departments in Miami-Dade County.

L3. Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful unknown synthetic opioids.

Champions: State Attorney's Office

Action: Miami-Dade County State Attorney Katherine Fernandez Rundle worked with the Florida Sheriff's Association, to draft House Bill 477, signed into law by Governor Scott on June 14, 2017 and took effect on October 1, 2107. Florida Statute 782.04 (Murder Statute) was amended to provide unlawful killing that resulted from the unlawful distribution by a person 18 years or older. Chapter 893 has been amended to create the crime of "Trafficking in Fentanyl."

L4. Amend legislation for the needle exchange program to expand services and support collaboration.

Champions: Commissioner Heyman's Office

Action: Resolution passed 10/7/2017. The item will be included in Miami-Dade County's lobby packet. Senate Bill 800 and House Bill 579 failed to pass in the 2018 legislative session. A bill will be submitted again for the 2019 Florida Session.

L5. Create a Miami-Dade County contract that allows community stakeholders to purchase Naloxone

Champions: Government of Miami-Dade County Procurement Department

EDUCATION AND AWARENESS

GOAL: RAISE AWARENESS AND KNOWLEDGE OF THE POSSIBLE ADVERSE EFFECTS OF OPIOID USE, INCLUDING OVERDOSE AND OPIOID USE DISORDER

The **Education and Awareness** recommendations raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder. The recommendations focus on prescriber and public education, inform the public about the Good Samaritan 911 Overdose Law, and educate service providers and the community about Naloxone availability and access.

E1. Develop a public and educational campaign raising awareness and knowledge about opioid abuse, addiction, and overdose.

Responsible Party: Miami-Dade County Communications Department

Action: **Communications Department** will develop a basic model for the campaign and expand as needed. Strong, but simple messaging that focuses on one idea, or central message, will be the most effective way to launch a mass media public information campaign. From simple, memorable messaging a series of content can be produced to disseminate all the pertinent information. There are many free channels for message distribution Miami-Dade County can take

advantage of including digital displays, internal newsletters and social media. Printed materials can easily be distributed to various County facilities. **South Florida Behavioral Health Network** is currently reviewing proposals to develop a public awareness campaign on behavioral issues surrounding opioid use.

E2. Promote the availability and distribution of Naloxone in Miami-Dade County.

Responsible Party: Department of Children and Family, State Attorney's Office, Miami-Dade County Community Action, Miami-Dade Police Department, City of Miami Police

Action: **Miami Dade Police Department** has started a pilot program, training 24 officers with naloxone. Since its inception, there has been two successful deployments. **Department of Children and Families** will be providing technical assistance to the providers, who have not been as proactively distributing. **South Florida Behavioral Health Network** partnered with the Idea Exchange and DCF to provide them with Naloxone Kits. These kits are given to anyone visiting the IDEA Exchange Program and has saved over 169 lives. SFHBN has also collaborated with network providers and DCF to provide Naloxone kits to consumers that are enrolled in treatment, being discharged from treatment, placed on the waitlist for residential treatment, participating in outpatient services, and to friends and family members when appropriate. **City of Miami Fire Rescue** participated with National Public Radio on discussing naloxone's effect on care.

E3. Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents through town hall meetings and community policing.

Champion: Government of Miami-Dade County, State Attorney's Office, Miami-Dade Police Department, City of Miami Police, and Miami-Dade Fire-Rescue

Action: **MDPD** continues to collaborate with community stakeholders raising awareness and conducting prevention initiatives regarding opioid abuse/addiction. MDPD is finalizing establishing a Countywide, permanent prescription medication "take back" program utilizing affixed drop boxes. The metallic bins will be placed in MDPD district stations to provide Miami-Dade County residents a means to safely and anonymously dispose of unwanted prescription medication. **State Attorney's Office** is planning town halls with critical partners to educate residents in affected areas of Miami-Dade County and presented opioid sessions to Florida Medical Association, Florida Police Chiefs Association, and at University of Miami. The State Attorney's Office has also made various appearances in the radio to discuss the opioid epidemic in Miami-Dade County and the efforts that have been underway to address it. **City of Miami Fire Rescue** has participated on awareness and community involvement segment with local news. **Miami-Dade Fire Rescue** met with MDPD to review new applications to be used for community outreach training and internal data resources. **City of Miami Police** continues to collaborate with community stakeholders, raising awareness and prevention efforts regarding opioid abuse and addiction.

- E4. Partner with the faith-based community to support substance abuse prevention and addiction treatment.

Champion: South Florida Behavioral Health Network and Department of Children and Families

Action: SFBHN in collaboration with DCF has contracted and entered in partnerships with several faith-based organizations in our community. These providers accept individuals from all religions and do not impose their beliefs on individuals that are not part of their faith. They engage the community from a strength based approach and provide treatment services as clinically appropriate. Two prevention providers – Hope For Miami and Gang Alternative – work with the faith community to provide disseminate information related to substance abuse prevention and addiction treatment. It has been previously identified the faith-based community, mainly houses of worship, are important part of improving support for individuals in substance abuse prevention and addiction treatment.

- E5. Provide a culturally competent and sensitivity substance abuse segment in the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement.

Champions: Eleventh Judicial Circuit

Action: CIT Training continues to provide sworn personnel with substance abuse/addiction education. SFBHN participates in the Miami-Dade County Crisis Intervention Team trainings to provide Marchman Act Training for various Law Enforcement Agencies. SFBHN provides information on the System of Care, the SFBHN website, the Marchman Act, Consumer Hotline and the Consumer and Family Resource Manual. SFBHN's staff contact information for Children System of Care (CSOC) and Adult System of Care (ASOC) are provided to participants. In addition, SFBHN continues to work with Law Enforcement agencies throughout Miami-Dade County when faced with consumers that are experiencing mental health/substance abuse concerns in an attempt to divert consumers into services in lieu of arrests.

- E6. Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to Miami-Dade County laboratories for the identification of novel and emerging illicit drugs.

Champions: Drug Enforcement Administration, Miami-Dade County Medical Examiners

Action: To address the analytical challenges associated with the identification and reporting of novel and emerging illicit opioids, the **Drug Enforcement Administration** has created a secure network to provide technical assistance to forensic scientists and to facilitate the rapid dissemination of information regarding the analysis of synthetic opioids. **Miami-Dade County Medical Examiners** has joined the network. Several new designer fentanyl analogues were shared amongst the group, all of which have been incorporated into the laboratory's testing protocols for the designer opioids. Two of the substances (methoxyacetyl fentanyl and

cyclopropyl/crotonyl fentanyl) have been identified in Medical Examiner casework in Miami-Dade County.

E7. Coordinate with Miami-Dade County Public Schools (MDCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate. (*Youth focus*)

Champion: Miami-Dade County Public Schools, South Florida Behavioral Health Network

Action: SFBHN Prevention providers are working with MDCPS through a variety of strategies related to drug education and prevention. The strategies do not focus solely on opioid and prescription drugs as the curricula and best practices used, based on the research, focus on comprehensive child and youth strategies. **Miami-Dade County Public Schools:** Drug and alcohol education is part of our health education curriculum and is integrated into physical education grades 5-12. All middle schools have a textbook when implementing the curriculum. The Office of Student Services continues to coordinate the delivery of opioid and prescription drug education with various community partners. Student Services has several programs that address substance abuse through the TRUST office and continues to offer staff opportunities to engage in trainings about substance abuse with adolescents, including: “Adolescent Drug Trends” and “Mental Wellness and Today’s Adolescents.” M-DCPS partners with CVS Pharmacy to provide Pharmacist Teach Outreach, which will be extended to Parent, Teacher, Student Association (PTSA) Meetings

Curriculum Resources on Substance Abuse Prevention for Miami-Dade County Public Schools grades 5 - 12:

- ❖ Health Information Project (HIP) – High School
- ❖ Red Ribbon Month – District wide in October
- ❖ Student’s Against Destructive Decision (SADD)- High School
- ❖ Students Working Against Tobacco (SWAT) – Middle and High School
- ❖ AAA Prom Promise Campaign- High School
- ❖ TRUST Curriculum- Middle and High School
- ❖ Informed Families Campaigns- District wide
- ❖ Drug Abuse Resistance Education (DARE) – 5th grade curriculum

<http://pe.dadeschools.net/substanceabuseprevention.asp>

New Programs for 2017-18:

- Elementary School Drug Awareness Training (ESDAT) - The prescription opioid epidemic has affected many communities and has become a national health crisis. This training prepares elementary school students by providing them with the tools necessary to make healthy decisions. The Elementary School Drug Awareness Training is designed to instruct students on the dangers of opioids and other illicit drugs, how to identify dangerous drugs and what to do and who to contact if they see or encounter drugs/paraphernalia in their homes or neighborhoods. Training is being conducted by Miami-Dade Schools Police Community Outreach. A PowerPoint presentation for school

aged children has been created and instructor officers have been identified. Training is scheduled to begin in November 2017.

- M-DCPS's The Parent Academy has created a new Substance Abuse Prevention Workshop for parents and started delivering them at school sites in October 2017. Workshops are offered as requested by school sites.
- School Board Member Dr. Martin Karp has hosted town halls to address opioid with parents, teachers, and the community

EY8. Partner with the South Florida Behavioral Health Network and Drug Enforcement Administration to provide ongoing substance abuse education trainings and capacity building targeting school and community site personnel working with youth. (*Youth focus*)

Champion: *South Florida Behavioral Health Network Drug Enforcement Administration*

Action: **SFBHN Prevention Providers** are actively providing information and education to school personnel and other community key stakeholders on age appropriate drug education, incorporated along with other drug free promotion activities. SFBHN has amended the providers' contract and Scopes of Work to reflect the community capacity building strategies and each provider has a specified number of individuals to provide the education and training. These include school personnel, community site personnel working with youth, faith community individuals, and individuals who work with organizations that serve youth. SFBHN is tracking the number of sessions as well as the number of individuals trained and provided informational materials. SFBHN is presenting at schools during Opioid Abuse Red Ribbon Week.

2018

MIAMI-DADE COUNTY

OPIOID ADDICTION

TASK FORCE



BACKGROUND

2016 Miami-Dade Opioid Addiction Task Force Formation

In response to the illicit and prescription opioid addiction and overdose epidemic in Miami-Dade County, Mayor Carlos A. Gimenez, in partnership with the State Attorney Katherine Fernandez-Rundle, the Department of Children and Families, the Florida Department of Health, and Miami-Dade County's Board of County Commissioners Chairman Esteban L. Bovo, Jr. founded the Miami-Dade County Opioid Addiction Task Force. Members of the Task Force consist of several subject-matter experts and stakeholders representing agencies, departments, and offices working to end the opioid epidemic. Based on a review of evidence-based and evidence-informed practices, the Task Force provided recommendations to reduce opioid overdoses, prevent opioid misuse and addiction, increase the number of persons seeking treatment, and support persons recovering from addiction in our communities. The Task Force also examined healthcare solutions, the role of the justice system in opioid prevention, and raising awareness and improving knowledge of misuse.

IMPLEMENTATION

The Opioid Addiction Task Force recognizes the serious public health problems associated with the opioid epidemic occurring in Miami-Dade County. Task Force Members created an action plan with 26 recommendations that invoke sustained population-wide health improvements. The participating agencies understand that combining community efforts can achieve a lasting social change and are committed to implementing these recommendations to the extent that resources and legal authority allow. The members of the Task Force strongly encourage all other organizations and individuals to do the same. Entities, charged with implementing specific recommendations, report on their progress quarterly to staff support. The Task Force Members will monitor this plan for a year and will meet as needed to discuss best practices and opportunities for improvement to address meeting the goal of reducing opioid addiction, preventing overdose deaths, and improving the quality of life in Miami-Dade County.

Shared Commitment:

- Organizations that accept the responsibility of a recommendation agree to implement to the extent that resources and legal authority allow
- Reporting members agree to submit reports the 20th day after the closing of the reporting quarter
- Champions will meet as needed to review progress until the plan has achieved completion of the recommendations

Acknowledgments

The Opioid Addiction Task Force would like to acknowledge the contribution of Task Force Members and Staff Support who assisted in implementing the recommendations and development of this report.

Appointed Task Force Members

Ms. Agnes Winokur	Drug Enforcement Administration
Ms. Annie Neasman	Jessie Trice Community Health System
Dr. Antonio Mesa	Dade County Medical Association
Ms. Carol Caraballo	South Florida Behavioral Health Network
Mr. Carlos Martinez	Miami-Dade County Public Defender’s Office
Dr. Diane Boland	Miami-Dade County Medical Examiner
Mr. Emilio Vento	Miami-Dade County Addiction Services Board
Mr. Frank Rabbito	WestCare Foundation
Mr. Howard Rosen	Miami-Dade County State Attorney’s Office
Mr. Hugo Barrera	South Florida High Intensity Drug Trafficking Area
Chief Ian Moffett	Miami Dade Chief of Police Association
Judge Jeri Cohen	Eleventh Judicial Circuit Court of Florida
Major Jesus Ramirez	Miami-Dade Police Department
Commissioner Keon Hardemon	City of Miami
Dr. Viviana Horigian	University of Miami
Ms. Lucia Davis-Raiford	Miami-Dade County Community Action and Human Services Department
Dr. Yesenia Villalta	Florida Department of Health in Miami-Dade County
Dr. Patria Rojas	Florida International University
Dr. Patricia Ares-Romero	Jackson Behavioral Health System
Deputy Mayor Maurice Kemp	Miami-Dade County Office of the Mayor
Chief Robert Jorge	City of Miami Department of Fire-Rescue
Chief Rowan Taylor	Miami-Dade County Fire Rescue
Commissioner Sally Heyman	Miami-Dade County Board of County Commissioners
Ms. Victoria Mallette	Homeless Trust
Ofc. Eldys Diaz	City of Miami Police
Ms. Yamile Diaz Conte	Department of Children and Families

Staff Support

Ms. Shanika Graves	Miami-Dade County, Legal
Ms. Sarah Suarez	Florida Department of Health in Miami-Dade County
Ms. Michelle Theurer	Miami-Dade County, Office of the Mayor

The Opioid Addiction Task Force would also like to acknowledge the individuals, who also supported the efforts of this report.

Ms. Betty Hernandez

Dr. Jose Szapocznik

Chief Robert Hevia

Dr. Natalia Cap

Dr. Joycelyn Lawrence

Manuela Thomas

Carl "Fritz" Hayes

Eva Regueira

Ms. Gale Lewis

Mr. Angel Bosch

Ms. Santiana Lewis

Ms. Sandra Sandakow

Dr. Lillian Rivera

Acronyms

ASOC = Adult System of Care

CSOC = Children System of Care

DCMA = Dade County Medical Association

DCF = Department of Children and Families

IDEA Exchange Program = Infectious Disease Elimination Act Exchange Program

MAT = Medication Assisted Therapy

ME = Managing Entity

MDPD = Miami Dade Police Department

SFBHN = South Florida Behavioral Health Network (Managing Entity)

ROSC = Recovery Oriented System of Care

SOR = State Opioid Response

STR = State Response to the Opioid Crisis Grant

Progress of Recommendations

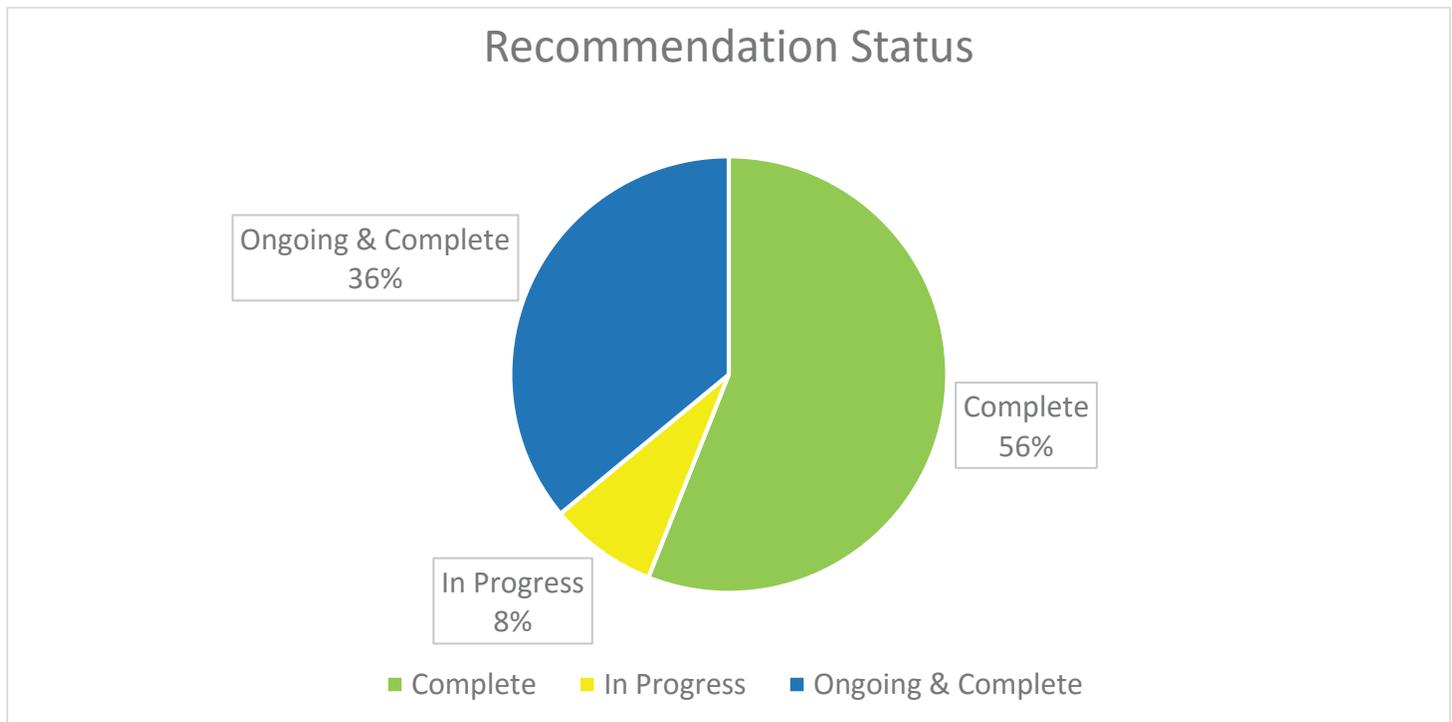
There is currently a total of 25 recommendations. One recommendation was not carried forward from the Opioid Task Force Recommendation Report (recommendation 4 under Law Enforcement, Justice, and First Responders Committee) and merged with another recommendation (E2) during implementation. The tracking of recommendations started in October 2017. The chart below highlights the progress of the recommendations. Each recommendation in the report has a designated status.

Complete The recommendation has been implemented and sustained by champions

In Progress Recommendation has made progress towards completion

Ongoing & Complete The recommendation is executed, the improvement is continuous, and maintained by champions

Behind The recommendation has made no progress



Healthcare Solutions

Goal: Maximize access to care and enhancing screening for opioid misuse and opioid use disorder

The **Healthcare Solutions** recommendations explore maximizing access to care and enhancing screening for opioid misuse and opioid use disorder. These efforts include leveraging and augmenting existing screening practices in health care settings to prevent and identify opioid use disorder, reduce drug-related overdose deaths, and promote healthcare collaboration

COMPLETE & ONGOING H1. Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of Neonatal Abstinence Syndrome (NAS).

Champions: *Healthy Start Coalition of Miami-Dade, Dade County Medical Association, Correctional Health System, Federally Qualified Health Center*

Actions: **Healthy Start Coalition of Miami-Dade** developed a presentation to educate healthcare providers about screening and reducing the risk of NAS. 84 OB/GYN practitioners received training. On May 16th, Healthy Start hosted a one-day conference in collaboration with Holtz Children's and the Women's Hospital at Jackson Memorial addressing NAS and opioids targeting clinical providers, social workers, and law enforcement. **Dade County Medical Association (DCMA)** will work with local hospital executives to promote these NAS screenings and include information in DCMA publications. DCMA is also working with local hospitals offering obstetrics services to create a continuing medical education program. **Jessie Trice Community Health System (JTCHS)** have implemented steps to ensure sound care for expectant mothers, including case discussion of pregnant women with a history of substance abuse and making appropriate referrals, collaborating with a residential treatment facility, establishing relationships with local hospitals for transferring care and educational opportunities. JTCHS is currently working with Live

2018 Florida Legislation

Senate Bill 458: *Controlled Substance Prescribing (Passed):* Limiting an initial prescription for a controlled substance that is an opioid to a 7-day supply; providing exceptions to supply limits for certain patients; requiring a health care practitioner who is authorized to prescribe controlled substances to complete a continuing education course as a condition of initial licensure and biennial licensure renewal, etc.

House Bill 21: *Controlled Substances (Passed):* Requires practitioners to complete specified board-approved continuing education course to prescribe controlled substances; defines "acute pain"; provides for adoption of standards of practice for treatment of acute pain; limits prescribing of opioids for acute pain in certain circumstances; requires pain management clinic owners to register approved exemptions with DOH; provides requirements for pharmacists & practitioners for dispensing of controlled substances to persons not known to them; conforms state controlled substances schedule to federal controlled substances schedule; revises & provides definitions; revises requirements for prescription drug monitoring program.

Healthy Miami Gardens who has recently acquired grant funding through the CDC. JTCHS' role in this grant will emphasize breastfeeding – one component of which will be a careful evaluation of maternal and infant substance abuse and substance treatment histories before initiation. An OB case manager is being hired to assist with tracking referrals of expectant mothers. The CHW will help teams with screenings for substance use disorders.



COMPLETE H2. Advocate for mandatory continuing educations for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse
Champions: Commissioner Heyman

Actions: On October 17, 2017, the Miami-Dade Board of County Commissioners passed a resolution urging Florida legislators to pass legislation bills that would support this recommendation. Governor Rick Scott signed the opioid legislation into law on March 16, 2018.

COMPLETE & ONGOING H3. Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services

Champions: Jackson Health System, South Florida Behavioral Health Network

Actions: Jackson Health System has initiated a hospital pilot program utilizing peer specialist to link opioid-related overdose victims to treatment. These individuals will be engaged in the Emergency Departments in Jackson Memorial and Jackson North Hospital. **South Florida Behavioral Health Network (SFBHN)** is working with Jackson Health System to provide outpatient MAT services to individuals presenting at the emergency department and embed peer navigators to assist with care coordination. SFBHN has also established partnerships with law enforcement agencies and other frontline staff, to increase the number of individuals accessing treatment services. SFBHN and Jewish Community Services have coordinated efforts to provide

Enhancing Healthcare Solutions in the Field – Highlights of Best Practices to address the Homeless Population

South Florida Behavioral Health Network (SFBHN) and Miami Beach Police Department (MBPD) have partnered together to focus on engaging chronically homeless consumers that reside on Miami Beach, with a history of mental illness or substance abuse and need care coordination services. When MBPD identifies a consumer, SFBHN Care Coordinator is contacted to coordinate placement, a treatment provider, and if required a hospital. If detox services are needed, SFBHN assists MBPD with accessing a detox bed and coordinating admission. This best practice has been presented at various conferences throughout the Nation. The City of Miami Police Department has met with MBPD and will begin implementing the program in February 2019 and discussions have been initiated with Broward Behavioral Health Coalition and Broward Sheriff's Office.

A partnership has also been established between SFBHN, IDEA Exchange, and the Miami Police Department to offer shelter and treatment for those individuals participating in the needle exchange program. At the IDEA Exchange, participants are offered clean needles, a naloxone kit, and treatment services. If a participant decides to initiate treatment, the person is linked to SFBHN for services. Many of the identified individuals are homeless. The Miami Police Department Outreach Team also works with the IDEA Exchange, to connect these individuals with shelter placement. Individuals are provided an assessment, Medication Assisted Treatment, and Outpatient Treatment through *The Village* while they wait for residential treatment. Once a bed is available, the individual is transported to the facility by law enforcement. This best practice highlights the partnership between a law enforcement agency and substance abuse providers.

opioid information should first responders call the 211 Helpline. SFBHN collaborated in the development of a Baker Act Transportation Plan which incorporates access to care for individuals suffering from substance abuse disorder. In collaboration with Miami Dade County and the Department of Children and Families, SFBHN opened a Centralized Receiving Facility (CRF) at Banyan Health Systems provides Medication Assisted Therapy treatment when appropriate.

A new partnership was established with **Jackson's Corrections Health System (JCHS)** to discuss individuals that are in jail due to a Marchman Act contempt order. A process will be determined where SFBHN can share information with JCHS to assist in discharge planning into residential treatment. JCHS requested a presentation by SFBHN to their discharge planners on November 8, 2017. SFBHN's Care Coordination Manager, Adult System of Care Manager and Forensic Services Manager, met with Jackson's Corrections Health Department for in-service training on available resources/services through SFBHN. During the meeting, procedures and protocols, along with points of contact, were established between SFBHN and JCHS to assist individuals that are incarcerated that need behavioral health services while in jail and upon discharge. This new partnership will significantly benefit all individuals, including those linked to Care Coordination, as it will help to maintain treatment in jail and will lead to better discharge planning into the community.



COMPLETE H4. Review and develop regulations to promote safe prescribing and dispensing of controlled substances

Champions: Commissioner Heyman

Action: On October 17, 2017, a resolution passed the Miami-Dade Board of County Commissioners to act on urging Florida legislator to pass legislative bills that would support this recommendation. House Bill 21 and Senate Bill 458 passed in the 2018 Florida Legislative session.



COMPLETE H5. Encourage medical providers to utilize the prescription drug monitoring database (PDMP)

Champions: Florida Department of Health

Action: On October 9, 2017, Senate Bill 458: Controlled Substance Prescribing was filed and would mandate the use of the PDMP and House Bill 21: Controlled Substances was also filed. Both bills were introduced in 2018 Florida Legislative session and passed. **Florida Department of Health** is initiating authorization to initiate interstate data sharing agreements to provide prescribers a complete view of patient's history and approval to work with electronic health records to facilitate workflow efficiency for prescribers and dispensers.



COMPLETE H6. Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder

Champions: Department of Children and Families, South Florida Behavioral Health Network, Federally Qualified Health Center

Action: All publicly funded sites are required to use validated mental health and drug screenings. There is no control over the screenings used in private medical providers. **Jessie Trice Community Health System** recently received grant funding from HRSA to expand its behavioral health program with an emphasis on

substance abuse. The goals of JTCHS' proposed expanded access to mental health and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse are focused on improvements in the existing service delivery system's approach and treatment processes, specifically:

- 1) Accurate identification of opioid-related substance abuse and mental health issues via screening/assessment in at-risk patients in the primary clinic setting;
- 2) An improved clinical intervention that creates access to behavioural health services
- 3) Increased numbers of both existing and new patients accessing mental health and substance abuse services.

A full-time nurse practitioner dually certified in family medicine and psychiatry has been deployed to assist with screening, primary care and behavioural health services for patients who may have addiction problems. JTCHS will use a mobile unit to help with screenings and assistance to the community who need behavioural health services that include addiction.



COMPLETE H7. Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process.

Champions: *Addiction Services Board*

Action: Miami-Dade County-Community Action Services Department has created a position to assist the community with filing Marchman Act petitions.

Treatment and Recovery

Goal: Adjust treatment and recovery system capacity to ensure timely access for individuals seeking opioid agonist pharmacotherapy

The **Treatment and Recovery** recommendations address individuals experiencing opioid use disorder, who desire opioid agonist pharmacotherapy and have timely access to treatment. The recommendations explore meeting the needs of the community and adjust treatment capacity to meet the demand for services.

COMPLETE & ONGOING T1.

Expand, enhance and strengthen the current Miami-Dade County existing treatment “continuum of care” by developing and implementing a comprehensive opioid addictions treatment “Recovery-Oriented System of Care (ROSC).”

Champions: *Department of Children and Families and South Florida Behavioral Health Network*

Action: The Department of Children and Families (DCF) and SFBHN are implementing the ROSC initiative. DCF hired a Recovery Oriented Quality Improvement Specialist to work in collaboration with SFBHN and lead the initiative in the Southern Region as part of the ongoing efforts to move towards a more Recovery Oriented System of Care. Table 1 highlights the implemented actions.

Table 1: How Miami-Dade County is implementing a Recovery-Oriented System of Care

The Department of Children and Families in collaboration with South Florida Behavioral Health Network continues to apply the Recovery Oriented System of Care (ROSC) initiative in the Southern Region. Several tasks continue in these efforts which include the following:

- Leading Recovery-oriented Coalitions
- Providing funding to the Peer Coalition of Florida to host ROSC related workshops
- Meeting with community service providers to have open discussions on recovery-oriented practices and implementing peer services
- Meeting with Medication Assisted Treatment Providers to understand current practices and aligning towards Recovery Oriented practices
- Educating case managers on the elements of ROSC, MAT and Peer Recovery services
- Providing technical assistance to Peer Specialists
- Developing a Substance Use Coalition for the Southern Region ROSC.
- Administered a ROSC Self-Assessment/Planning Tool to the Southern Region network of providers to measure a baseline for the implementation of ROSC.
- Received specialized training through the Florida Certification Board to provide Quality Improvement Monitoring of Network Providers to ensure the adequate implementation of ROSC.
- DCF has strongly encouraged collaboration for the Acute System of care by infusing Recovery Oriented practices in acute settings, as such NAMI will be providing Peer to Peer groups at inpatient facilities.
- Implementing Recovery Community Organizations
- Discussing housing options to expand aftercare services from substance use treatment

COMPLETE & ONGOING T2. Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a recurring funding source to support opioid addiction services, including paying for the appropriate medication(s) in Medication Assisted Treatment (MAT) (i.e., Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.)

Champions: Department of Children and Families and Government of Miami-Dade County Office of Management and Budget

Action: The Miami-Dade County Grants Coordination Division (OMB-GC) conducted targeted searches for grant opportunities. The Division continues to seek-out grant opportunities at the State of Florida, and the U.S. Departments of Justice and Health and Human Services, to support the recommendation.

SUMMARY OF GRANT OPPORTUNITIES APPLIED BY MIAMI-DADE COUNTY OMB-GC IN RESPONSE TO THE OPIOID CRISIS

- Funding Source:** U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

Project Title: Miami-Dade County Dependency Drug Court Response to Family Treatment Needs

Receiving Department: Miami-Dade County award, as fiscal agent for the Eleventh Judicial Circuit

Grant Amount: \$2,125,000 Five one-year periods with \$425,000 each project year

Description: In collaboration with Miami-Dade County, the Eleventh Judicial Circuit Dependency Drug Court program and its partner, the Family Resource Center of South Florida, Inc., will implement a family-focused, trauma-informed service delivery and training project.

- Funding Source:** U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Project Title: MDC System of Care Expansion and Sustainability for Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Receiving Department: Miami-Dade Office of Management and Budget, as Fiscal Agent and applicant for the South Florida Behavioral Health Network, Inc.

Grant Amount: \$4,000,000 Four (4) one-year periods with \$1M each project year

Description: The project will improve and expand services provided by the system of care for young adults with serious emotional disturbances, or those who experience severe mental illness in Miami-Dade County.

- Funding Source:** U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Project Title: Miami-Dade County Adult Drug Court Enhancement Project: Opioid Response

Receiving Department: MDC as fiscal agent for the Eleventh Judicial Circuit

Grant Amount: \$2,000,000 (Five one-year periods with \$400,000 each project year) (*pending*)

Description: In collaboration with Miami-Dade, the Eleventh Judicial Circuit Adult Drug Court program and its partner, the Trauma Resolution Center, Inc. will implement a service capacity expansion project designed to provide trauma-specific therapeutic services to drug court participants.

Funding Source: Department of Justice
Project Title: Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Victims Project
Receiving Department: MDC’s Community Action and Human Services Department
Grant Amount: \$750,000
Description:

Funding Source: Department of Justice
Project Title: Opioid Affected Youth Initiative Project
Receiving Department: MDC’s Office of Management and Budget, Grants Coordination
Grant Amount: \$1,000,999 for a three-year project period
Description: OMB-GC will manage and coordinate a collaborative partnership with Miami-Dade County’s Opioid Addiction Task Force, Florida International University, Miami-Dade County Public School System, and South Florida Behavioral Health Network providing projects, services, and activities targeting children and youth in middle schools, high schools, and the community

Funding Source: Florida Department of Health
Project Title: Miami-Dade County Helping Emergency Responders Obtain Support (HEROS) Program
Receiving Department: Miami-Dade Police Department
Grant Amount: 300 doses of Luerlock pre-filled Naloxone syringe
Description: The Miami-Dade Police Department was approved for 300 doses of Luerlock Pre-filled Syringe (Naloxone HCL) to implement the Naloxone Administration Pilot Program (NAPP), which will provide MDPD the ability to respond to medical emergencies involving victims of opioid overdoses. The NAPP is a six-month pilot program in the North District. A total of 24 uniform officers assigned to that patrol area will be trained and certified in the NAPP. Officers assigned to the area will attend an eight-hour training and certification program in the recognition and emergency treatment modalities for opioid overdoses, utilizing the Narcan intranasal delivery device.

Funding Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (*pending application*)
Project Title: Miami-Dade County Opioid Response Partnership Expansion Project
Receiving Department: Miami-Dade County Office of Management and Budget, Grants Coordination Division, as Fiscal Agent for the Eleventh Judicial Circuit of Florida
Grant Amount: \$2 million (five years)
Description: The Eleventh Judicial Circuit of Florida’s Miami-Dade County Adult Drug Court (ADC), and its partner, the Public Health Trust of Miami-Dade County, will expand the Opioid Response Partnership which has succeeded in improving the stabilization and recovery of participants with Opioid Use Disorder. The Opioid Response Partnership, formed in 2016, has been at the forefront of the opioid battle, and was a necessary intervention given the alarming increase in opioid use and deaths in the County. The proposed Project will broaden its scope to serve

individuals with other Substance Use Disorder, including alcohol. Participants will receive comprehensive case management, detoxification, Medication Assisted Treatment and mental health counseling as needed. The partners have agreed to address service gaps identified by an analysis of ADC participants who need help with non-opioid addiction and/or mental illness. The ORP Expansion will serve 200 participants over five years.

Funding Source: U.S. Department of Health and Human Services, SAMHSA
Project Title: Miami-Dade County Marchman Court Targeted Strategies for “High Risk/High Need” Substance Users Project (*pending application*)
Receiving Department: Miami-Dade County Office of Management and Budget, Grants Coordination Division, as Fiscal Agent for the Eleventh Judicial Circuit of Florida
Grant Amount: \$1.125 million (3 years)
Description: The Marchman Court of the Eleventh Judicial Circuit of Florida is requesting \$1,125,000 in SAMHSA grant funding to provide treatment and recovery support services to 120 substance users (over three years) who are assessed as high risk/high need and do not have insurance coverage for substance use treatment. The Marchman Court implements Chapter 397 of the Florida Statutes, known as the Marchman Act, which provides a means of assistance for individuals suffering from substance use impairment, and any co-occurring mental illness, so severe that these individuals are either at risk of self-neglect or likely to inflict serious harm to themselves or others. SAMHSA’s support of the proposed special project will better position Miami-Dade County in responding to state legislative requirements, increasing public safety, actualizing system-level successes, and improving access to treatment for Marchman Court respondents through a civil process; and thereby, reducing individuals’ risk for involvement in the criminal justice system because of addiction.

APPLICATIONS SUBMITTED BY OMB-GC THAT DID NOT RECEIVE FUNDING

Funding Source: Department of Justice
Project Title: Opioid Overdose Outreach Project
Grant Amount: \$300,000

Funding Source: Department of Justice
Project Title: System-level Diversion and Alternatives to Incarceration Project
Grant Amount: \$400,000

This fiscal year 2017-18, **Department of Children and Families** has given SFBHN \$995,410.00 (STR grant funds) to address the opioid epidemic and contract MAT services providers in Miami Dade County. Effective July 1, 2018, House Bill 21: Controlled Substances appropriates to DCF: \$27 million in nonrecurring funds from the Federal Grants Trust Fund for expenditures related to the second year of the State Targeted Response to the Opioid Crisis Grant and \$14.6 million in recurring funds for community-based services to address the opioid crisis. This funding shall be used to increase access to and reduce waitlists for treatment, increase efforts to engage and retain in treatment youth, pregnant women, and high utilizers of acute care services, and further enhance a recovery-based model of care. Funding for specific services may include but are not limited to, case management,

residential services, outpatient services, aftercare services, and medication-assisted treatment. Medication-assisted treatment may consist of but is not limited to, methadone, buprenorphine, and naltrexone extended-release injectable. DCF, in collaboration with SFBHN, repurposed an additional \$1.5 million to implement MAT in our community to tackle the opioid epidemic. DCF has contracted with the Florida Alcohol and Drug Abuse Association (FADAA) to enable providers to access and receive reimbursement for naltrexone extended-release injectable medication (Vivitrol). The legislature allocated an additional \$100,00 for Here's Help, Inc., a specialized opioid treatment and residential substance abuse training program.

DCF in collaboration with FADAA sponsored statewide conference that took place in Tampa on June 26, 2018. The focus of the discussion was "Treating Opioid Use Disorder Through State Targeted Response." DCF announced that due to the importance of ameliorating the opioid epidemic in Florida, the Department of Children and Families is creating a statewide Opioid Coordinator position. DCF is placing additional emphasis on opioid-related data and services to ensure the reoccurrence of the funds from the federal government and to position ourselves for any funds lapsed by other states.

There are two providers in Miami, which currently have a contract with FADAA to receive the Vivitrol (Banyan Health Systems and The Village South). Also, SFBHN received an additional \$150,000.00 from DCF for the implementation of the pilot program at Jackson in October 2017. Closely tied to this task, DCF identified that it was imperative to collect timely and accurate data to support our efforts to address the opioid epidemic. As a result, DCF has modified the Data Pamphlet 155-2, Chapter 6c to set more stringent guidelines for reporting detoxification episodes. DCF in collaboration with SFBHN is also placing additional emphasis on opioid-related data and services to ensure the reoccurrence of the funds from the federal government and to position ourselves for any funds lapsed by other states.

The 2018 Florida Legislature appropriated recurring general revenue to the **Department of Children and Families** in the amount of \$14,626,911 for FY 2018-19 (Chapter 2018-13, Laws of Florida) to enhance the entire substance abuse continuum of care including, but not limited to, outreach, addiction treatment, and recovery support services. Funding shall be used to expand capacity to increase access to and reduce waitlists for treatment; improve efforts to engage and retain youth in treatment, pregnant women, high-risk populations and high utilizers of acute care services; and further, develop a recovery-based model of care. The Department allocated funds to each managing entity based upon a combination of prevalence rates of illicit substance dependency and abuse, federal poverty levels and the number of uninsured individuals in each managing entity service area. According to the methodology used the Department allocated \$ 2,038,590.00 to SFBHN. These funds were amended into the DCF contract with SFBHN and effective on September 1, 2018.

Additionally, the Department (DCF) amended \$934,902.00 from the State Targeted Response (STR) federal grant and an additional \$150,000.00 for the Opioid Hospital Based pilot on September 1, 2018. The Department

SYSTEM PRIORITIES FOR STATE OPIOID RESPONSE GRANT FUNDING

1. **ESTABLISH EMERGENCY DEPARTMENT BRIDGES TO COMMUNITY-BASED METHADONE OR BUPRENORPHINE PRESCRIBERS THROUGHOUT THE STATE.**
2. **ENSURE ACCESS TO BUPRENORPHINE MAINTENANCE IN ALL COUNTIES.**
3. **ANALYZE AND PLAN FOR SUSTAINABILITY.**
4. **MONITOR AND IMPROVE RETENTION IN CARE.**
5. **BUILD PEER CAPACITY.**

allocated \$ 636,471.00 to create and expand the existing Mobile Response Teams (MRT). The Department amended an additional amount of **\$1,618,971.00 from the State Opioid Response Grant (SOR) on December 18, 2018**. Out of those funds, \$1,415,549 are for the provision of MAT, \$119,660.00 are for Prevention services, and \$83,762.00 for the administrative costs of the grant.

 **COMPLETE** T3. Provide comprehensive psychosocial services when using medication-assisted treatment model.

Champion: Department of Children and Families and South Florida Behavioral Health

Action: DCF in collaboration with the managing entity ensures that dollars contracted for the provision of MAT are in conjunction with comprehensive psychosocial services that are individualized based on individual needs. The managing entity has contracted with The Village South, Banyan Health Systems, and Agape for the provision of MAT. All the individuals that have received MAT services have received comprehensive psychosocial services as specified in their treatment plans. Furthermore, Chapter 65E-14 (DCF Financial Rule) requires that MAT services are in conjunction with substance abuse treatment. SFBHN contracts with providers reference the financial rule, and all contractors shall abide by these requirements.

 **COMPLETE** T4. Develop entry points where Medication MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms.

Champion: Jackson Health System, Department of Children and Families, Dade County Medical Association, South Florida Behavioral Health Network, Correctional Health System **Action:**

State of Florida Legislature under Florida Statutes 401.253 requires a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services.

Jackson Health System and **Miami-Dade County Adult Criminal Drug Court** established a MAT Outpatient Clinic to treat opioid use disorder to treat 50 patients in 6 months. On February 18, 2018, **DCF** released a memo authorizing Managing Entities (MEs) to contract with for-profit Opioid Treatment Programs (OTPs) for methadone- and buprenorphine- assisted treatment and recovery support services using SAMHSA's State Targeted Response funding. This memo is significant for Miami-Dade County, as the only licensed methadone maintenance provider is a for-profit organization. The mentioned exemption allows SFBHN to contract with the methadone provider using the STR funding. **DCF** in collaboration with **SFBHN** has created 12 MAT entry points with community providers.

- | NEW MAT ENTRY POINTS IN MIAMI-DADE COUNTY |
|--|
| 1. Jackson Behavioral Health Hospital |
| 2. Jackson Health System - Emergency Room |
| 3. Jackson Healthy System - Crisis Stabilization Unit |
| 4. Citrus Health Network |
| 5. The Village South |
| 6. Agape Family Ministries |
| 7. Banyan Health Systems (2 entry points) |
| 8. Better Way of Miami |
| 9. Miami-Dade County-Community Action Services Health Department |
| 10. Catholic Charities – St. Luke’s |
| 11. New Hope CORPS |
| 12. Miami-Dade County Adult Criminal Dug Court |
| 13. Camillus House |
| 14. New Horizons |

The Department published the Opioid STR Hospital-Based Pilot Programs guidelines. The concept of this pilot program is to use time spent in the emergency room/ hospital to initiate buprenorphine induction and engage the individual in an on-going treatment and recovery support. This pilot program is connected to recommendation T.1 (ROSC) as the hospital pilot project is required to utilize peer specialists to link opioid-related overdose victims. SFBHN is required to contract with a network service provider for care coordination provided by peer specialists in the hospital, to enter into a formal agreement with a hospital which has an emergency department, and to monitor the outcome measures on the pilot. SFBHN received \$150,000 from DCF to implement this pilot project. SFBHN contracted with Jackson Health Systems (JHS) for the implementation of this project. Also, SFBHN, in collaboration with DCF, implemented a Centralized Receiving System (CRS) at Banyan Health Systems, which will constitute an additional entry point for MAT services. DCF also hired an additional Opioid Behavioral Health Consultant to assist Child Protective Investigators (CPIs) in the early identification of parents/ caregivers with opioid use disorders and the linkage to appropriate services, including but not limited to MAT.

Furthermore, SFBHN in collaboration with DCF, contracted with Banyan Health Systems to co-locate Behavioral Health Consultants in each CPI hub. There are three Behavioral Health Consultants (one per CPI hub) supervised by a licensed clinician. The Behavioral Health Consultants staff cases where behavioral health issues could be involved as early as pre-commencement. They make recommendations to CPIs in those cases involving behavioral health disorders, particularly Opioid Use Disorders (OUDs). Both DCF Opioid Behavioral Health Consultant and Banyan Behavioral Health Consultants in the resources available in the community to refer cases that might be appropriate for MAT.

In coordination with these consultants, the DCF Family Safety Office has created a CPI unit with expertise in Opioid Use Disorders. These specialized CPIs work in collaboration with the DCF Opioid Behavioral Health Consultant and the Banyan Consultants to follow-up on allegations that might involve Opioid Use Disorders. These human resources have been allocated to ensure children safety and that parents/ caregivers rare linked to treatment resources, primarily MAT. **Correctional Health System** has implemented a MAT protocol for pregnant patients using a maintenance dose of Subutex, while a patient is in custody. This patient is followed per protocol, and discharge planning includes a 7-day bridge of medication to allow for continuity of care as part of the re-entry program.

COMPLETE & ONGOING T5. Increase the availability of permanent, supportive housing to improve treatment and recovery.

Champions: *Homeless Trust, Government of Miami-Dade County*

Action: The **Homeless Trust** added custom assessment self-reported questions in its Homeless Management Information System to better understand the number of individuals entering the homeless system that have opioid use disorder. The Homeless Trust continues to pursue opportunities to increase the availability of Permanent Housing (including Permanent Supportive Housing) through local, state and federal funding, as well as partnerships with Public Housing Agencies and developers. The Homeless Trust continues to provide outreach services at 5 area schools.

LAW ENFORCEMENT, JUSTICE, AND FIRST RESPONDER

GOAL: STRENGTHEN PARTNERSHIPS TO REDUCE THE EXCESS SUPPLY OF OPIOIDS AND EXPLORE BEST PRACTICES FOR PREVENTION AND POLICING EFFORTS

The **Law Enforcement, Justice, and First Responders** recommendations explore approaches to opioid prevention and policing efforts. The outcomes explore strengthening public health partnerships, utilizing strategic enforcement mechanisms to reduce the excess supply of opioids, and exploring the role of the first responder in Naloxone administration.

COMPLETE & ONGOING L1. Improve law enforcement, first responder, and outreach providers' knowledge and awareness on drug court services, treatment resources, Marchman Act, and naloxone administration.

Champions: Miami-Dade Police Department, City of Miami Fire Rescue, South Florida Behavioral Health Network, Drug Enforcement Administration

Action: Miami Dade Police Department (MDPD) distributed a legal note to all MDPD employees delineating Miami-Dade County's transportation plan for individuals meeting the criteria for a Baker Act and Marchman Act. Within the legal record, details the conditions under which MDPD sworn personnel will take individuals, needing assistance into custody, and transport the individual to the appropriate receiving facility to obtain the necessary treatment. MDPD continues to support and attend the Miami-Dade Addictions Service Board Meeting. **SFBHN** engages the community in a wide array of behavioral health training and provides technical assistance whenever it is needed. SFBHN has partnered with Miami Beach PD (MBPD), Miami Dade PD (MDPD) and City of Miami PD (MPD) on projects to assist individuals through the Marchman Act and residential treatment services. This project aims to help with chronically homeless individuals that are abusing substances and are likely to die to the streets due to their chronic substance use. Through the assistance of law enforcement, the individuals are placed in residential treatment under the Marchman Act and linked to supportive housing once their treatment episode ends. The success of the program has been presented at various meetings nationwide and in Miami-Dade and Broward County. SFBHN and MBPD have been asked to present the program in Monroe County in January 2019.

City of Miami Fire Rescue incorporated practice recommendations for the treatment of patients presenting with an opioid overdose into the agency "paramedic update" curriculum. This curriculum has been approved for paramedic contact hours applying to state recertification. The course content included intranasal naloxone administration utilizing a mucosal atomizer device and information on the needle exchange program. There is a discussion to create training for emergency medical field supervisors on improving knowledge and awareness of local opioid resources. **Miami-Dade County Fire Rescue** has been receiving requests to train various municipal police departments on administering naloxone nasal spray. **City of Miami Police Department** sent a legal bulletin to all officers outlining resources for drug court services, treatment services, Marchman Act and naloxone administration. The Miami Police Department partnered with the Miami-Dade County State Attorney's Office and Jackson Health Systems to identify grant funding for a pre-arrest diversion project. The

Miami Police Department was awarded two grants from the US Department of Justice to begin an opioid pre-arrest diversion program entitled the Collaborative Law Enforcement Addiction Recovery (CLEAR) Program. The total funding made available by the grants for the project is just over \$1.6 million. Officers also worked with homeless outreach services, the Homeless Trust and the IDEA Exchange to get several people living in a homeless encampment into treatment.

The **Drug Enforcement Administration** in partnership with the United States Attorney's Office from the Middle District of Florida developed and implemented an 8-hour course on prescription opioids/opiate investigations and overdose response training for law enforcement and first responders. This class is being offered and given throughout the State of Florida.

COMPLETE & ONGOING L2. Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) and implement a real-time overdose surveillance system on Naloxone dispensing.

Champions: *South Florida High Intensity Drug Trafficking Area*

Action: Opiate Overdose mapping surveillance system is operational in Florida. Outreach presentations have been completed in all South Florida HIDTA counties and delivered to major Police and Fire Departments in Miami-Dade County.



COMPLETE L3. Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful unknown synthetic opioids.

Champions: *Miami-Dade County State Attorney's Office*

Action: Miami-Dade County State Attorney Katherine Fernandez Rundle worked with the Florida Sheriff's Association to draft House Bill 477, signed into law by Governor Scott on June 14, 2017, which took effect on October 1, 2107. Florida Statute 782.04 (Murder Statute) was amended to provide that the unlawful killing of a human being which resulted from the unlawful distribution by a person 18 years of age or older of alfentanil, carfentanil, fentanyl, sufentanil, or any controlled substance analog of any of these substances, or any mixture containing any of these substances, when such substance or mixture is proven to be the proximate cause of the death, constitutes first degree murder. Additionally, House Bill 477 amended Florida Statute 893.135 to create the crime of "Trafficking in Fentanyl."

IN PROGRESS L4. Amend legislation for the needle exchange program to expand services and support collaboration.

Champions: *Commissioner Heyman's Office*

Action: Resolution passed 10/7/2017. The item was included in Miami-Dade County's legislative packet. Senate Bill 800 and House Bill 579 failed to pass in the 2018 legislative session. Senator Oscar Braynon filed Senate Bill 366 and Representative Shervin Jones filed House Bill 171 for consideration during the 2019 session. The Senate passed SB 366 the House passed SB 366 with two adopted amendments.

IN PROGRESS L5. Create a Miami-Dade County contract that allows community stakeholders to purchase Naloxone

Champions: *Government of Miami-Dade County Procurement Department*

Action: **Miami-Dade County** shared that the County partners with Minnesota Multistate Contracting Alliance for Pharmacy and local agencies can initiate a contract as well. Handouts of the agreement were provided at the January 29, 2019 meeting.

EDUCATION AND AWARENESS

Goal: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder

The **Education and Awareness** recommendations raise awareness and understanding of the potential adverse effects of opioid use, including overdose and opioid use disorder. The recommendations focus on prescriber and public education, inform the public about the Good Samaritan 911 Overdose Law, and educate service providers and the community about Naloxone availability and access.

IN PROGRESS E1. Develop a public and educational campaign raising awareness and knowledge about opioid abuse, addiction, and overdose.

Responsible Party: *Miami-Dade County Communications Department*

Action: **Communications Department** will support the campaign and expand as needed. There are many free channels for message distribution Miami-Dade County can take advantage of including digital displays, internal newsletters, and social media. Printed materials can be distributed to various County facilities.

COMPLETE & ONGOING E2. Promote the availability and distribution of Naloxone in Miami-Dade County.

Responsible Party: *Department of Children and Family, Miami-Dade County State Attorney's Office, Miami-Dade County Community Action, Miami-Dade Police Department, City of Miami Police*

Action: **Miami Dade Police Department** has started a pilot program, training 24 officers with naloxone. Since its inception, there have been two successful deployments. **Department of Children and Families** will be providing technical assistance to the providers, who have not been as proactively distributing. **South Florida Behavioral Health Network** partnered with the Idea Exchange and DCF to offer Naloxone Kits to anyone visiting the IDEA Exchange Program. SFHBN has also collaborated with network providers and DCF to provide Naloxone kits to consumers that are enrolled in treatment, discharged from treatment, placed on the waitlist for residential treatment, participating in outpatient services, and to friends and family members when appropriate. **City of Miami Fire Rescue** participated with National Public Radio on discussing naloxone's effect on care. The department was awarded the HEROES grant to purchase 4,040 doses of naloxone. **City of Miami Police Department** will partner with Jackson Health System to promote safe detoxification and treatment services.

COMPLETE & ONGOING E3. Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents through town hall meetings and community policing.

Champion: *Government of Miami-Dade County, Miami-Dade County State Attorney's Office, Miami-Dade Police Department, City of Miami Police, Federally Qualified Health Center, and Miami-Dade Fire-Rescue*

Action: **MDPD** continues to collaborate with community stakeholders raising awareness and conducting prevention initiatives regarding opioid abuse/addiction. MDPD established a Countywide, permanent prescription medication "take back" program utilizing affixed drop boxes. The metallic bins are in MDPD district stations to provide Miami-Dade County residents a means to safely and anonymously dispose of unwanted prescription medication. MDPD hosted a press conference for the launch of the program that was attended by the media. These bins are providing the residents of MDC with a means to safely and anonymously dispose of unwanted prescription medication. For 2018, the program has disposed of approximately **157 pounds** of unwanted medicine. In 2019, MDPD plans to expand the program by adding three additional collection bins at District Station lobbies, increasing the total number of collection sites to seven. The **Miami-Dade County State Attorney's Office** hosted a town hall with critical partners to educate residents in affected areas of Miami-Dade County and presented opioid data to Florida Medical Association, Florida Police Chiefs Association, and at the University of Miami. The Miami-Dade County State Attorney's Office has also made various appearances on the radio to discuss the opioid epidemic in Miami-Dade County and the efforts that have been underway to address it. **City of Miami Fire Rescue** has participated in awareness and community involvement segment with local news. **Miami-Dade Fire Rescue** met with MDPD to review new applications for community outreach training and internal data resources. The **City of Miami Police Department** continues to collaborate with community stakeholders, raising awareness and prevention efforts regarding opioid abuse and addiction.

Jessie Trice Community Health Center (JTCHS) established clinical services co-located within Lotus House of Overtown. Additionally, JTCHS has attended and hosted various public forums and trainings. The University of Miami Area Health Education Center (UMAHEC) is collaborating with Jessie Trice Community Health System, Inc. UM AHEC to provide opioid training and technical support to JTCHS's health care providers and clinical staff that will enhance the organization's delivery of the Opioid Screenings, Brief Intervention, and Referral to Treatment (SBIRT) process as well as trauma-informed care for patients. The SBIRT Model was developed to engage people who are not seeking help for substance-related problems, but who have behaviors or symptoms that might indicate problem use. UMAHEC will also provide opioid training to all the JCTHS school health social workers and clinical staff for opioid screening and youth prevention. JTCHS has 40 school-based health sites. JTCHS has recently contracted with Certintell to deliver telehealth services. Certintell is a HIPAA and PHI-compliant, cloud-based telehealth platform that allows safety-net providers to reach underserved populations. The technology integrates with FQHC electronic medical records while making a spectrum of comprehensive services more accessible and affordable for those who need it most. Behavioral health services include screenings and counseling for addiction medicine are in the realm of services through this platform.

COMPLETE & ONGOING E4. Partner with the faith-based community to support substance abuse prevention and addiction treatment.

Champion: South Florida Behavioral Health Network and Department of Children and Families

Action: The faith-based community, mainly houses of worship, are an essential component of improving support for individuals in substance abuse prevention and addiction treatment. **SFBHN** in collaboration

with DCF has contracted and entered in partnerships with several faith-based organizations in our community. These providers accept individuals from all religions and do not impose their beliefs on individuals that are not part of their faith. They engage the community from a strength-based approach and provide treatment services as clinically appropriate. Two prevention providers – Hope For Miami and Gang Alternative – work with the faith community to disseminate information related to substance abuse prevention and addiction treatment.



COMPLETE E5. Provide a culturally competent and sensitivity substance abuse segment in the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement.

Champions: Eleventh Judicial Circuit

Action: CIT Training continues to provide sworn personnel with substance abuse/addiction education. SFBHN participates in the Miami-Dade County Crisis Intervention Team training sessions to educate on Marchman Act for various law enforcement agencies. SFBHN provides information on the System of Care, the SFBHN website, the Marchman Act, Consumer Hotline and the Consumer and Family Resource Manual. SFBHN's staff contact information for Children System of Care (CSOC) and Adult System of Care (ASOC) to participants. Also, SFBHN continues to work with Law Enforcement agencies throughout Miami-Dade County when faced with consumers that are experiencing mental health/substance abuse concerns to divert consumers into services instead of arrest. **Department of Children and Families** provides resources and training material on MAT and ROSC to law enforcement officers through CIT.



COMPLETE E6. Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to Miami-Dade County laboratories for the identification of novel and emerging illicit drugs.

Champions: Drug Enforcement Administration, Miami-Dade County Medical Examiners

Action: To address the analytical challenges associated with the identification and reporting of a novel, emerging illicit opioids, the **Drug Enforcement Administration** has created a secure network to provide technical assistance to forensic scientists and to facilitate the rapid dissemination of information regarding the analysis of synthetic opioids. **Miami-Dade County Medical Examiners** has joined the network. Several new designer fentanyl analogues were shared amongst the group, all incorporated into the laboratory's testing protocols for the designer opioids. Two of the newly identified substances (methoxyacetyl fentanyl and cyclopropyl/crotonyl fentanyl) were in Miami-Dade County's Medical Examiner casework. Since its creation in 2017, the Synth-Opioids@usdoj.gov real time communication network has grown to currently connect more than 190 multi-discipline forensic experts across jurisdictions, representing 30 states and 8 countries.

COMPLETE & ONGOING E7. Coordinate with Miami-Dade County Public Schools (MDCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate. (*Youth focus*)

Champion: Miami-Dade County Public Schools, South Florida Behavioral Health Network, Drug Enforcement Administration

Action: SFBHN Prevention providers are working with MDCPS through a variety of strategies related to drug education and prevention. The plans do not focus solely on opioid and prescription drugs as the curricula, and best practices used, based on the research, focus on comprehensive child and youth strategies. The Botvin LifeSkills Training has developed a module within its curriculum that addresses opioids. SFBHN will partner with three providers (The Village South, Hope For Miami, and Gang Alternative) to implement the module in high schools. The researchers behind Botvin LifeSkills Training, have risen to the challenge of helping youth avoid the dangers of prescription drug or opioid misuse/abuse and released a Prescription Drug Abuse Prevention Module. The new LST Prescription Drug Abuse Prevention Module gives teens the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription drugs. It will be available in a variety of formats that will allow for both online and classroom delivery. The new module is ideal for school districts, community-based organizations, and agencies serving students ages 11 – 14. The module is flexible enough to enhance the award-winning Botvin LifeSkills Training program or to be integrated into existing prevention programming. The State of Florida Opioid Response funding provided funds for two Miami-Dade County providers to expand their services in opioid prevention in the schools and through community education strategies. The **Drug Enforcement Administration** has been incorporating opioid awareness information, when speaking at high schools for career day and other school related functions.

Miami-Dade County Public Schools (M-DCPS): Drug and alcohol education is part of our health education curriculum and is integrated into physical education grades 5-12. All middle schools have a textbook when implementing the curriculum. The Office of Student Services continues to coordinate the delivery of opioid and prescription drug education with various community partners. Student Services has several programs that address substance abuse through the TRUST office and continues to offer staff opportunities to engage in training sessions about substance abuse with adolescents, including: "Adolescent Drug Trends" and "Mental Wellness and Today's Adolescents." M-DCPS partners with CVS Pharmacy to provide Pharmacist Teach Outreach, which will be extended to the Parent, Teacher, Student Association (PTSA) Meetings. M-DCPS has sought guidance from the local pediatric community to explore equipping schools with naloxone and is moving forward with school police to carry and administer.

Curriculum Resources on Substance Abuse Prevention for Miami-Dade County Public Schools grades 5 - 12:

- ❖ Health Information Project (HIP) – High School
- ❖ Red Ribbon Month – District-wide in October
- ❖ Student’s Against Destructive Decision (SADD)- High School
- ❖ Students Working Against Tobacco (SWAT) – Middle and High School
- ❖ AAA Prom Promise Campaign- High School
- ❖ TRUST Curriculum- Middle and High School
- ❖ Informed Families Campaigns- District-wide
- ❖ Drug Abuse Resistance Education (DARE) – 5th-grade curriculum

<http://pe.dadeschools.net/substanceabuseprevention.asp>

New Programs since 2017-18:

- Elementary School Drug Awareness Training (ESDAT) - The prescription opioid epidemic has affected many communities and has become a national health crisis. This training prepares elementary school students by providing them with the tools necessary to make healthy decisions. The Elementary School Drug Awareness Training is designed to instruct students on the dangers of opioids and other illicit drugs, how to identify dangerous drugs, what to do and whom to contact if they see or encounter drugs/paraphernalia in their homes or neighborhoods. Miami-Dade Schools Police Community Outreach is conducting training. A PowerPoint presentation for school-aged children has been created, and instructor officers identified. The training is scheduled to begin in November 2017.
- M-DCPS's The Parent Academy has established a new Substance Abuse Prevention Workshop for parents and started delivering them at school sites in October 2017. Workshops are offered as requested by school sites.
- School Board Member Dr. Martin Karp has hosted town halls to address opioid with parents, teachers, and the community



COMPLETE EY8. Partner with the South Florida Behavioral Health Network and Drug Enforcement Administration to provide ongoing substance abuse education sessions and capacity building targeting school and community site personnel working with youth. (*Youth focus*)

Champion: *South Florida Behavioral Health Network, Drug Enforcement Administration*

Action: **SFBHN Prevention Providers** are actively providing information and education to school personnel and other community key stakeholders on age appropriate drug education, incorporated along with other drug-free promotion activities. SFBHN has amended the providers' contract and Scopes of Work to reflect the community capacity building strategies and each provider has a specified number of individuals to provide the education and training. These include school personnel, community site personnel working with youth, faith community individuals, and individuals who work with organizations that serve youth. SFBHN is tracking the number of sessions as well as the number of individuals trained and provided informational materials. SFBHN is presenting at schools during Opioid Abuse Red Ribbon Week. The South Dade One Voice Community Coalition received *comprehensive Addiction and Recovery Act (CARA)* funding and will focus on opioid prevention and education. Through the Elijah Network Family and Community Alliance, Inc. d.b.a. South Dade One Voice Community Coalition CARA - The Comprehensive Addiction and Recovery Act funding, they are focusing on the goals below:

- To help combat the increasing local issues with youth abusing and misusing prescription drugs;
- To increase the number of prescription medications collected, while decreasing ease of access to youth in middle and high school;
- To enhance skills promoting healthy alternatives for youth;
- To provide support by increasing youth involvement and discussion.

Diverse community experts will initiate activities in each of the targeted areas and priority substances. Some materials will be available in Spanish to address cultural competency, and internal cultural competency training is required. The activities include:

- Information Dissemination: Podcast/Public Service Announcements, General Prevention Information including SAMHSA, NADDI, and other alcohol, marijuana, and prescription drug awareness campaigns.
- Environmental Strategies: Rx Drug Drop Boxes, PhotoVoice, SAMSHA's "Talk. They Hear You"
- Community-Based Process: Coalition Capacity Building/Training, Community Coordination, Support and Collaboration with providers.

The SDOVCC strategies are consistent with the SFBHN Miami-Dade County Comprehensive Community Action Plan (CCAP) and in collaboration with SFBHN service providers, and other systems partners in Miami-Dade County. The coalition works with the 12 sectors to integrate strategies within the comprehensive system of care.

Drug Enforcement Administration has collaborated with M-DCPS Curriculum Support Division and listed as a resource for M-DCPS. DEA will be presenting to the TRUST (To Reach Ultimate Success Together) Program Counselors. This program is designed to provide prevention, intervention, referral, and follow-up services to students and their families with substance abuse problems. In addition, DEA collaborated with Florida International University to develop and implement a forensic expert panel discussion entitled "Addressing the Opioid Crisis in the US" to provide opioid education to college age students and university personnel.

CONCLUSION

The Opioid Addiction Task Force was a two-year operation to address the Opioid Crisis. The Task Force recognizes that the conclusion of this body does not end the crisis in Miami-Dade County. On April 30, 2019, when the Task Force sunsets, the work will transition to the Addiction Services Board. More information about meeting dates can be found at: <http://www.miamidade.gov/mayor/addiction-services-board.asp>



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community? Hernando County's percentage of alleged maltreatment of substance misuse is higher than the statewide percentage, Hernando has experienced high rates of calls for opioid involved non-fatal overdoses by EMS and for analgesics to poison control, increased number of substance exposed Newborns, increased reports of inmates who admit to intravenous injection of opioids, increase in number of crimes reported by individuals with opioid related substance abuse issues and increase number of patient presenting at hospital with reoccurring infections from IV Drug Use.
2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan? Hernando is attempting to address the crisis by prevention and education, reducing access to opioids that re misused, training and treatment. We are hoping to incorporate, peer support programs, supportive housing programs, and assertive community treatment programs.
3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs? Hernando County primary opioid threat is prescription opioids followed by fentanyl-laced drugs, and then heroin.
4. What prevention initiatives has your community engaged in to address the opioid crisis? Medication drug drop off boxes, distribution of safe medication disposal systems, "Fewer Pills, No Refills" educational campaign to doctors, distributing "New Mom Toolkits explaining how exposure to Rx drugs and other opiates effect newborns, gives steps for hep

and links to services, distribute Substance Exposed Newborn resource cards, Substance Exposed Newborn (SEN) Taskforce, and PSA's

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth? Safe Rx online education course in all high schools, Teen Intervene course with students that violate school's district's alcohol drug policies or identified as "at -risk", and You're Not Alone Social Norming Program.
6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public? (1) Fewer Pills, No Refills - education campaign to over 300 local prescribers in Hernando County, (2) developed 2 PSAs addressing Rx medication airing in 3 hospitals and numerous healthcare office (3) assemblies and presentation to student and parents on danger and health implications of Vaping
7. What law enforcement initiatives does your community have to target the opioid crisis? Hernando County Sheriff's office has in place endocarditis information sheets due to high rate of inmates that admit to intravenous injection of opioids. Prescription Drug Drop Boxes, NARCAN training, adult education on drugs and two faith-based program which cover drug use called Free Indeed. Enhanced screening for opioid usages and withdrawal observation, participation with PAR for pregnant inmates who are addicted to opioids or already in the PAR program to avoid fetal demise of abrupt withdrawal.
8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?
 - a. Does your community have an opioid-related task force?
Opioid related issues are addressed by Hernando Community Coalition – Anti Drug Coalition as well as Public Safety Coordinating Council.

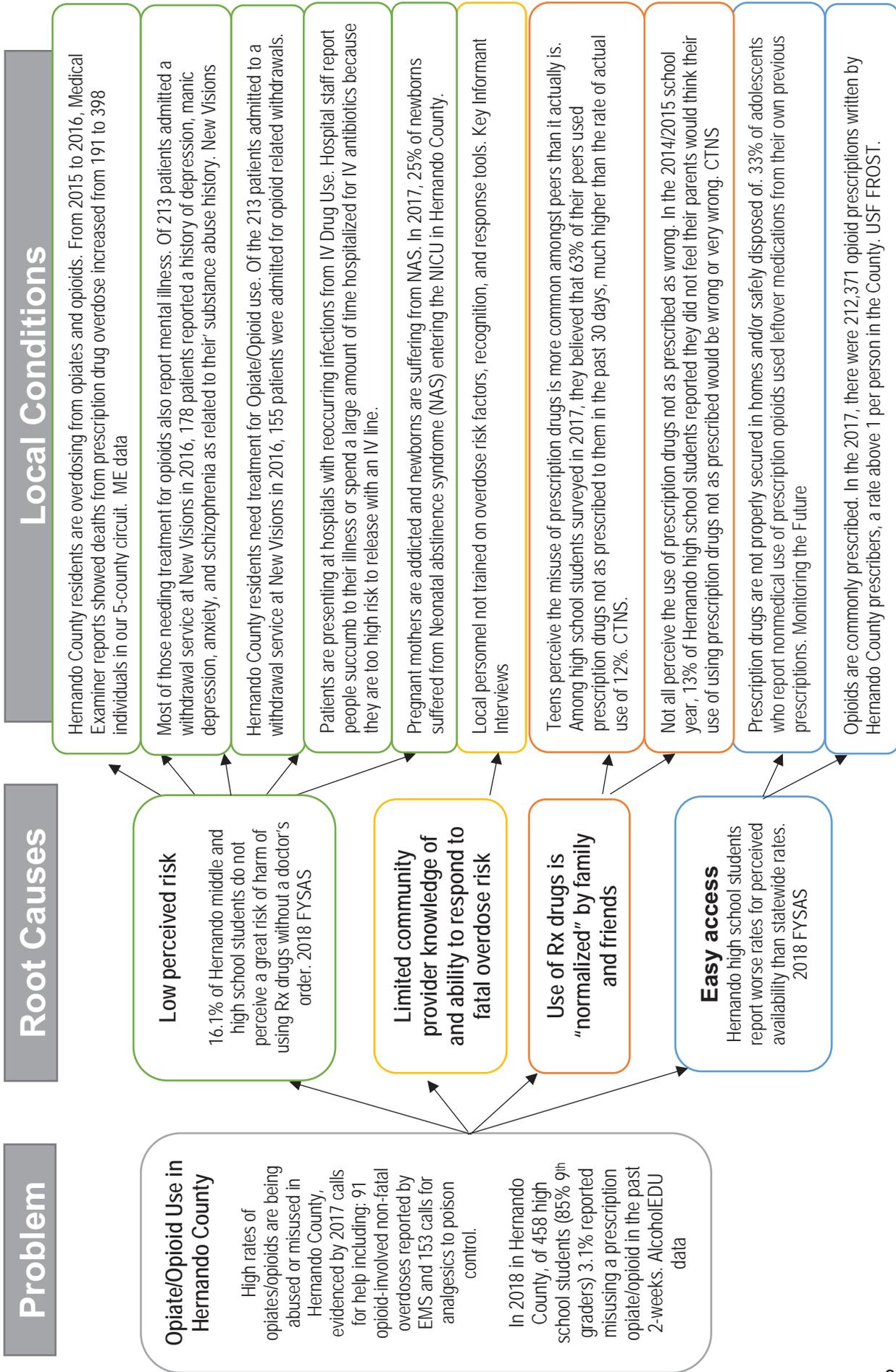
- b. Does your community have an opioid-related coalition? Hernando Community Coalition has a Substance Exposed Task Force that address issues with from Opioid with pregnant women.

- 9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community? Primary barriers for individuals in Hernando County are funding, access to care, limited community providers and provider's knowledge of and ability to recognize and respond to fatal overdose risk, use of Rx drugs is normalized, Easy access, co-occurring condition, and response tools, available beds, location of certified recovery residences,
 - a. How do you suggest those barriers be overcome? Early detection, Education and Prevention, Treatment, Recovery, Peer Specialist
 - b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Actual cost to remove barriers will be ongoing. Initial allocation of funds for education and prevention in the amount of \$100,000, treatment funds in the amount of 750,000 and recovery funds in the amount of \$250,000.
 - c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD? None.
 - d. How many additional treatment beds would your community need to meet the demand? Approximately 4 beds for detox and 8 for residential.

- 10. What wrap-around services to you offer for individuals who overdose from opioids?
 - a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.? This is something we are like to see happen from the jails initially and then hospitals, but currently it is not in place.
 - b. Do you have peer support coaches for individuals who overdose in your community? Not at this time, however we have individuals being trained as peer support coaches.

Hernando Community Coalition - Opiate/Opioid Logic Model - 2019 Update



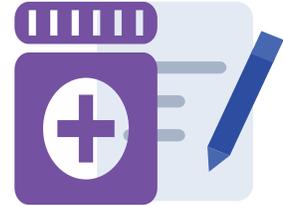
WHAT'S HAPPENING?

HERNANDO COUNTY, FLORIDA

RX AND OPIATE FACTS

Rx Prescriptions Written by Hernando Prescribers in 2017

- 212,2371 opioid prescriptions written
- 135,904 benzodiazepine prescriptions written



Calls to Poison Control by Hernando Residents in 2018

- Of the 1,115 total calls for exposure, the top 2 reasons were for analgesics (painkillers) and sedatives, made up 23% of all calls, not including multiple other drug categories.
- Among 13 to 19 year olds, 88% of the 83 calls were for some type of drug, with the top drug, analgesics (painkillers), accounting for 27%.

Non-Fatal Drug Overdoses EMS services in Hernando in 2018

- 157 non-fatal overdoses from any drug of which 35% were opioid-related.



Emergency Department Visits Related to Opioid Overdose in Hernando in 2018

- 27 of every 10,000 visits to ERs were visits where main reason for visit was an opioid overdose, above the State rate of 25 for every 10,000 visits.

Rx and Opiates Identified in Toxicology Reports at Time Death in 2018 Reported for Circuit 5 (Hernando, Lake, Citrus, Marion, and Sumter Counties)

Caused or Present at the time of Death:

- 353 Prescription Drug deaths (increase from 2017)
- 48 Fentanyl Analog deaths (decrease from 2017)
- 44 Heroin deaths (increase from 2017)



Types of Rx Drugs and Other Opiates that were the cause of at least one death in Hernando County in 2017:

- Alprazolam
- Amphetamine
- Fentanyl
- Heroin
- Hydromorphone
- Methadone
- Morphine
- Oxycodone

Newborns Born with Neo-Natal Abstinence (NAS) Syndrome in Hernando in 2018

- 17 babies were born addicted to opioids reported by Florida Early Steps.

Reported Past 2-Week Misuse of Rx and Opiates among Hernando County High School Students in 2018

458 high schoolers surveyed (85% 9th were graders)

- 4.6% misused medications used to treat Attention-Deficit/Hyperactivity Disorder
- 3.7% misused Tranquilizers (benzodiazepine)
- 3.1% misused prescription opiate/opioid type drugs
- 3.3% misused heroin
- 2.6% misused Amphetamines- (prescription-type stimulants)

Sources

Florida Department of Health, Florida Poison Control Center, University of Florida, Florida Youth Substance Abuse Survey, Florida Medical Examiner, Local Healthcare Systems, Hernando Community Coalition

WHAT ARE WE DOING?

HCC PARTNER EFFORTS

Educating, Advocating, Improving Community Conditions

Efforts to Reduce Access to Prescription Medications (that are misused)

Safely disposing of unused medications can help prevent medications getting into the wrong hands. Efforts include:

- Distribution of safe medication disposal systems, including Deterra and Dispose Rx, as well as fact sheets, through many partner networks including healthcare offices, senior centers, law enforcement, community serving agencies, and countless events.
- Medication Drug Drop Off Boxes - located in 3 Hernando County Sheriff Office locations and participation in the DEA National Take Back Days.
- "Fewer Pills, No Refills"- educational campaign to over 300 local prescribers in Hernando County from a doctor with information on safe prescribing.
- Developed 2 PSAs addressing Rx medication airing in 3 hospitals and numerous healthcare offices.
- Working with local healthcare providers
- Teen Intervene has begun with students that violate school district's alcohol/drug policies or identified as at-risk.

Efforts to Reduce Substance Exposed Newborns

- Distributing "New Mom Toolkit- Information and Resources to Help those Expecting, New Moms and Families, or Those Sexually Active" explaining how exposure to Rx drugs and other opiates effect newborns, steps for help, links for services, etc.
- Distributing "Resource Maps" for healthcare offices, etc., with guides for needed help and local resources.
- Distributing SEN Resource Cards with resources for help.
- Providing expert speakers at meetings on ideas to approach the issues.
- Working with Circuit 5 agencies to host the 2nd SEN Conference- Education and Beyond: Supporting Substance Exposed Newborn Communities in Oct. 2020.

Efforts to Address Behavioral Health Risk Factors

- Providing Hernando Cares Behavioral Health Resource Guides throughout partner networks, schools, community centers, etc.
- You're Not Alone Social Norming Program- mental health awareness/substance use prevention for teens in four schools.
- Life Skills Training now offered by Behavioral Health Provider at 2 middle schools
- HCC working with the Veteran HEAT Factory, a non-profit focused on PTSD, to ensure behavioral health prevention/intervention is provided to young adults and adult veterans returning to the community. Developed a Veteran Resource/Tool Kit.
- Implementing the Friday Night Done Right social norming campaign with events for teens and families at the YMCA and the Jerome Brown Community Center.
- Providing assemblies and presentations to students and parents on dangers and health implications of Vaping.



Learn more about coalition partner agencies, efforts, how to get involved, and how to help support our efforts.
Visit: www.hernandocommunitycoalition.org
or call 352-596-8000.

WHAT ARE WE DOING?

HCC PARTNER EFFORTS

Educating, Advocating, Improving Community Conditions

Efforts to Reduce Access to Prescription Medications (that are misused)

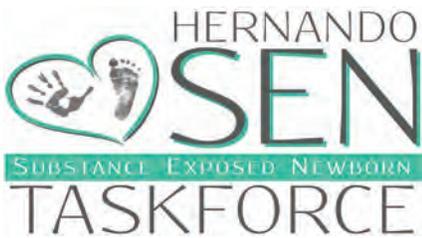
Safely disposing of unused medications can help prevent medications getting into the wrong hands. Efforts include:

- Medication Drug Drop Off Boxes - located in 3 Hernando County Sheriff Office locations
- Distribution of safe medication disposal systems, including Deterra and Dispose Rx, through many partner networks including healthcare offices, senior centers, law enforcement, community serving agencies, and countless community events
- "Fewer Pills, No Refills"- educational campaign to doctors from a doctor with information provided to all county prescribers
- SafeRx online educational course by Everfi active in all 5 high schools
- Intervene course with students that violate school district's alcohol/drug policies or identified as "at-risk"



DisposeRx™

Efforts to Reduce Substance Exposed Newborns



- Developed "New Mom Toolkit- Information and Resources to Help those Expecting, New Moms and Families, or Those Sexually Active" explaining how exposure to Rx drugs and other opiates affect newborns, steps for help, links for services, etc.
- Distributing SEN Resource Cards with resources for help
- Providing expert speakers at meetings on ideas to approach the issues
- Spearheaded Circuit 5 agencies to host SEN Conference- Education and Beyond: Supporting Substance Exposed Newborn Communities on April 12th, 2019

Rx Social Access Initiative

Expand the Coalition's Social Access Initiative with local physicians and healthcare providers to reduce alcohol, marijuana, and prescription drug use access in the home.

2 PSA's developed- Airing at 2 hospitals, 9 Dr. offices, and DawnCenter

Developed: Medication Safe Disposal; Safe Disposal Instruction card; Fact sheet for patients.

Packets for healthcare providers for patient distribution included- 80 Safe disposal kits per office, 80 fact sheets, and 80 Safe Disposal Tip Cards.

21 distributed – 2,000 persons unduplicated reach
Additional Distribution – 12 locations (law enforcement, senior centers, additional healthcare related offices) 487 flyers/disposal kits

Fewer Pills/No Refills - Letter prepared with Dr. Baher. 301 cards and letters sent to Hernando prescribers in June, 2019.

Hernando County Prescribers

DID YOU KNOW?

Most addicts become addicted from a prescriber or well meaning physician.

How YOU Can Help

Ask all patients, "does anyone in your family have an addiction issue?"

If yes, ask how they will keep their medications safe and secure.

Addiction can be influenced by genetics. Be sure to STRESS the importance of taking the medication EXACTLY as you prescribe.

Think twice BEFORE you write.

Fewer pills, no refills.

Provide information to patients on safe medication disposal.

Educate patients on the dangers of addiction and state that sharing medications is illegal.



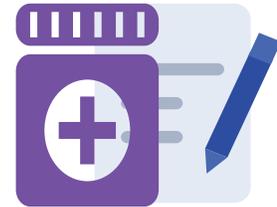
Learn more about coalition partner agencies, efforts, how to get involved, and how to help support our efforts.
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or call 352-596-8000.

WHAT'S HAPPENING?

HERNANDO COUNTY, FLORIDA RX AND OPIATE FACTS

Rx Prescriptions Written by Hernando Prescribers in 2017

- 212,2371 opioid prescriptions written
- 135,904 benzodiazepine prescriptions written



Calls to Poison Control by Hernando Residents in 2017

- Of the 1,170 calls for exposure, the top 2 reasons for analgesics (painkillers) and sedatives, made up 27% of all calls, not including multiple other drug categories.
- Among 13 to 19 year olds, analgesics, the top reason for calls, made up 30% of their 80 calls.

Non-Fatal Drug Overdoses EMS services in Hernando in 2017

- 230 non-fatal overdoses from any drug
- 91 were opioid-involved non-fatal overdoses, or 40%



Rx and Opiates Identified in Toxicology Reports at Time Death, 2017

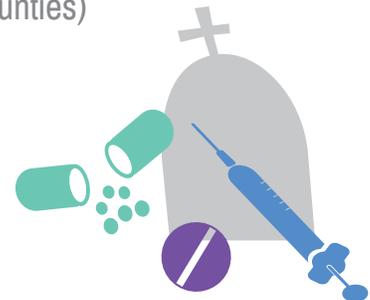
Reported for Circuit 5 (Hernando, Lake, Citrus, Marion, and Sumter Counties)

Caused or Present at the time of Death:

- 351 Prescription Drug deaths
- 83 Fentanyl Analog deaths
- 34 Heroin deaths

Types of Rx Drugs and Other Opiates that were the cause of at least one death in Hernando County in 2017:

- Alprazolam
- Amphetamine
- Fentanyl
- Heroin
- Hydromorphone
- Methadone
- Morphine
- Oxycodone



Substance Exposed Newborns

Roughly 25% of babies entered the NICU suffer from Neo-natal Abstinence Syndrome



Reported Past 2-Week Misuse of Rx and Opiates among Hernando County High School Students in 2018

458 high schoolers surveyed (85% 9th were graders)

- 4.6% misused medications used to treat Attention-Deficit/Hyperactivity Disorder
- 3.7% misused Tranquilizers (benzodiazepine)
- 3.1% misused prescription opiate/opioid type drugs
- 3.3% misused heroin
- 2.6% misused Amphetamines- (prescription-type stimulants)

Sources

Florida Department of Health, Florida Poison Control Center, University of Florida, Florida Youth Substance Abuse Survey, Florida Medical Examiner, Local Healthcare Systems, Hernando Community Coalition



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

***Responses to the questions below relate to primary prevention and the environmental strategy that Be Free Lake, Inc. (Lake County's Drug Free Coalition) is implementing in the community to address the Opioid epidemic.**

1. How has and is the opioid epidemic impacting your community?

Opioid overdoses have increased throughout Circuit 5. Many of which involve heroin, fentanyl, and prescription drugs. For statistical information by year, please see Medical Examiner's report for death rates.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

In relation to prevention, the County's coalition is continually working with the Sheriff's department, Circuit 5 Medical Examiner's Office, and Emergency Medical Services to raise awareness. Town hall meetings, campaigns, educational trainings, resources and substance misuse prevention information are distributed during community events help to reach community members.

The coalition also conducts Pharmacy Scans of major pharmaceutical companies in Lake county to assess regulation and distribution of prescription medications.

The measurable results are recorded on the number of reaches, pageviews, and attendance at our community events and educational training sessions.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or

fentanyl-laced drugs?

Prescription opioids, heroin, fentanyl-laced drugs

4. What prevention initiatives has your community engaged in to address the opioid crisis?

Be Free Lake, Inc. is Lake County's Drug Free Coalition. Several environmental strategies that the Coalition implements to address prevention of Opioid misuse include the following:

1. Monitor Your Meds social media and social norming campaigns
2. Prescription Lock Box locations to educate individuals about the 24/7 access of disposing unwanted medications
3. Narcan training
4. Distribution of Dispose Rx and Detera Drug Deactivation Bags to 55+ communities
5. National Drug Take-Back days with DEA and National Guard

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

Educational initiatives include 3 major Town Hall meetings discussing statistics of Opioid deaths, overdoses, and campaign messaging to increase awareness. Lake County Sheriff's Department, Circuit 5 Medical Examiner's Office, and Emergency Medical Services collaborate with the Drug Free Coalition to report statistics to the general public and the impact of Opioids in the community.

The coalition also offered two trainings in the administration of Narcan. A training video is also available on the Coalition's website that demonstrates the administration of Narcan.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

Be Free Lake's *Monitor Your Meds Campaign* is geared to educate the community about the proper disposal of unwanted medications. This campaign directs community members (via social media and rack cards distributed at community events) to 13 Prescription Lock Box locations throughout the county. This informational source educates individuals on where they can properly dispose of their unused medications.

For 55+ communities unable to leave their homes, the Coalition works collaboratively with LovExtension and Lake County Sheriff's office to distribute drug deactivation bags (such as Dispose Rx and Detera) to those communities. These drug deactivation bags include instructions on how individuals can dispose their unused medications from home using Dispose Rx and Detera. These bags are provided free to the public through DCF funding.

Finally, the Coalition promotes its National Drug Take-Bag days (held 2 times a year) sponsored by the DEA.

7. What law enforcement initiatives does your community have to target the opioid crisis?

*Lake County Sheriff's Office can best answer this question

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

*Lake County Sheriff's Office can best answer this question

- a. Does your community have an opioid-related task force?

The taskforce is comprised of local law enforcement. Medical examiner's office, and emergency medical services.

- b. Does your community have an opioid-related coalition?

Be Free Lake focuses its prevention efforts on Drug Prevention and Youth Underage Drinking Primarily.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Transportation, childcare and lack of residential treatment beds are primary barriers for those seeking MAT for OUD.

- a. How do you suggest those barriers be overcome?

Availability of reliable transit services and transportation vouchers, not just with the public transit system, but through Uber, Lyft as well. Childcare vouchers and childcare centers will provide care only when a parent is seeking treatment.

- b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

We are in desperate need of sober housing. Currently individuals are sent out-of-county for sober housing and then face new barriers as they travel back and forth to clinics for their appointments.

- d. How many additional treatment beds would your community need to meet the demand?

Ideally, a 15-bed residential program solely for MAT consumers. We currently do not have treatment beds specifically for the MAT/OUD consumer.

10. What wrap-around services to you offer for individuals who overdose from opioids?

LifeStream, our Community Behavioral Health Center through partnership with LSF and Florida Blue have a pilot program in Lake County to combat the opioid addiction crisis. Their Community Substance Abuse Response Team (CSART) utilizes the SBIRT model, along with Peer Recovery Specialists as motivators and navigators, and Master's level Counselors to provide appropriate interventions and resources. The team will have the ability to intervene with individuals in their own communities, identify immediate resources on the scene and relieve the need for any further intervention when possible by motivating and assisting the individuals to receive the most efficient and effective services to address their individual needs.

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

The CSART program is currently located in the ER at Waterman AdventHealth as the first location and will soon be located at the Lake County Health Department as well and expanding into all the local hospitals in Lake and Sumter Counties, rural health clinics and individuals involved with the child welfare system who are identified as having a substance misuse disorder. Currently, there are four hospitals that serve Lake and Sumter counties. The team will provide onsite services to the hospitals and rural health clinics as mutually agreed upon. For the most part, this will be located in the hospital emergency room setting. However, the team will also work with hospital staff to educate them on the SBIRT model as well as attempt to remove the stigma of substance misuse by providing education to the hospital staff. In addition, the team will be scheduled during peak hours as determined by the hospitals and rural health clinics, as well as be on call 24/7. This will be done in an effort to engage individuals into the appropriate services to address their substance misuse in an efficient and effective manner.

- b. Do you have peer support coaches for individuals who overdose in your community?

Currently, LifeStream's Peer Recovery Specialists are located at the ER department in AdventHealth Waterman and are also on-call to respond to the ER within 1 hour after being contacted by the DR Supervising Nurse. Peer Recovery Specialist duties: Actively engages/motivates the individual to attend and continue with identified services to address substance misuse issues. Provides care management services to include navigating treatment, assisting with recovery support services, linkage to appropriate services and providing follow up, either in person or phone contact for a minimum of 60 days. Provides educational services to the partner agencies in order to reduce stigma to treatment and substance misuse.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

- 1. How has and is the opioid epidemic impacting your community?**
- 2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?**

Under the auspices of the Florida Department of Children and Families and pursuant to Chapters 394 and 397 of Florida Statute, the Substance Abuse and Mental Health Program is the legislatively appointed state authority for substance abuse, mental health, and methadone designation. Big Bend Community Based Care (BBCBC) is the contracted network management agency for child welfare, substance abuse, and mental health in northwest Florida responsible for Leon, Wakulla, Gadsden, Liberty, Franklin, Madison, and Taylor counties. In December 2017, the BBCBC developed the Community Response Addressing the Opioid Crisis.

Additionally, Leon County Government remains abreast of state and national efforts through the Florida Association of Counties and National Association of Counties in combating the opioid epidemic.

- 3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?**

According to local law enforcement, in Leon County methamphetamine and cocaine-based drugs are more prevalent in the community.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

According to the BBCBC's Community Response Addressing the Opioid Crisis, the local substance abuse provider is present in Leon County middle and high schools to provide educational programs to students.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

The Florida Department of Health in partnership with local healthcare providers distributes a one-page document educating patients on the risks of and alternatives to opioids as well as the 2-1-1 Big Bend resource to locate substance treatment providers.

7. What law enforcement initiatives does your community have to target the opioid crisis?

The Tallahassee Police Department is a designated drop-off location where residents can dispose of expired, unused and unwanted prescription medications.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

As outlined in the BBCBC's Community Response Addressing the Opioid Crisis: Strategy to shift from punishment to treatment approach for opioid users; law enforcement is working with treatment partners to divert individuals with OUD from arrest and into treatment. Officers may initiate a Marchman Act for individuals suspected of an overdose for assessment and treatment.

Additionally, law enforcement officers are equipped with Narcan and trained on how to administer this drug to suspected overdose victim.

a. Does your community have an opioid-related task force?

Not currently.

b. Does your community have an opioid-related coalition?

Not currently.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

a. How do you suggest those barriers be overcome?

BBCBC's contracted service provider for substance abuse treatment reports the two most significant barriers to OUD treatment is the cost of medications (suboxone and vivitrol) and the availability of residential treatment beds. In Leon County, at any given time there is an average of four (4) individuals on the wait list for approximately 30 to 60 days prior to admission.

- b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.**

According to BBCBC's contracted vendor, the cost of treatment is approximately \$210 daily per individual.

- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?**

The BBCBC's contracted vendor offers two (2) residential treatment programs and sub-contracts for a third. Additionally, there local non-profit agencies that provide emergency/transitional housing for individuals although these services are not limited to those engaged with treatment and are often an ancillary service to outpatient treatment programs.

- d. How many additional treatment beds would your community need to meet the demand?**

As stated previously, the BBCBC provides Leon County with substance abuse treatment through contracted providers. Leon County Government does not provide any direct services for substance abuse treatment and defers to the BBCBC to quantify the need for additional services in the community.

10. What wrap-around services do you offer for individuals who overdose from opioids?

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?**

BBCBC and its contracted provider(s) work with stakeholders in the criminal justice and child-welfare systems to connect substance abusers with treatment. The contracted provider for Leon County (and surrounding counties) offers assessments and Medication Assisted Treatment (MAT) to inmates at the Leon County Detention Facility; participants in therapeutic courts such as Felony Drug Court and Veterans Treatment Court; as well as self-referrals from the community. Individuals engaged in the criminal justice and child-welfare services are typically assigned case managers to assist in care coordination and ensure compliance with court-ordered treatment.

- b. Do you have peer support coaches for individuals who overdose in your community?**

As referenced previously, Community Response Addressing the Opioid Crisis: Peer Support and ROSC (Recovery Oriented System of Care) discusses the significant role the Peer Support Specialist brings to the treatment process and the plan to increase the number of available peers through training and collaboration with local stakeholders.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Opioid addiction breaks families, takes lives, and creates criminality which, in turn, affects our community as whole. Prisons, hospitals, schools and law enforcement agencies all bare the negative consequences and adverse effects due to lack of manpower and funding to stem the tide of the opioid crisis. Middle America is first experiencing what other populations have experienced for years.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

Community coalitions, education, and advocates all play a role in creating an action plan. Treatment, medically assisted treatment and Narcan are some of the ways that the community is addressing this crisis. Training is a crucial element in helping personnel to deal with individuals plagued by this scourge. Personnel includes medical professionals, treatment professionals, law enforcement, educational institutions, courts, first responders who must have, at least, the initial understanding of chemicals, attitudes and behaviors. Statistics regarding how many overdoses and overdose deaths are measurable goals. In addition, number of individuals entering treatment, entering treatment court programs and percentage of recidivism.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Fentanyl, various drugs laced with fentanyl analogs.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

New statutes have been created to monitor prescription writers and caps on specific controlled substances have been initiated. Our community takes a proactive stance in identifying at risk individuals through treatment court and various diversion programs to inhibit the potential of drug use.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

Lectures, trainings, youth dialogues, school-based curriculums, and diversion programs are some of the ways in which these dangers are addressed.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

See above-to include community education.

7. What law enforcement initiatives does your community have to target the opioid crisis?

The Sheriff's Office has a drug takeback program. There a bin inside the main lobby where pills can be dropped off with no questions asked. We also participate in a drug takeback program twice a year in a drug takeback event with the DEA. These events allow for proper disposal of opiates among other prescription drugs.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

Deputies have been carrying Narcan for approximately three years, this has reduced the number of fatal overdoses.

a. Does your community have an opioid-related task force?

Yes, Circuit 19 has an opioid related task force

b. Does your community have an opioid-related coalition?

No

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Lack of funds, lack of medical professionals who prescribe, lack of inpatient facilities, transitional housing, lack of knowledge, and personal bias of treatment providers and transitional housing providers who are not sufficiently trained.

a. How do you suggest those barriers be overcome?

Government funding for maintenance medications, treatment, transitional housing and general mental health/substance abuse services in Florida. Florida is approximately 50th in the country for available services.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Currently Martin County Health and Human Services has a three (3) year 400,000 BJA grant and a 1.5 million dollar criminal justice reinvestment grant. These funds only pertain to participants in the court programs and are just scratching the surface of funding that is necessary. Both grants are set to expire this year. County, federal, and state governments, tax dollars, grants, foundations, and donors all could contribute to funding resources necessary to keep our communities safe and drug free.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

There are some transitional houses; however, they mostly serve the male population. Partial Hospitalization programs which provide housing and treatment, rental assistance programs for those who meet the financial criteria.

d. How many additional treatment beds would your community need to meet the demand? TBD

10. What wrap-around services do you offer for individuals who overdose from opioids?

The following services are provided through our BJA grant which funds Drug Court - A complete psychiatric work up and physical, on-going health monitoring, drug testing assistance, transportation assistance, outpatient, partial hospitalization, intensive out-patient and inpatient treatment, psychiatric services, medication assisted treatment programs, employment services and general case management.

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

At present, AA and NA are willing to act in that capacity. A dialogue has begun for further conversation.

b. Do you have peer support coaches for individuals who overdose in your community?

There are two peer specialists attached to a mobile crisis unit, facilitated through New Horizons of the Treasure Coast. Other self-help groups also provide peer support.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

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1. How has and is the opioid epidemic impacting your community?

In 2019, Nassau County ranked 36th out of the 67 Florida counties in length of life and quality of life health outcomes. Nassau County shows a 62.5% increase in deaths due to substance abuse among those experiencing a mental or behavioral disorder from 2010 (0.8 deaths per 100,000) to 2018 (1.3 deaths per 100,000). These rates peaked in 2012 (3.7 per 100,000) and 2017 (3.1 per 100,000). In key stakeholder interviews, many Nassau County residents have indicated significant need for improvement among various mental and behavioral health factors. For example, in Nassau County, almost 30% of adults felt they were limited in any activities because of physical, mental, or emotional problems (BRFSS, 2016) and in 2018 there were almost 33 deaths per 100,000 individuals due to mental health related factors.

A key issue pertaining to mental health and substance abuse in this region is the rise of opioid-related abuse and overdose cases. This problem has been increasing across the state of Florida, though Nassau County is particularly vulnerable, as there is a drug overdose mortality rate of 23 per 100,000 population. Moreover, Nassau County ranked fourth in the State of Florida for the number of opioid-involved non-fatal overdoses, with a rate of 138.6 overdoses per 100,000 population in 2016.

In Nassau County, there are more drug and opioid overdoses for the population in the 25-34 age range compared to any other age group in Florida from 2016 to 2017. The majority of deaths related to substance abuse were among white males, with 90% of deaths occurring from the ages of 20s to 50s.

Nassau County: Number and Rate per 100,000 population for deaths where “Opioids” were the cause of death

Year	Total population	Number of Deaths	Rate per 100,000 population
2015	77,891	3	3.85
2016	79,922	9	11.26
2017	82,721	8	9.67

Source: Special data request from the Florida Medical Examiner Office, 2015-2017.

In addition to premature deaths due to overdoses, other impacts to family members include drug-exposed infants (Neonatal Abstinence Syndrome) and family separation resulting in children entering the foster care system due to parental substance use disorder.

2. What is your community’s action plan to address the opioid crisis in your community and what are the measurable results of your community’s action plan?

The Health Planning Council of Northeast Florida (HPC) was awarded a Rural Communities Opioid Response Planning Grant (RCORP) for Nassau County from the Health Services and Resources Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS). The goal is to identify how the areas of OUD/SUD prevention, treatment, and recovery services can increase capacity, improve accessibility and effectiveness services while reducing barriers. Key components of the RCORP planning grant, now in the final 3 months, was to complete a Needs Assessment/Gap Analysis, Strategic Plan, Workforce Development Plan and Sustainability Plan intended to provide a basis and direction for future actions related to opioid use and substance use disorder in Nassau County. Copies Needs Assessment and Strategic Plan are available for review.

Recently, Nassau County also began a Drug Court as diversion program to promote treatment versus incarceration for low level offenses.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Nassau County ranked fourth in the State of Florida for the number of opioid-involved non-fatal overdoses, with a rate of 138.6 overdoses per 100,000 population in 2016 (ESOOS Non-Fatal Opioid Overdose Surveillance Report). In Nassau County, the most frequently abused opioid is **Oxycodone**. Combination drug use mixing opioids with stimulants or benzodiazepines is also on the rise.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

The Health Planning Council of Northeast Florida, in partnership with Nassau County Care Connect Consortia, performed a SWOT Analysis (strengths, weaknesses, opportunities, and threats) related to the Rural Communities Opioid Response Planning grant. Existing efforts for prevention best practices identified as implemented or in its early stages of implementation in the community and they are as follow:

- Narcan Training opportunities for first responders and the community at large
- Substance use education and outreach through partnerships with coalitions, schools, faith-based organizations, businesses, government, and non-government organizations to improve the understanding of addiction
- Law enforcement partnership on prevention
- The Opioid Taskforce (now the Poly Drug Task Force) addresses substance use and prevention
- Substance Exposed Newborn (SEN) Taskforce dedicated to reducing the number of SEN or

in utero opioid dependency, born in Nassau County

- Drug takeback day events held to collect unused prescription drugs
- Drug disposal box locations to collect unused prescription drugs
- Meeting people in need of services or prevention in the community

- 5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?** Starting Point Behavioral Healthcare provides Life Skills training to all 3rd grade public education classrooms, and Ripple Effects Prevention program for all middle schools and Private schools in Nassau County. **As part of legislatively mandated behavioral health curriculum (5 hours per school year), Nassau County School District is implementing programs with general substance use prevention. Special presentations by National Guard and other partners have occurred and the FDOH Nassau County Health Department was recently awarded a grant to fund a school nurse to provide opioid prevention education at the high school level.**
- 6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?** Starting Point hosted two community conversations for the general public in November 2018 on Opioids. Starting Point also provides NARCAN training in the community.
- 7. What law enforcement initiatives does your community have to target the opioid crisis?** Drug take back day, drug disposal boxes, NARCAN training. **(Per Chief Hurley, FBPD), Law enforcement enters data into a mapping program that can track overdoses geographically to produce heat maps. Representatives from the North Florida High Intensity Drug Trafficking Area (HIDTA) have participated in the RCORP collaborative.**
- 8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?**

- a. Does your community have an opioid-related task force?**

The Opioid Drug task Force, formally the Opioid Task Force, was restructured to address all substance use disorders and is called the Nassau Poly Drug Task Force.

b. Does your community have an opioid-related coalition?

The Nassau County Care Connect Consortia was created to address opioid related issues.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

There is an overall gap in OUD prevention, treatment, and recovery in Nassau County. Data demonstrates that Nassau County fares worse compared to the state of Florida on almost all mental and behavioral health indicators and there is a limited availability of OUD/SUD and psychosocial support resources in Nassau County.

One of the issues/barriers the State of Florida could help with almost immediately is to address licensure reciprocity of therapeutic staff moving to Florida from other states. Currently there is no reciprocity for Social Workers.

Another barrier is access to care and capacity to treat all those who qualify for MAT services. There is only one DCF Substance Abuse Licensed Outpatient MAT Treatment Provider in Nassau County (Starting Point Behavioral Healthcare). Starting Point only has the capacity to accept 4 new MAT clients per week for a Psychiatric evaluation and medication administration. There is currently a 4 week wait for an appointment with the psychiatrist.

Other individual barriers not related to provider availability are stigma, limited transportation, as well as other social determinants of health including unstable housing and poverty

a. How do you suggest those barriers be overcome?

The Health Planning Council of Northeast Florida, along with the Nassau County Care Connect Consortia, is in the process of completing the Rural Communities Opioid Response Planning Grant one year planning grant. The process has created a Needs Assessment/Gap Analysis, Strategic Plan, Workforce Development Plan and currently working on the Sustainability Plan. The process has allowed our community members to identify exactly what resources are needed. The plan moving forward is to apply for federal funding through the Rural Community Opioid Response Planning Implementation Grant to fully execute the strategies identified to overcome barriers to care. The long-term outcomes identified in the RCORP Strategic Plan are:

- Increase the number of support staff from 3 to 5 FTEs in underserved areas (West Nassau County)
- Increase service location by 1 location to provide services to complement MAT (Medication assisted training) to include a Mobile MAT Unit
- Create a web-based platform resource list of evidence based and/or best practices for affordable treatment and recovery support services for SUD/ODU
- Increase the number of primary care and urgent care facilities that utilize SBIRT (Screening, Brief Intervention, and Referral to Treatment) from 0 to 2.
- Promote facilitated referrals for infectious disease treatment and prevention for patients with SUD/ODU through trainings of 3 providers

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

The RCORP Implementation Grants provide communities 1 million dollars per year for 3 years

to implement strategies identified in the Strategic Plan, Workforce Development Plan and Sustainability Plan. The Health Planning Council of Northeast Florida, along with the Nassau County Care Connect Consortia, will apply for the RCORP Implementation grant.

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Nassau County has 2 Sober living facilities available for individuals needing supportive environments upon discharge from inpatient based treatment facilities. One Sober Living facility is currently seeking licensure through FARR, they are a 5 bed Women's Halfway house. The other facility is not licensed nor are they seeking licensure and are not regulated by anyone. Additional housing issues include affordability, lack of housing units available through HUD, criminal background checks, and land development code bans.

Affordability is a primary issue not only for individuals recovering from OUD/SUD but also for treatment staff. Most treatment staff cannot afford to live in certain communities forcing long commutes to the job site, oftentimes leading to high staff turnover.

d. How many additional treatment beds would your community need to meet the demand?

Nassau County does not have any inpatient treatment facilities. All individuals needing inpatient treatment typically receive services in Jacksonville. Additionally, all Baker Acts receive care in Jacksonville making it difficult for families to be engaged in the treatment process while their loved one is inpatient. There is currently a 3-month waiting list for a residential bed in Jacksonville for those who do not have insurance.

A six bed Detox facility and 12 bed residential facility will begin to meet the demand.

10. What wrap-around services to you offer for individuals who overdose from opioids?

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Starting Point provides care coordination services for all residents of Nassau County who experience an overdose from Opioids, Alcohol and other drugs. The care coordinators are located in the ED of Baptist Medical Center Nassau 7 days a week. Another Care Coordinator serves the jail and detox and residential facility. The care coordinator goes on site to the jail, detox and residential program to facilitate the warm handoff and connect the individual with treatment in the community.

b. Do you have peer support coaches for individuals who overdose in your community?

Starting Point has 4 Peer Specialists who work with individuals who have been Baker Acted, experience an overdose and those admitted to the MAT program. 3 of the Peers work directly in the Hospital setting, the other works with all of the MAT clients.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

Misuse of opioids is one of the most critical issues in Seminole County. Over the past decade, the County has seen unprecedented increases in the number of reported overdose incidents and deaths. The County Health Department and Sheriff recorded the following data for 2019, inclusive of all municipalities and the County:

- Opioid Overdose Incidents recorded by County Health Department: 833
- Overdose Incidents reported by Sheriff: 458
- Overdose Deaths reported by Sheriff: 81
- Overdoses Requiring Naloxone recorded by County Health Department: 414
- Naloxone Events per 10,000 residents: 9.49. This represents the highest number of events of all FL counties reporting; in contrast neighboring Orlando, ranked #2, reported 9.08

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

A Countywide Opioid Council comprised of five committees that work on improving the needs in their area of expertise, including Legislative, Prevention and Education, Medical, Enforcement, and Treatment and Recovery. These committees are comprised of various organizations, both public and private, in order to evaluate the needs for the county and create plans to improved identified deficits, as well as implementation of new programs or partnerships.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Currently the counties biggest threat is heroin and fentanyl-laced narcotics, with an increase in methamphetamines seen as well. In 2019, amphetamines represented 3.4% of Adult Drug Court positive tests in random screenings. The Sheriff does not track arrests for this

substance.

4. **What prevention initiatives has your community engaged in to address the opioid crisis?** We utilize our partnership with the Seminole County Prevention Coalition, our Seminole County Public School System and our Prevention Committee to push out messaging about the dangers of drugs, what resources are available if you know someone battling an addiction and to contact the sheriff's office if you are in need of treatment. The prevention committee has held an Overdose Awareness Day this year with Keynote speakers from the community as well as a resource fair, where they brought together about 25 service providers in the community in one spot so individuals or their families could attend and find the provider that would best serve their need. The Prevention Coalition runs our drug take back days, as well as provide bags to dispose of medication safely and Narcan. A community forum was also held at our local state/community college. This forum was specifically focused on opioid overdoses. It was open to the community and there were several speakers including the SCSO sheriff, a parent who lost their child to the opioid epidemic and a person who has been in recovery for approximately 5 years.
5. **What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?** Our partnership between the Seminole county Sheriff's Office and the Seminole County Public School board has allowed us to bring in new and innovating presentations, seminars, and curriculum to the students in Seminole County. The School Resource Deputies currently teach a ten week program called FOCUS to all fifth grade students, where there is a block that begins to speak about making good choices and the dangers of narcotics. This FOCUS program was expanded into middle schoolers to expand on peer pressure, as well as the vaping and opioid epidemic. There was a new curriculum created for high schoolers that focused on an impactful auditorium presentation primarily focused on opioids. In addition there has already been a NOPE campaign utilized for juniors and seniors, which has parents talking about the loss of their child to drug overdoses.
6. **What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?** Seminole Prevention Coalition uses the Pitch Your Pills and Informed Families does Lock Your Meds". The Prevention Committee for the Seminole Opioid Council wants to do an "It Can Happen To You" campaign but are looking for funding to do PSA's in movie theatres, billboards and Lynx bus wraps.

The sheriff's office has done numerous television interviews and newspaper articles that speak specifically about the issue and the initiatives going on in our community. The Orlando Sentinel has done stories on the jail initiatives, the partnership between Advent and SCSO, and about the parent grief support group that the sheriff's office sponsors. These stories have also been featured on WESH Channel 2 news and PowerTalk 45 TV station with local pastor, Dr. Joel Hunter.

7. **What law enforcement initiatives does your community have to target the opioid crisis?** The Seminole County Sheriff's Office has two deputies assigned to respond to all non-fatal overdoses with the sole intent of getting the user into treatment. These deputies will work with local treatment providers to find detox beds, inpatient residential treatment, sober living facilities or outpatient counseling. There are also two deputies that have been reassigned from their drug enforcement duties to respond to all fatal drug overdose deaths. These investigations are enacted with the intent of finding the person that supplied the fatal narcotics to the deceased and charging them criminally with first degree murder. These two deputies are also assigned to the local DEA task force and have access to all resources/databases/personnel that DEA has to offer.

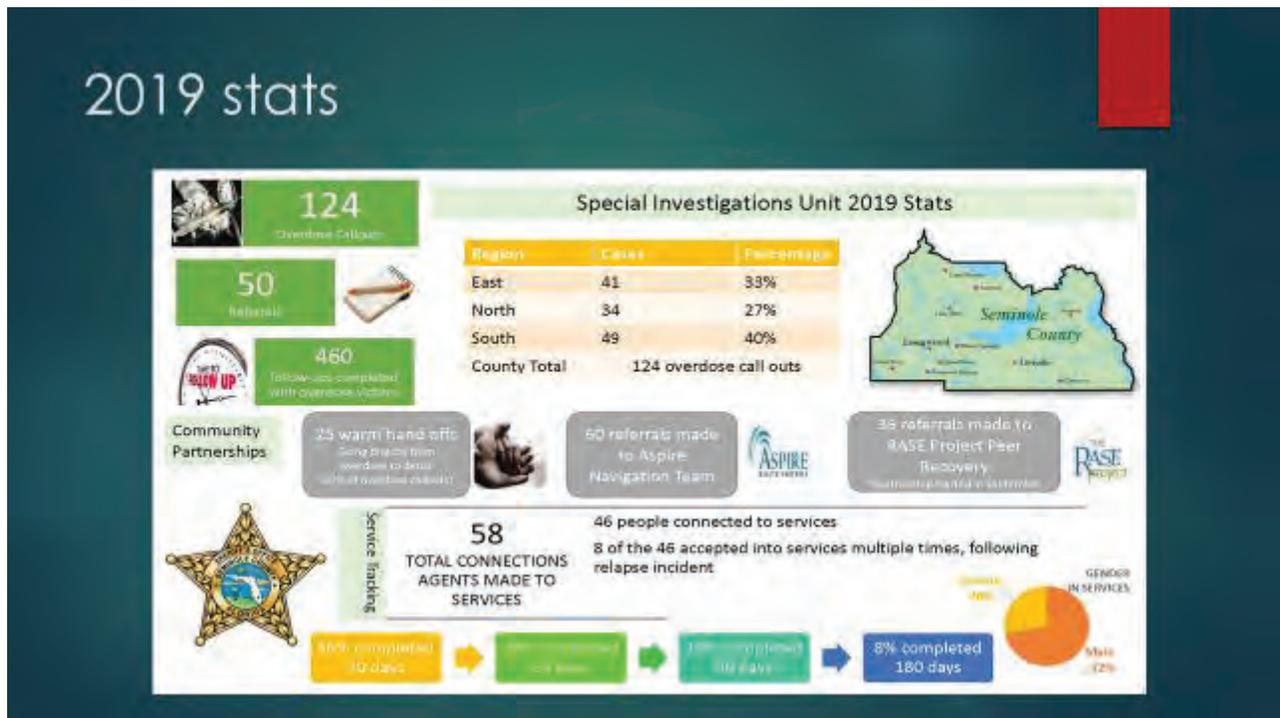
All local municipalities as well as the sheriff's office carry Narcan.

The Seminole County Sheriff's Office has numerous initiatives in the correctional facility to address the opioid epidemic. There are two separate pods, A-pod (females) and O-pod (males) that house

inmates that have a substance use disorder and meet qualifications to enter the program. These pods focus on drug treatment counseling and help inmates deal with trauma that has occurred in their lives. It is a structured program with a very detailed daily schedule and has a limited number of spots for participants. Several individuals have actually stood in front of judges who were willing to release them from jail and ask to be kept in jail because they feel the program is working for them. These programs include a reentry plan for those that are being released. Some of the initiatives that participants work on include: sewing “Joey” bags for koalas in Australia that were injured in the recent fires, a dog training program where shelter dogs learn obedience from inmates that are learning job skills like dog training, drum beat program, and yoga. There is a “closet” where inmates that are getting ready to be released can shop for an outfit that would be suitable to wear to an interview and a “barber” shop where they can get a free haircut.

The Seminole County Sheriff’s Office is currently working with one of our local hospitals, AdventHealth and anticipates opening a drug assessment center called Hope and Healing during the first half of 2020. The sheriff’s office has provided one of their buildings and has had personnel working with the hospital to determine what is needed in the community as it relates to the opioid crisis. AdventHealth has put together a plan and staff on treating those with an opioid use disorder. The sheriff’s office will work with Advent in identifying those that need treatment and will utilize a warm hand-off.

8. **What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?** The most effective law enforcement strategy has been the two deputies that are responding to all overdoses and trying to talk individuals into treatment. Even if those individuals decline treatment, they continue to follow up, along with our RASE peer counselors. Word is getting out that we are not trying to arrest our way out of this situation, but genuinely trying to get those that want treatment, services.



- a. Does your community have an opioid-related task force?
- b. Does your community have an opioid-related coalition?

Our county has an opioid council, which is a combination of a task force and a coalition. Seminole County Opioid Council is a group made up of a 5 pronged approach: PREVENTION, ENFORCEMENT, and TREATMENT/RECOVERY, MEDICAL and LEGISLATIVE. Members come from all aspects of the community including: healthcare providers, hospitals, Department of Health, wellness, pharmacy, colleges, law enforcement, education, children organizations, judges, counseling services, medical associations, news stations, public figures, and persons in recovery. These members work toward creating policies and procedures within Seminole County that will help with the opioid epidemic. One of the groups is putting together a guide of all of the local resources available here in Seminole County including treatment, counseling and sober living.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community? Many of those that need treatment are uninsured or underinsured. There are not enough residential beds or detox beds available for those that need treatment.

- a. How do you suggest those barriers be overcome? More money from the state for treatment or assign Medicare to those that don't have insurance.
- b. How much would it cost to remove those barriers to treatment? Please be as specific as possible. Unknown, but hundreds of thousands to millions of dollars.
- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD? There are several great sober living facilities in the Central Florida area that require individuals to attend a set number of counseling sessions, hold employment and attend to chores to make the house a well-oiled machine
- d. How many additional treatment beds would your community need to meet the demand? I believe if we had another 10 detox beds and 100 residential for our county we would still be full, an exact answer is difficult to determine.

10. What wrap-around services do you offer for individuals who overdose from opioids?

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.? The Seminole County Sheriff's Office has two deputies assigned to respond to all non-fatal overdoses with the sole intent of getting the user into treatment. These deputies will work with local treatment providers to find detox beds, inpatient residential treatment, sober living facilities or outpatient counseling.
- b. Do you have peer support coaches for individuals who overdose in your community? The Seminole County Sheriff's Office has entered into a Memorandum of Understanding with the RASE Project, who has agreed to provide two certified peer counselors, one male and one female to help assist individuals get into treatment. These counselors have also spent time in the correctional facility working with those that have addiction issues, as well as assisting the agents that respond to overdoses with followup and communication with individuals battling addiction.



OFFICE OF ATTORNEY GENERAL ASHLEY MOODY

STATEWIDE SURVEY OF COUNTIES

Governor DeSantis appointed Attorney General Ashley Moody as Chair of the Statewide Task Force on Opioid Abuse. Among other things, the task force is charged with developing a statewide strategy to address this crisis. As part of the task force, we are seeking your input on the programs that you are deploying in your subdivisions. We are also seeking your input on what programs would most effectively abate the opioid crisis in your community. As you are also aware, there are settlement negotiations ongoing in the opioid litigation. We would like to develop the statewide strategy in advance of any settlement. Your input and responses to this survey will be used to inform the task force and help shape the statewide strategy to address the crisis. Feel free to attach any supporting documents to your responses.

1. How has and is the opioid epidemic impacting your community?

We have seen an increase in overdose deaths and longer wait lists for Detox/Inpatient treatment

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

We opened a MAT (Medically Assisted Treatment) Clinic and expanded our residential beds.
We have created a Hospital Bridge Program and are providing ongoing education to the community

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Heroin and Fentanyl- Laced drugs

4. What prevention initiatives has your community engaged in to address the opioid crisis?

We have a prevention coalition- the Poly-substance Task Force lead by the local National Guard and composed of local government representatives, substance abuse providers concerned citizens etc. They have been conducting Town Halls and providing ongoing workshops

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

We have the THINK for Success Program that provides drug education for youth (including – but not limited to Opioids)

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

As mentioned above, the Poly-substance Task Force has taken the lead with Town Hall's and workshops. The Hospital is also providing Nar Can education.

7. What law enforcement initiatives does your community have to target the opioid crisis?

Officers are trained in how to deploy NAR-CAN and do education related to Nar Can. Frontline deputies also receive in-service trainings related to Opioids

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

Aggressive law enforcement street units targeting dealers. Seeking prosecution of dealers when possible related to Overdoes deaths

- a. Does your community have an opioid-related task force? Not one solely dedicated to Opioids but we do have the Poly-Substance Task Force

- b. Does your community have an opioid-related coalition? No

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Stigma, public transportation, safe medication storage and lack of sober living

- a. How do you suggest those barriers be overcome? More affordable housing needs to be created (sober living), public transportation needs to be increased and funding needs to be increased for Adult Prevention
- b. How much would it cost to remove those barriers to treatment? Please be as specific as possible. Unable to answer that without extensive research being performed
- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD? We have 14 sober living beds for single men and for single women- there are none for families
- d. How many additional treatment beds would your community need to meet the demand? Current provider of residential services has identified a need of 10 additional Inpatient treatment beds

10. What wrap-around services to you offer for individuals who overdose from opioids? Nar Can, Hospital Bridge Program, Peer Support and Care Coordination

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.? We have a Criminal Justice Reinvestment Grant so we currently have warm handoffs from both the hospital and the jail
- b. Do you have peer support coaches for individuals who overdose in your community?
Yes



Neighborhood Services Department
Health Care Services Section
1112 Manatee Avenue West
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Phone: (941) 749-3030
www.mymanatee.org

February 10, 2020

Re: Stateside Survey of Counties – Taskforce on Opioid Abuse
Responses from Manatee County, Florida

1) How has and is the opioid epidemic impacting your community?

Response: Manatee County has a population of nearly 380,000 residents and in 2014, it became an epicenter for opioid-related deaths, leading the state in deaths related to both fentanyl and heroin according to the Florida Medical Examiners Commission Reports of 2014, 2015, 2016, 2017, & 2018. Since 2015, there have been more than 340 opioid-related deaths and more than 1,918 opioid-related overdoses since 2016. Although opioid-overdose rates have significantly declined over the past two years, rates are once again increasing primarily due to the increased presence of fentanyl and carfentanyl. Additionally, the long-term effects of opioid use disorder are not sufficiently addressed beyond overdose prevention.

2) What is your community’s action plan to address the opioid crisis in your community and what are the measurable results of your community’s action plan?

Response: The County is a strong partner with other community stakeholders and works closely with an Addictions Crisis Taskforce, understanding that a sole focus on opioids and overdose prevention is too narrow. Primarily, because opioids are often abused with benzodiazapines, gabapentinoids, and cocaine which results in increased risks for overdose and long-term treatment needs. Manatee County is 1 of 8 counties selected to participate in the Florida Drug Epidemiologic Network (DEN) to measure various data related to the ongoing opioid epidemic.

Tracked data includes: Number of overdoses, presence of substances within overdose victims, number of fatal overdose, date/gender/zip code of overdose victims who receive naloxone by EMS, overdose data form Sheriff’s Office, utilization of detoxification services, number of Marchman Acts, Peer Support engagements within Emergency Department, number of opioids prescribed in safety-net hospital and emergency department, number of babies born with neonatal abstinence syndrome. These are a few of the many data points tracked and recorded by this local workgroup.

The Florida Department of Health (FDOH) has taken several approaches to address the opioid crisis in the Manatee County community. One of our county partners, the Department of Health in Manatee County (DOH-Manatee), specifically has received funds from the Centers for Disease Control and Prevention (CDC) as well as the National Association of City and County Health Officials (NACCHO) for projects associated with opioids. For example, in 2019, DOH-Manatee received funds for a Local Opioid Overdose Prevention and Response (LOOPR) project from NACCHO with technical assistance provided by the CDC. In this project, DOH-Manatee deployed

a prescription opioid Rx Awareness Campaign (*"It only takes a little to lose a lot"*) using pre-designed mass media communication strategies available in the CDC's Rx Awareness Toolkit. Strategies included posters and gas pump toppers at local convenience stores and gas stations, 30-second television (TV) commercials aired on several cable TV networks, 30-second commercials aired during previews at the local movie theater, and newspaper inserts in the local newspaper. The goal was to increase awareness of the risks associated with prescription opioids among the general public in Manatee County. Over 500,000 people came into contact (i.e. impressions) with the campaign materials over the span of three months and DOH-Manatee received messages from Manatee County residents stating they had seen the campaign materials and it sparked conversations within their families on how to properly manage their prescription opioid medications. The DOH-Manatee's Rx Awareness Campaign was such a success that it was published in NACCHO's special edition of their journal in 2019 detailing community "success stories" in their local efforts to address the opioid epidemic.

Not long after the LOOPR project ended, DOH-Manatee received funding from the CDC for a project called Overdose Data to Action (OD2A). Manatee was one of 13 counties in Florida to receive the three-year OD2A funding, with DOH-Manatee being chosen to spearhead the grant projects with technical assistance from the FDOH. The OD2A project being spearheaded by DOH-Manatee includes two categories of activities. One category will entail harm-reduction activities, while the other category will deploy Mental Health First Aid and Youth Mental Health First Aid training in Manatee County agencies and an AI-driven platform being piloted by DOH-Manatee in selected Manatee County schools. The goal of all of the OD2A projects will be to enact an interdisciplinary, collaborative approach to address the opioid crisis in the community by partnering with the Manatee County Government, the local mental health and substance abuse agency, emergency response, and other vital stakeholders. These projects will also explore innovative ways to use opioid overdose data to inform prevention and response efforts in the Manatee County community.

3) What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Response: The primary opioid threat in Manatee County has shifted from being prescription opioids to illicit opioid-substances that are more lethal than heroin and a lack of adequate supports to treat the long-term effects of opioid use disorder. The increased presence of fentanyl-laced narcotics has increased overdose potential, including death risk. Also, a lack of free, accessible, and sufficient long-term addiction treatment resources to treat this recurring substance abuse negatively impacts our local efforts.

4) What prevention initiatives has your community engaged in to address the opioid crisis?

Response: Prescription awareness campaigns; medical education training events with physicians; the closure of pill mills; education provided to local medical school; integration of prescription addictions education within the medical, dental, and pharmacy educational curricula at the Lake Erie College of Medicine; monitored and promoted use of the PDMP E-Force; a funded legislative request for community-based Opioid-focused Peer Coach program; promotion of proper drug disposal; and promotion of universal prevention in schools

5) What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

Response: The local drug prevention coalition, Drug Free Manatee, convenes a “D-Fy” Drug Free Youth prevention education curriculum in partnership with some local schools: <http://www.drugfreemanatee.org/d-fy-drug-free-youth/>. DOH-Manatee is partnering with the local mental health and substance abuse agency to begin offering Youth Mental Health First Aid in Spring of 2020. While this course covers mental health crisis response in youth, it also addresses the developmental stages youth experience and potential exposures to substance use like opioids that may coincide with comorbid mental health conditions.

6) What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

Response: The Rx Abuse Prevention campaign signage on Manatee County Area Transit buses and the Rx Drug Disposal. In addition to the DOH-Manatee’s Rx Awareness Campaign as part of the LOOPR project grant, the LOOPR project also included the development of educational training for Manatee County healthcare providers and healthcare profession students. While the DOH-Manatee coordinated who provided the training and enlisted participants, the actual training was provided by another community partner, the Gulfcoast Area Health Education Center (AHEC), and covered proper opioid prescribing practices, as well as alternative pain-management approaches, and opioids use and opioid use disorder in pregnancy.

7) What law enforcement initiatives does your community have to target the opioid crisis?

Response: The Manatee County Sheriff’s Office has developed three Recovery Pods at the jail where inmates with behavioral health disorders, including opioid use disorder (OUD), can be voluntary rehoused in the recovery pod, participate in support groups, and demonstrate their engagement in treatment such as Vivitrol IM prior to release as well as sustain their MAT if prescribed before release. Intoxicated arrestees in need of detoxification services are not detoxified in the jail but are instead diverted to a licensed detoxification facility to provide the proper level of treatment. LEOs also participate in the Behavioral Health Stakeholders Consortium, the Addictions Crisis Taskforce, and have been clear that the opioid epidemic is a public health issue that cannot be solved with arrests. LEOs also carry and provide naloxone to prevent overdose.

8) What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

No response provided.

a) Does your community have an opioid-related task force?

No, it was identified early on that opioid abuse/misuse is often part of a larger polysubstance abuse issue as indicated by medical examiners data, therefore efforts have been broader as benzodiazepines and cocaine remain continuous concerns.

b) Does your community have an opioid-related coalition?

Yes, the Addictions Crisis Taskforce which is now part of the Pain Management and Addictions Prevention Team.

9) What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Response: The funding received by the managing entity for the Department of Children and Families is insufficient; Manatee County supplements the funding for in-patient and out-patient detoxification services. Coverage for MAT is often limited to uninsured leaving insured patients uncovered. Uninsured also receive insufficient coverage for the prescription medications themselves, including other psychotropic medications to treat co-occurring substance use or mental health conditions. Additionally, there are very few (one in Manatee County) psychiatrists who are addictions-certified (ASAM or ABAM) in the specialty of addictions medicine and the treatment of substance use disorders. Another barrier includes the lack of licensed mental health counselors (LMHCs) who are certified or eligible for certification for the treatment of addictions to sufficiently treat co-occurring substance use disorders, such as OUD.

a) How do you suggest those barriers be overcome?

Psychotropic medications covered for the uninsured. MAT covered for underinsured.

b) How much would it cost to remove those barriers to treatment? Please be as specific as possible.

CME events for psychiatrists and CEU events for LMHCs, LCSW's and other masters-level clinicians. These are often provided by Medical Societies or DCF.

c) What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Minimal resources, halfway houses do not allow individuals if they are on medications.

d) How many additional treatment beds would your community need to meet the demand?

Research demonstrates that in-patient beds are not what is indicated but rather out-patient treatment with sufficient supports including the medications and out-patient therapy for MAT, in-home supports and case management, housing, peer support, and vocational assistance. In-patient treatment beds address the acute needs however it is the daily and persistent stressors within the homes and communities of these individuals that requires the greatest attention.

10) What wrap-around services do you offer for individuals who overdose from opioids?

Response: Wrap-around services are not available in Manatee County as the funding for these services is not provided by DCF or its managing entity.

a) Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Manatee County Government has required of its new provider, NaphCare, to facilitate warm-handoffs at release and is working with its circuit judges to issue release orders to promote this practice to ensure inmates have a current medication list, supply, a scheduled appointment, and coordination of treatment with community providers. Warm hand-offs such as coordinated admissions or case consults appear low elsewhere however are improving.

b) Do you have peer support coaches for individuals who overdose in your community?

Response: We do but significantly less than one-year ago. In 2017, Manatee County obtained \$500,000 from a Legislative Budget Request to hire and train peer coaches to work within the community and emergency departments, however the funding was not sustained by DCF or its managing entity, the Central Florida Behavioral Health Network (CFBHN). Funding was significantly reduced to support 2 FTEs of peer coaches limited to the ED. Peers are no longer available to go the homes where individuals require recovery support or areas where overdoses often occur. This program, at its full operation, provided the unique opportunity to have peers attend appointments, conduct home visits, conduct in-reach activities at the jail to facilitate warm-handoffs, and advocate within drug court however each of these activities were lost with the reduction of funds. Peer Coaches were hired and trained to provide motivational interviewing (MI) and develop Wellness Recovery Action Plans (WRAP) which were both evidence-based practices, as well as provide hope to individuals at risk for overdose or adverse to treatment engagement due to stigma.

Thank you for allowing Manatee County to respond to these critical questions in order to support the efforts of the State Taskforce on Opioid Abuse and the Florida Association of Counties. Attached to this response is another letter submitted to the Chief Deputy Attorney General, Mr. John Guard which may be helpful. If we may provide additional information, please do not hesitate to ask. Otherwise, you may also contact Manatee County Government's Health Care Services Manager, Joshua T. Barnett, MHS, MA, ICCDP-Diplomate at Joshua.Barnett@mymanatee.org.

Sincerely,

Nicholas Azzara
Information Outreach Manager
941-745-3771

Attachments: Letter to John Guard, December 23, 2019



MANATEE COUNTY FLORIDA

December 23, 2019

John Guard
Chief Deputy Attorney General
Florida Office of Attorney General Ashley Moody
PL-01 The Capitol
Tallahassee, FL 32399-0104

Mr. Guard:

We would like to begin by thanking Governor DeSantis for developing a Statewide Task Force on Opioid Abuse to address the long-term effects of the opioid epidemic. We also would like to extend our appreciation to Attorney General Ashley Moody for soliciting our input regarding programs that would most effectively abate the opioid crisis and to share what programs are currently in our local subdivisions. Manatee County was adversely affected by opioid overdose therefore has engaged in multiple strategies to mitigate opioid-related adverse outcomes in addition to preventing the abuse of other addictive substances.

Manatee County became engaged in addressing the impending opioid epidemic as a number of out-of-state vehicles were witnessed outside of local pain management clinics. In 2010, the Manatee Commission unanimously approved an ordinance to reduce the number of pill mills in operation. Since that time, several strategies have been employed to help reverse the negative effects of the opioid overdose epidemic within Manatee County, a few of those strategies are listed here:

1. **Addictions Crisis Taskforce** – a multidisciplinary group of key health stakeholders to inform strategies to prevent substance abuse
2. **Recovery Pods at County Jail** – three voluntary units at the County Jail to support the unique needs of inmates with mental health and substance use conditions
3. **Marchman Act Diversion** – Manatee County Jail tracks and monitors any instance of a detainee who may be intoxicated, diverting them to a detoxification unit
4. **Recovery Peer Coach Services** - hired and trained professionals who use their personal, lived-experience of recovery from past addiction to promote and support linkage to care, harm reduction, and recovery supports within community-based settings
5. **Out-patient Withdrawal Management** – promote out-patient detoxification services rather than detox limited to in-patient; promotes employment retainment and voluntary treatment
6. **Reduction of Marchman Act** – long-term treatment outcomes are promoted when use of involuntary treatment is reduced, therefore limiting the use of involuntary Marchman Act when other less-restrictive means are available

Board of County Commissioners
1112 Manatee Avenue West, Bradenton, FL 34205
www.mymanatee.org • Phone: (941) 745-3700 • Fax: (941) 745-3790

PRISCILLA TRACE REGGIE BELLAMY STEPHEN JONSSON MISTY SERVIA VANESSA BAUGH CAROL WHITMORE BETSY BENAC
District 1 *District 2* *District 3* *District 4* *District 5* *At Large* *At Large*

7. **Rx Awareness Campaign** – Targeted outreach to increase awareness of the risks of prescription opioids, “It only takes a little to lose a lot.”
8. **Syringe Exchange Program** – an Infectious Disease Elimination ordinance that allows for the anonymous exchange of contaminated needles and syringes for the one-to-one exchange of sterile equipment, providing opportunities for educational, referral, and other health-related services
9. **Alternatives to Opioids** – non-opioid pain-relieving alternatives in emergency department settings that reduces the number of opioid Rx’s and ED misuse

Additional strategies remain as the opioid epidemic continues to negatively impact local families, local economies, and the health of the local workforce. It has also positively challenged our misconceptions of drug use and drug treatment. Below is a list of recommendations to improve state-wide efforts in correcting the long-term effects of the opioid epidemic:

1. Naloxone kits provided to each patient discharged from a substance use treatment facility or correctional facility with an opioid-use condition
2. Affordable access to naloxone for family members at pharmacies
3. Suboxone provided in emergency department settings, to promote treatment engagement
4. Increase in substance use treatment provided in home and community-based settings rather than in traditional facility-based locations
5. Professional workforce development to improve co-occurring substance use treatment competencies of both licensed mental health counselors (LMHCs) and other drug treatment professionals
6. Promote the use of addictions-certified psychiatrists to consult and/or round with primary and pain management physicians who treat patients with co-occurring substance use conditions
7. Promote the integration of physical and behavioral health homes and clinics, to address co-morbid medical and psychiatric conditions within one clinical setting
8. Monitor attrition rates of methadone and suboxone clinics including the improper use of administrative discharge due to non-compliance
9. Implementation of Oxford Houses and/or other certified, sober-living residences that promote vocational development, medication assisted treatment, and other non-abstinence-based policies

If we may provide any additional information, please do not hesitate to reach out. Otherwise, you may also contact Manatee County Government’s Health Care Services Manager, Joshua T. Barnett, MHS, MA, ICCDP-Diplomate at joshua.barnett@mymanatee.org.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA



Betsy Benac
Chairman

**US Attorney Statewide Opioid Survey
Clay County Response**

March 3, 2020

Attention:

Tonnette S. Graham

Associate Director of Public Policy
Florida Association of Counties
100 S. Monroe Street | Tallahassee, FL 32301
Office: 850.922.4300 | Cell: 850.509.5333

Dear Ms. Graham,

Please find attached the response from Clay County regarding the Statewide Opioid Survey. We are enthusiastic about significant work we are in the process of undertaking here in Clay County and have received the generous funding of the OD2A Grant to assist us in moving our initiatives forward.

We are fortunate to have created strong working networks between our various partners in DOH and Behavioral Health, as well as our law enforcement, hospitals, and faith-based partnerships. While there is much effort being done on many of these issues, we are working to improve the relationships of all stakeholders, and ensure we create a unified response with open and frequent communication for all partners here in Clay County. Much work remains to be done.

We are grateful for the opportunity to build this program, and look forward to any direction, guidance and assistance we might be fortunate to receive as a result of your Task Force.

For additional information, please contact:

Bernita Nester, Battalion Chief
Community Paramedicine Coordinator (OD2A grant recipient)
Clay County Fire Rescue
2519 State Road 16W
Green Cove Springs, FL 32043
(904) 529-4109
(904) 325-4496
Bernita.Nester@claycountygov.com

1. How has and is the opioid epidemic impacting your community?

In Clay County, call volumes have significantly increased for response to persons with Substance Abuse Disorder: These increased cases have required higher numbers of emergency calls, emergency responses by EMS services, and increased administrations of Narcan. Additionally, once these patients present in crisis, they are transported to one of the three (3) hospitals in Clay County. This increased utilization of emergency care taxes existing resources, and potentially creates delays in care for other emergent calls, when ambulances/fire engines must respond from secondary districts, or by increased wait times in ER's to see patients. Surge in utilization of LEO also stresses the available officers in a community.

In 2018

Clay County Fire Rescue responded to 417 calls for service which were identified as "Overdoses", with 442 total patients. 555 total doses of Narcan were administered, with the average dose of Narcan per patient 2.1 mg each (Roughly 34-35 patients seen specifically for overdoses per month). However, this data was extracted using "overdose" or Narcan as an identifier. We are currently unable to determine we are "spot on", as overdose/poisoning/ingestion" are all used. We may be missing some patients.

94.12% white

70% males

40%+ were white males ages 20-49

Narcan cost is approximately \$32.36 per 2mg/2ML prefilled. However, we are still working through some state-grant funded stock which was provided to us without cost;

Ambulance billing is \$650.00 flat rate for an "Advanced Life Support" call (IV, Narcan, EKG, O2, etc.), plus \$12.00 per mile. It would be safe to estimate 5 miles per transport=\$60.00 + \$650.00=710.00. A cardiac or respiratory arrest may bill at \$750.00, plus mileage;

In 2019:

405 incidents which were initially dispatched as "Overdose" (33+ per month)

670 incidents which had Narcan or overdose in the narrative (55-56 per month)

529 total administrations of Narcan

Average dose 1.6 mg

Female patients: 266

Male: 317

As far as repeat patients, we are aware they exist, but sometimes patients present from different addresses, or we have multiple patients living at the same address who may overdose. To fully quantify these numbers, we would have to "search" our EMS reports to find common names appearing as repeat calls for service.

2. What is your community's action plan to address the opioid crisis in your community -?

Clay County DOH, in coordination with Clay County Fire Rescue and Clay County Behavioral Health has been awarded OD2A grant funds totaling \$500,00 over the course of 24 months (Jan 2020-December 31, 2021) to create a Community Paramedicine program which will allow us to interact with these non-fatal overdoses, and offer assistance in the form of support, education, and Medication – Assisted Therapy (MAT). These efforts will occur potentially on scene, with those patients actively receiving care by EMS, program coordinators meeting with patients while still in the Emergency room prior to discharge, by meeting with patients being released from the County jail back to their home environment, or through engagement with citizens who may present at Clay County's "S.A.F.E. Stations", requesting assistance. While grant-funded efforts are aimed at zip codes impacted by high numbers of overdose events (32065, 32068, 32073), no patient, regardless of presentation, will be denied assistance, compassionate, non-judgmental care, and an invitation to services.

Many of our LEO partners have assigned Narcan they can use for patients they encounter prior to EMS arriving on scenes of overdoses.

2A. And what are the measurable results of your community's action plan?

The Community Paramedicine program is currently under construction and will launch with patient interactions and MAT-administration capabilities by mid-year.

Clay Behavioral Health Care Coordinator and Peer Specialists are already in place to meet with patients receiving care at local emergency rooms. Receptive patients are directed to longer-term care through Clay Behavioral Health.

Our desired measurable will be decreased numbers of overdose patients, decreased utilization of Narcan, decreased calls for response and transport of overdose patients, and decreased utilization of Law enforcement response to those calls frequently precipitated by drug abuse. Additionally, through the educational and awareness efforts of the Behavioral Health and Fire Dept., we hope to empower more citizens to recognize substance abuse disorder, and to work toward strengthening communities by providing the initial and ongoing care and support these patients need to succeed.

We will continue to evaluate and refine our efforts throughout the grant period to maximize the assistance provided to our citizens.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

Most of our current calls are showing trends of:
Meth, heroin, and fentanyl. Some patients are presenting with poly-drug overdoses.

Behavioral Health reports: Heroin, and other drugs laced with fentanyl

Orange Park Police Department reports their greatest threat is prescription opioids, sometimes used by others in the home with the patient.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

CCSO-The Clay County Sheriff's Office has a Community Affairs unit which interacts and engages with persons within communities, through talks, walks, "Coffee with a cop", and other programs. Residents can express concerns, and CCSO personnel follow up to assist communities find resolution to crime or drug sales, use or abuse within those communities. Narcan has also been provided to many officers.

GCPD-Provides Narcan to officers, to safeguard members of community and officers alike.

OPPD- reports they have a prescription drug drop box, where they receive drugs which are turned in when patients no longer need them, they die, or are transferred to a facility. In this way, OPPD is trying to get these meds out of residences, to decrease the availability for abuse or misuse. They aim to prevent or reduce experimentations, thefts, and subsequent overdoses. OPPD also has recently obtained funding to purchase naloxone for police officers to have in the event they respond to a patient experiencing an opioid overdose. They also have naloxone staged in their evidence and processing areas, in the event an officer or other person experiences an accidental expose overdose while processing or handling these types of substances.

CCFR- Community Paramedicine program efforts underway to interact with patients "where we find them", and provide supportive, non-judgmental care and services.

DOH- Partner with CCFR and community partners to continue to identify and engage citizens meeting the criteria for the opioid reduction program. Additionally, DOH works to funnel patients for immunizations and long-term care to manage chronic and acute medical conditions which might lead to substance abuse and addiction.

CBHC- Provides group and individual therapy sessions to assist with the mental health component of substance abuse and addictions.

Schools- Educational programs to increase awareness of what drug use is, and how it impacts students and families Counseling services to support and direct students to mental health services, or to enable students to use better coping skills for day to day challenges.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

DOH-school related programs- School educators creating programs to increase awareness in elementary, Junior and High schools. Additionally, Clay Safety Net Alliance members provide educational awareness training to schools and administrators.

Youth Crisis Center (YCC) partners with Clay County to provide a hotline for youth to call if they are struggling with any number of issues, including substance abuse. Clay County Fire Rescue is in process of placarding our stations with a "Safe Space" initiative to ensure youth know they can inquire at fire stations for help and be connected with the resources of YCC. These resources also include residential and counseling services.

Behavioral Health: Community Mental Health and Substance Abuse provider staffs the local Junior/Middle schools and High schools with Prevention and Intervention councilors.

Clay Action Coalition

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

Public education and information programs are being created for widespread awareness efforts (these efforts will be spearheaded by the Behavioral Health personnel, and driven through processes for Fire, EMS, Behavioral Health, DOH, and community awareness efforts.

7. What law enforcement initiatives does your community have to target the opioid crisis?

Law enforcement continue to use intelligence to gauge where drugs may be sold or transferred and try to raid and shut down those locations to prevent sales.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

No responses received from LEO on this question.

a. Does your community have an opioid-related task force?

Not at this time, but we are working to create a Task Force.

b. Does your community have an opioid-related coalition?

Not at this time.

9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Awareness, transportation, lack of inpatient detox facilities, homelessness, apathy, hopelessness, underlying and unresolved medical conditions, mental illness, various programs and services not contiguous and difficult to find and contact.

c. How do you suggest those barriers be overcome?

Promote and fund buildings (compounds) which can offer multiple services and various care can be provided in one place. Bring services to the neighborhoods where we know people are, remove the barriers of wait time and improve county-provided public services which address homelessness, housing, and ongoing care for chronic and mental health needs.

Sober Houses with staff to oversee clean living and ensure residents attend education and take medications

Coordinated efforts to ensure that acute overdose emergencies are effectively handled, but complete physicals and accurate and timely treatment for chronic and underlying medical conditions will be vital. Additionally, dental care is sadly lacking in Clay County, but is a true everyday emergency we must strive to combat, as patients in significant pain frequently attempt to self-medicate to alleviate symptoms and pain, even short-term.

d. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

Unable to determine currently. Will have to overcome NIMBY.

e. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

Non-profit and faith-based groups provide some assistance. No existing governmental program or resources to coordinate treatment plans in one focused effort. Many groups providing some/limited assistance, but the clearly defined responsibility or ownership of these efforts is not well-communicated between groups. Multiple groups may have some resources available, but not widely known. Difficult for those seeking assistance to link with specific resources for their need. County lacks an inpatient detox or treatment facility. NIMBY presents challenges regarding site location of transitional housing area and detox/inpatient care facility.

f. How many additional treatment beds would your community need to meet the demand?

DETOX- 20

Mental Health (inpatient)- 20 adult, 20 juvenile

Outpatient: Increase councilors to provide group and individual programs to continue to support clean living and sober lifestyles.

Homeless:100 +

*Underserved families and individuals who have been previously evicted from a property are unable to rent or secure housing, no matter if they have the funds to do so.

There is a significant need for transitional housing to allow recently released inmates, recovering substance abusers, and families experiencing a temporary crisis. Need some way to remove the barriers of procurement, so they can prove they can do better. Transitional process needed to move them through various stages of success, as they accept more responsibility and require less oversight.

Youth: 75+ youth are currently identified as homeless and orphaned/emancipated in Clay County. These students for the most part, continue to show up at school, maintain jobs, and try to keep things together to complete school and graduate. We must provide a better safety net for these students who are striving with the challenges they face, sometimes due to no fault of their own.

10. What wrap-around services do you offer for individuals who overdose from opioids?

g. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

This process is currently under construction and will be improved once the Community Paramedicine Program is fully up and running, and Task Force partners are engaged and communicating to ensure we maximize our services in the locations, and for the populations most needful of those services.

h. Do you have peer support coaches for individuals who overdose in your community?

Clay Behavioral Peer Specialists are currently in Orange Park Medical Center, and St. Vincent's Clay. We have three (3) hospitals in Clay County and are striving to get Baptist Clay (a stand-alone ER), on board for allowing a Peer Specialist in house.

Peer Recovery and Care Coordination Services. On call Emergency Services Councilors. Plans are in process to begin working with the County Jail to identify those inmates within a month of release date, to formulate a recovery plan, which includes Medication-Assisted Treatment, Psychiatric care, and ongoing Outpatient Group Treatment Services.

Discussions ongoing to meet with released inmates to ensure they are offered robust services before they ever leave the jail.

Some faith-based efforts are being made to provide transitional housing and job assistance to the released inmates.

As far as "what the problem is", there are many complicated components all working against those struggling with addiction. Some individuals have fewer "strikes" against them than others and may find their way back to a sense of normalcy much easier than others. the solution will be "multi-faceted", as well. And each facet will require dedication and oversight of those participants in each arena, before we will see a paradigm shift.

YOUTH: Educate and PREVENT addiction

SUBSTANCE ABUSERS: Education, non-judgmental support to overcome chronic and mental health conditions, in addition to substance abuse. Ongoing oversight and support of individual, family and environment.

PHYSICIANS: Revamp prescribing efforts to decrease prescribing opioids (substitute less-addictive medications)

CHRONIC PAIN/DENTAL HEALTH/MENTAL HEALTH: Each of these must be managed effectively, to prevent patients from self-medicating underlying conditions

EMS: Make patients aware of what we are giving them for pain BEFORE we automatically administer it (we may potentially be creating our new substance abusers).

#####

Florida Attorney General Ashley Moody
Statewide Opioids Survey
Madison County Response

1. How has and is the opioid epidemic impacting your community?

We have seen a number of patients in the clinics who request opioids for conditions which do not require that level of pain control. There seems to be a culture of overuse and demand for opioids.

2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?

At the clinical level, we are very judicious with opioid prescriptions. Only patients who require opioid level pain control are prescribed those medications and they are seen every three months with drug screens to make sure they are using the medications appropriately. Many patients are denied opioids. I'm not aware of a community action plan.

3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?

I would say prescription opioids and methamphetamine use.

4. What prevention initiatives has your community engaged in to address the opioid crisis?

I can only speak for what we are doing at the clinical level.

5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?

None that I am aware of.

6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?

None that I am aware of.

7. What law enforcement initiatives does your community have to target the opioid crisis?

I would refer that question to the law enforcement.

8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?

a. Does your community have an opioid-related task force?

Not sure.

b. Does your community have an opioid-related coalition?

Not sure.

8. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community?

Lack of mental health facilities and providers. Also lack of insurance coverage.

a. How do you suggest those barriers be overcome?

A dedicated mental health facility in the community that does not require a patient to have insurance.

b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

The facility that I described would cost a minimum of \$600,000 to \$750,000 a year for facility cost, staff, mental health providers, supplies, ect...

c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?

None that I am aware of

d. How many additional treatment beds would your community need to meet the demand?

I would say a ten bed unit might meet our requirements.

9. What wrap-around services to you offer for individuals who overdose from opioids?

None that I am aware of.

a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?

Not sure what you are asking here.

b. Do you have peer support coaches for individuals who overdose in your community?

Not that I am aware of.

*Form filled out by Daniel Brett Perkins, MD, primary care provider
in Madison County, Florida 3/1/2020*

Florida Attorney General Ashley Moody
Statewide Opioids Survey
Sumter County Response

1. How has and is the opioid epidemic impacting your community?
Deployment of counteragent for first responders and jail housing for those abusing this drug.
2. What is your community's action plan to address the opioid crisis in your community and what are the measurable results of your community's action plan?
The impact is currently low but the major threat is from access to legally prescribed opioids by others (accidental)
3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?
Prescription opioids
4. What prevention initiatives has your community engaged in to address the opioid crisis?
Prescription drop off points for unused prescription drugs
5. What education initiatives does your community offer to raise awareness regarding the dangers of opioids, for the youth?
SO/School programs
6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?
SO/School programs
7. What law enforcement initiatives does your community have to target the opioid crisis?
Prescription drop off points for unused prescription drugs / counteragents for LE/EMS/Fire personnel
8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?
 - a. Does your community have an opioid-related task force?
No
 - b. Does your community have an opioid-related coalition?
No
9. What are the primary barriers for individuals seeking medicated assisted treatment for opioid use disorder, in your community? N/A
 - a. How do you suggest those barriers be overcome?
 - b. How much would it cost to remove those barriers to treatment? Please be as specific as possible.

- c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?
- d. How many additional treatment beds would your community need to meet the demand?

10. What wrap-around services to you offer for individuals who overdose from opioids?

Same as for other drug offenders (drug court, in jail services, and funding of substance abuse/mental services)

- a. Where do the warm hand-offs occur in your community? i.e. from jails, from hospitals, etc.?
- b. Do you have peer support coaches for individuals who overdose in your community?

Broward County's Efforts to Abate the Opioid Use Epidemic:

What We've Done Well

Distribution/Deployment of Naloxone ("Narcan"):

- This medication is used to revive potential opioid overdose victims, preventing overdose fatalities.
 - All individuals and families who present at, participate in or attend Broward Addiction Recovery Center (BARC) programs or community presentations are given or offered Naloxone Nasal Spray kits, along with training on how to use them.
 - Broward Sheriff's Office (BSO) distributes Naloxone to first responders throughout Broward County through a grant from SAMHSA (Substance Abuse and Mental Health Services Administration) in partnership with BARC and other community agencies.

Use of Medication Assisted Treatment (MAT):

- BARC utilizes Buprenorphine and Naltrexone, though its nationally Joint Commission accredited and SAMHSA certified Opioid Treatment Program (OTP), in conjunction with treatment components across all levels of care BARC provides. Patients often enter and complete all levels of care in the BARC continuum, often consecutively from the highest most intense level, radiating down to the next subsequently less intensive level until a solid sustained recovery prognosis is achieved.
 - Detoxification – Patients are admitted for withdrawal symptoms the require 24-hour medical monitoring and treatment. Length of stay is generally 3 to 7 days.
- BARC utilizes Evidence Based Practices (EBP) of Medication Assisted Treatment (MAT), consisting of Buprenorphine to manage severe opioid withdrawal and Naltrexone and Long-Acting Injectable Naltrexone to help individuals enter and sustain recovery from opioid use disorder.
 - Residential Treatment – Patients who require 24-hour monitoring to enter and sustain recovery are admitted for 30 to 60 days of rehabilitation.

- Intensive Outpatient Program (IOP) – Patients who require an intensive, structured outpatient treatment service after completing a higher level of care, such as Detox or Residential Treatment (or both), or, in lieu of a higher level of care, attend IOP for 9 hours/3 days per week for approximately 6 weeks.
- Outpatient Treatment – Patients who require a less intensive and less structured outpatient treatment service attend 1 to 4 hours of therapy per week, based on individual need.

Use of Certified Recovery Peer Specialists (CRPS):

- BARC has utilized Peer Specialists to help bridge the gap between non-fatal overdoses and other crisis points for care and treatment of opioid use disorders. Peers are deployed in the following settings:
 - Broward Health Emergency Departments, through funding from the BSO First Responders Grant.
 - BARC MAT Clinic, BARC Admissions and Triage Unit, BARC Detox, IOP, Outpatient and Residential treatment programs.
 - Peers are trained through a partnership with South Florida Wellness Network and Broward Behavioral Health Collation (BBHC).
 - Funding is provided by Broward Board of Commissioners and BBHC.

Broward Working Together:

- A true spirit of cooperation exists between communities, agencies and stakeholders, all striving to abate the opioid crisis.

What Could We Do Better? What Could We Do Better if Funding was Available?

- Despite outstanding cooperation between agencies, we need better understanding and coordination between us.
 - We need to continue meeting and coordinating our efforts.
- We need to provide a more intensive case management approach to dealing with high utilizers and difficult to reach patients.

- The Department of Children and Families (DCF)/BBHC currently fund Care Coordination Teams (CCT), which provide multi-disciplinary intensive case management and clinical care for up to a nine-month period. This is an effective EBP but there is not enough capacity. BARC sees a high volume of individuals who would benefit from this protocol but there is rarely any availability. BARC would like to create our own CCT to deal with the large volume of high utilizers and difficult to place patients we process.
- We need to develop more appropriate “housing & care” options for individuals attempting to recover from opioid use disorder.
- Education to stakeholders and other parties, that opioid use disorder patients should not be detoxed but should be placed on MAT in many cases.
- We need to develop options for MAT for individuals that lack the resources, housing or support to take advantage of typical MAT.
 - BARC/Broward County has a state Legislative Budget Request (HB3993 @ 192K) that will fund a pilot program to utilize long-acting injectable buprenorphine.
- BARC Detox is always at capacity, we need to develop alternatives for brief interim care until a bed becomes available.
 - BARC has a county and state funded initiative to create two 23-hour triage hold bays that can be used to stabilize and induce patients in MAT or stabilize and hold patients until the next detox bed is available. This will come online in March 2020.
- We need options for individuals that don’t meet medically necessary criteria for detoxification yet need placement in a safe facility for assessment, stabilization and/or protected staging for another level of care. Such as individuals under the Marchman Act or other civil/legal intervention.
 - Broward County lacks a funded Addiction Receiving Facility (ARF). It would be beneficial to fund the creation of one.
- We need to develop a solution for hard to place individuals who may have significant medical or behavioral conditions that cause them to be largely “unplaceable.”



2018

BROWARD COUNTY OPIATE ACTION PLAN

*Presented by the
Community Response Team*



OPIATE ACTION PLAN

MISSION

Create a unified plan to reduce substance abuse and its devastating consequences on our community.

SCOPE OF THE PROBLEM

In Broward County and throughout the United States, we are facing an opiate epidemic. Across the United States alone, an estimated 1.9 million people suffered from substance use disorders related to prescription opioid pain medicines in 2014. The overdose rate between 2000 and 2014 has increased 140% nationwide. This increase is attributed mostly to the misuse of opiates, including heroin, fentanyl and other poisonous opiate analogs. A critical factor in the increasing numbers of heroin deaths nationally and throughout Florida are the highly potent and poisonous chemical opiates produced in clandestine labs from foreign countries, such as Mexico and China. They are being sold as or mixed with other medications, like Alprazolam (Xanax™) or Oxycodone (Percocet™, OxyContin™). These counterfeit pills appear to have been non-pharmaceutical fentanyl or analogs of fentanyl. With rising numbers of heroin and other opioid users injecting, we are also seeing increased rates of transmission of HIV and Hepatitis-C, most especially in South Florida.

GUIDING PRINCIPLES

Broward's community stakeholders recognize the seriousness of the increasing rate of opioid use and the associated overdoses in Broward County and throughout the United States. The Florida Medical Examiners Commission reports that during 2016 heroin deaths increased 31% Statewide and 125% in Broward County compared to 2015. The number of fentanyl-related overdose death also increased 266% locally in 2016 compared to 2015. The Broward County's Medical Examiner confirms there were 365 heroin and/or fentanyl-related deaths in all of 2015. Consequently, the United Way of Broward County Commission on Substance Abuse, Broward Addiction Recovery Center and the Broward Sheriff's Office initiated an integrated collaborative community response. By advancing prevention, treatment and wellness as the community's focus, extensive work has been done to address the increasing rates of opiate use and the corresponding increases in deaths and infectious diseases with wide-spread outreach and education throughout all municipalities in Broward County. The Commission convened a Community Response Team, formerly known as the Flakka Action Team, to assess the state of the opiate epidemic in Broward and to unify outreach efforts with all community stakeholders.

PLAN DEVELOPMENT

The Opiate Action Plan was developed through a methodical process of assessment and strategy development. The Commission facilitated a process to collect information from our community's available resources and any activities to address the increasing overdose deaths in Broward County. Assessment results were used to identify gaps in services in order to create one unified countywide response. The community stakeholders include Broward Behavioral Health Coalition, Broward Addiction Recovery Center, Memorial Health and Broward Health hospitals of Broward County, Emergency Medical Services, Broward County Medical Association, Broward Sheriff's Office, Fort Lauderdale Police Department, Broward Drug Court, Broward County School Board, the Commission on Substance Abuse, and some faith-based organizations.

TARGET POPULATION

This Opiate Action Plan is focused on both youth and adults within Broward County. The target population is inclusive of all youth and adults in Broward County, including those in at-risk, vulnerable, and special needs groups such as the homeless, veterans and lesbian, gay, bisexual, and transgendered (LGBT) persons.

OPIATE ACTION PLAN

2016-2017 ACCOMPLISHMENTS

Prevention

- Provided 185 educational cross-trainings and presentations, reaching over 6,000 individuals and professionals.
- Created and distributed campaign materials in Hollywood, Fort Lauderdale and Pompano Beach, which included 250 posters in areas with high rates of opiate overdoses, billboards, bus wraps and bus shelters.
- Received media coverage in Sun Sentinel, NBC 6, Lite FM, WIOD, WSVN, The Guardian, WPLG, NPR, Channel 10, and Wall Street Journal, resulting in 21,105,000 media impressions.

Harm Reduction

- Distributed 9,500 Injection Drug Users Safety Guides through hospitals, treatment providers, and law enforcement.
- Provided Good Samaritan Law information in all IDU Safety Guides and in all 151 outreach presentations.
- First syringe exchange pilot program began in Miami, Florida, which has served 400 people.
- Naloxone is being carried by Broward Sheriff's Office and Fort Lauderdale Police Department.

Treatment

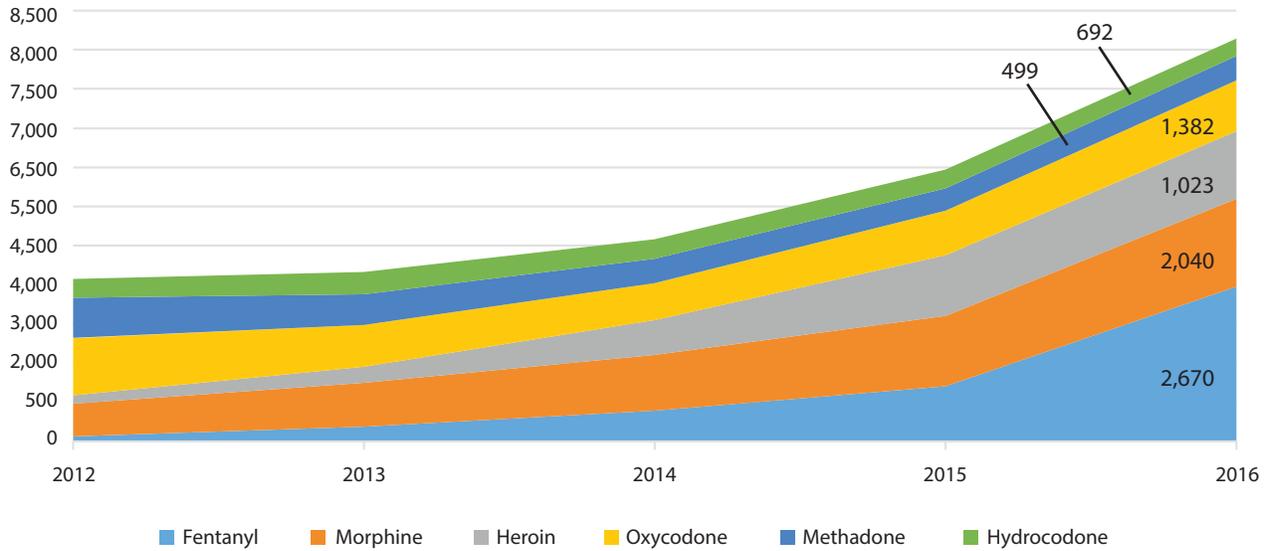
- 49 treatment providers are participating Treatment Provider Consortium.
- 16 treatment providers have donated services including detox and this list is available to caseworkers in Broward Health and Memorial Healthcare Systems.
- Public Health Emergency to address the opiate epidemic was declared. \$1.6 million will be provided to Broward to increase access to Medication Assisted Treatment.
- Memorial has started a pilot program providing MAT and peer support to individuals who have overdosed. This will be recreated at BARC in Fort Lauderdale and Banyan in Pompano Beach.

Policy

- Reporting on Drug Overdoses allows Emergency Responders and paramedics who provide live support services to report controlled substances overdoses to the Department of Health. The report must contain the date and time of the overdose, the address of where the patient was picked up or where the overdose took place, demographic info, whether naloxone was administered, and whether the overdose was fatal or nonfatal.
- Reporting Dispensing of a Controlled Substance reduces the amount of time a dispenser has to report the dispensing of a controlled substance to the Prescription Drug Monitoring Program (PDMP) database from seven days to the close of the next business day after the controlled substance is dispensed.
- Marketing Practice for Treatment Providers addresses abusive practices in the substance abuse treatment industry. The bill prohibits referrals between licensed treatment providers and uncertified recovery residences. The bill also prohibits service providers from providing false or misleading information about their identity, products, goods, services, or geographical location to persuade a person to seek treatment with them.

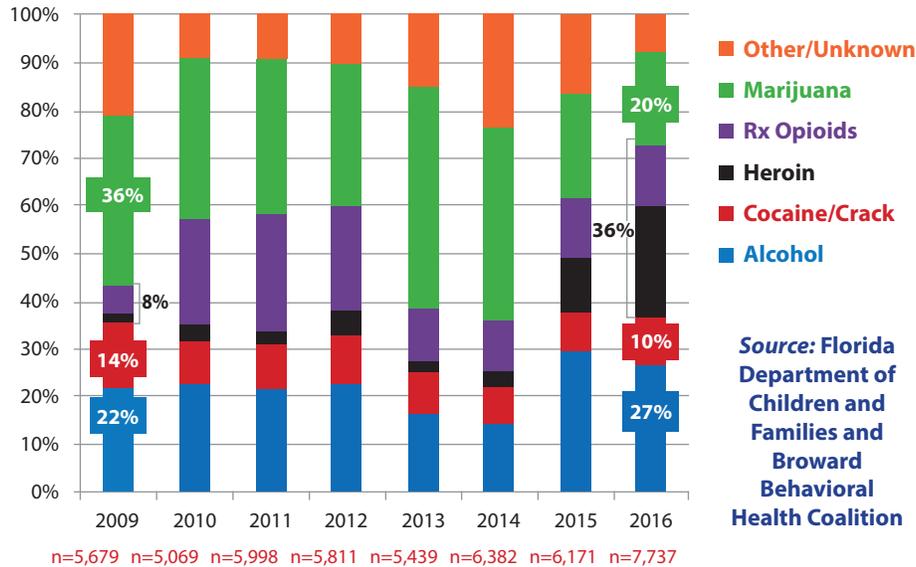
OPIATE ACTION PLAN

Opiate-Related Deaths in Florida, 2012-2016*



*Opiate-related deaths in Florida totaled 8,306 in all of 2016 – a number which averages to 22.7 deaths a day. Fentanyl-related deaths have doubled since 2015 and have increased by 577% in four years. Heroin-related deaths have also increased by 11% since 2015 and 1,423% in five years. Morphine-related deaths continue to rise as well, reaching a record high in 2016.

Percent of Treatment Admissions by Primary Drug Broward County: 2009 - 2016*



Source: Florida Department of Children and Families and Broward Behavioral Health Coalition

*In Broward County, opiates (including heroin) accounted for over a third of treatment admissions in 2016. This number has increased from 24% in 2015 and only 8% in 2009. Of the clients using opiates, 88% of reported injecting heroin and 45% reported injecting an opiate other than heroin.

OPIATE ACTION PLAN

BROWARD COUNTY STRATEGIES TO ADDRESS THE OPIATE EPIDEMIC

Prevention

1. Increase education to physicians on safe prescribing guidelines by providing 4 trainings by June 30, 2018
2. Increase education to pharmaceutical students on safe prescribing guidelines by providing 1 training/semester by June 30, 2018
3. Increase disposal sites for Rx medication by 4 new unique drop-off sites by June 30, 2018
4. Information Dissemination: Provide 150 presentations in the community, including schools with highest rates of substance use
5. Media Engagement: Collaborate with community partners to create PSA and distribute throughout Broward County
6. Media Engagement: Engage with media contacts on a monthly basis to provide data and new stories
7. Business Engagement: Attend and present regularly at Chamber of Commerce meetings

Harm Reduction

1. Distribute 10,000 educational palm cards to community partners
2. Promote the implementation of Syringe Exchange Programs in Broward County

Overdose Prevention

1. Educate the three large pharmacy chains (Walmart, CVS and Walgreens) of their responsibility to keep naloxone stocked
2. Provide 10 cross-sector trainings and trainings for families and significant others on naloxone usage

Treatment

1. Inform community of access points to Medication-Assisted Treatment (MAT)
2. Engage with 3 new Recovery Residences to provide beds for clients on MAT

Policy

1. Increased funding for prevention, triage and treatment
2. Adopt prescribing guidelines recommended by the Center for Disease Control (CDC)

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Law Enforcement	Broward Sheriff's Office	<ol style="list-style-type: none"> 1. Public speakers 2. Trainings available 3. Access to target population, including inmates in the Substance Abuse Program 4. Youth-targeted presentation 5. Presentation for professionals, adults and parents 6. Monthly family orientation for families of clients in Drug Court 7. Educational materials, pamphlets, and training video 8. Data 	<ol style="list-style-type: none"> 1. Broward Sheriff's Office is coordinating and facilitating trainings and presentations throughout Broward County schools and organizations 2. PowerPoint presentations and educational materials available for other organizations and businesses throughout the community 3. Creation of a protocol on how to interact with individuals under the influence of opiates in a way that is both safe for the user and first responders 4. Ongoing task force meetings to unify efforts of law enforcement 5. Participation and coordination of community outreach events 6. Engagement with community providers through the Reentry Coalition 	<p>Broward Sheriff's Office Department of Law Enforcement Administration</p> <p>Paula Smith or Dwight Stephens</p> <p>(954)321-5076 or (954) 999-8058</p>
	Fort Lauderdale Police Department	<ol style="list-style-type: none"> 1. Public speakers 2. Educational information/data 3. Staff trainings 4. Presentations for community and professionals 5. Administer Naloxone to reverse an opiate overdose 6. Community response unit 7. Homeless Outreach Unit-Provides resources to the homeless community in Fort Lauderdale on a daily basis 	<ol style="list-style-type: none"> 1. Trainings and presentations for neighborhood associations within each district 2. Assist EMS and Broward General to respond to individuals under the influence of opiates in a way that is both safe for the user and first responders 3. Ongoing task force meetings to unify efforts of law enforcement 4. Weekly community outreach events 	<p>Captain Lynette Falzone (954) 914-5037 lfalzone@fortlauderdale.gov</p> <p>CRU-Francis Sousa (954) 828-5479</p> <p>NAT District 1- Captain Pat Hart (954) 828-5824</p> <p>NAT District 2- Captain Steve Scelfo (954) 828-5403</p> <p>NAT District 3- Captain Michael Dodson (954) 828-5362</p>

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Law Enforcement	Crime Stoppers of Broward County	<ol style="list-style-type: none"> 1. Mobile billboard 2. Reward available for tips that lead to arrests 	<ol style="list-style-type: none"> 1. Crime Stoppers is publicizing the dangers of synthetic drugs and opiates to the community 2. Coordinating with Broward Sheriff's Office and the Fort Lauderdale Police Department to bring the mobile billboard to areas that are most effected by opiates 3. Offering a reward for tips reported that lead to an arrest of an opiates dealer 	(954) 493- 8477 (TIPS) www.browardcrimestoppers.org
	Hollywood Police Department	<ol style="list-style-type: none"> 1. Community outreach 2. Public safety 	<ol style="list-style-type: none"> 1. Participation in Community Response Team 2. Information dissemination 	(954) 321-6410
First Responders	Fort Lauderdale Fire Rescue	<ol style="list-style-type: none"> 1. Operational level personnel-all are cross-trained 2. Trainings and community outreach 3. Data 4. Administer Naloxone to reverse an opiate overdose 	<ol style="list-style-type: none"> 1. CPR classes 2. Home inspections 3. Community Outreach events 	(954) 828-6200
	Seminole Tribe of Florida Fire Rescue	<ol style="list-style-type: none"> 1. Operational level personnel-all are cross-trained 2. Trainings and community outreach 3. Data 4. Administer Naloxone to reverse an opiate overdose 	<ol style="list-style-type: none"> 1. CPR classes 2. Home inspections 3. Community Outreach events 	(954) 966-6300 EMS Battalion-Stephen Zitnick stephenzitnick@semtribe.com EMS Battalion Evan Weiner evanweiner@semtribe.com
	Oakland Park Fire Rescue	<ol style="list-style-type: none"> 1. Operational level personnel-all are cross-trained 2. Trainings and community outreach 3. Data 4. Administer Naloxone to reverse an opiate overdose. 	<ol style="list-style-type: none"> 1. CPR classes 2. Home inspections 3. Community Outreach events 	(954) 630-4350

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Medical	Florida Department of Health in Broward County	<ol style="list-style-type: none"> 1. Information dissemination 2. Coordination with medical personnel, health support techs and school health in Broward County 3. Data 	<ol style="list-style-type: none"> 1. Training and presentation to school nurses before the beginning of the school year 	(954) 467-4700 www.broward.floridahealth.gov
	Broward County Medical Association (BCMA)	<ol style="list-style-type: none"> 1. Broward EMS Council 2. Broward County Medical Association EMS Committee-Jerry Brooks, M.D., Chair 	<ol style="list-style-type: none"> 1. Ongoing Education 2. Coordinate with EMS to treat individuals under the influence of opiates in a way that is both safe for the user and first responders 3. Information dissemination to physicians in Broward County 	Ralph Zagha, M.D., President, BCMA Cynthia Peterson, CEO, BCMA Cynthiaspeterson@gmail.com
	Medical Examiner's Office	<ol style="list-style-type: none"> 1. Data-collection/Information 2. Drug testing (48 hour lead time) 	<ol style="list-style-type: none"> 1. Ongoing information sharing and data-collection 2. Drug testing through urinalysis made available to community partners. 	Medical Examiner's Office 954-357- 5200 Med_Exam_Trauma@broward.org
	Broward Health	<ol style="list-style-type: none"> 1. Data-collection 2. Research 3. Public speakers 4. Community outreach 5. Access to target population 6. Media engagement 	<ol style="list-style-type: none"> 1. Information sharing and data-collection 2. Participation in the Community Response Team 3. Advocacy 	Dr. Parham Eftekhari peftekh@gmail.com
	Holy Cross Health Ministries	<ol style="list-style-type: none"> 1. Data-collection 2. Research 3. Public speakers 4. Community outreach 5. Access to target population 6. Media engagement 	<ol style="list-style-type: none"> 1. Information sharing and data-collection 2. Participation in the Community Response Team 3. Advocacy 	Dr. John Cunha jcunha@gmail.com
	Memorial Healthcare System	<ol style="list-style-type: none"> 1. Data-collection 2. Research 3. Public speakers 4. Access to target population 	<ol style="list-style-type: none"> 1. Information sharing and data-collection 2. Participation in the Community Response Team 3. Advocacy 	Memorial Healthcare System www.mhs.net (954) 987-2000

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Community/ Non- Profit Organizations	United Way of Broward County's Commission on Substance Abuse	<ol style="list-style-type: none"> 1. Data-Surveillance/Information on opiates provided on a monthly basis to Broward County 2. Educational materials 3. Media campaign 4. Coordination and community organization 5. Website: www.drugfreebroward.org 	<ol style="list-style-type: none"> 1. Information dissemination 2. Centralized database 3. Monthly Community Response Team meetings to engage and unify efforts of key community stakeholders 4. Coordination of trainings 5. Support and coordinate production of print materials 6. Support and coordinate production of wide-spread media campaign 7. Creation and management of community opiate action plan and calendar of community events and trainings 	<p>Gonzalo Cadima, Director (954) 453-3723 gcadima@unitedwaybroward.org</p> <p>Heather Davidson, Director of Public Policy (954) 308-9277 hdauidson@unitedwaybroward.org</p>
	Broward Behavioral Health Coalition	<ol style="list-style-type: none"> 1. Funding for Substance Abuse and Mental Health prevention and treatment in Broward County 	<ol style="list-style-type: none"> 1. Ongoing support and coordination of system of care for Behavioral Health in Broward County 	Broward Behavioral Health Coalition (954) 622-8121 www.bbhcflorida.org
	2-1-1 Broward	<ol style="list-style-type: none"> 1. Data-collection/Information 2. Centralized resource hub 3. Hotline 4. Website: www.211-broward.org 	<ol style="list-style-type: none"> 1. Data-collection/Information 2. Centralized resource hub 3. Hotline 4. Website: www.211-broward.org/service/substanceabuse 	2-1-1 Broward 2-1-1 www.211-broward.org
	South Florida Wellness Network	<ol style="list-style-type: none"> 1. Access to target population 2. Peer recovery support services 3. Information sharing 4. Advocacy 	<ol style="list-style-type: none"> 1. Focus groups and youth centered activities 2. SA and MH peer recovery 3. Barefoot epidemiology 4. Community and legislator outreach 	South Florida Wellness Network www.southfloridawellnessnetwork.org (954) 533-0585
	H.O.M.E.S., Inc.	<ol style="list-style-type: none"> 1. Housing for youth who have aged out of foster or relative care 	SA referrals for youth	Gabrielle Tunnage (954) 563-5454
	STOPP NOW	<ol style="list-style-type: none"> 1. Advocacy 2. Public speaking 3. Community outreach 	Information Dissemination	Janet Colbert stoppnnow@yahoo.com (954) 257-0732
	SEFRA	<ol style="list-style-type: none"> 1. Youth education 2. Materials 3. Outreach 4. Advocacy 5. Engagement with Recovery Community 	<ol style="list-style-type: none"> 1. Information dissemination 2. Substance Abuse education for youth and parents 3. State and Local Advocacy 	Maureen Kielian maureen@aol.com

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Treatment	Broward Addiction Recovery Center (BARC)	<ol style="list-style-type: none"> 1. Public speakers 2. In-patient treatment 3. Out-patient treatment 4. Coordination with key community stakeholders 	<ol style="list-style-type: none"> 1. Support and coordination to educational materials 2. Ongoing coordination of key community stakeholders through Substance Advisory Board of Broward County and Community Response Team 3. Staff trainings 	Stacy C. Fruhling, NCC, MAC Division Director (954)-357- 4830 sfruhling@broward.org
	Banyan Health	<ol style="list-style-type: none"> 1. Prevention, outpatient and in-home services for youth and adults 2. Peer specialists 3. Parent advocates 4. Access to youth and parents 5. SA assessments and testing 	<ol style="list-style-type: none"> 1. Provide information and education to families struggling with substance abuse 	Marsha Currant mcurrant@banyanhealth.org (954) 327-4060
	Broward House	<ol style="list-style-type: none"> 1. Information and data collection 2. In-patient and out-patient treatment 	Data-collection from client's self-reported use of opiates	Broward House (954)-523- 9454
	Henderson Behavioral Health	<ol style="list-style-type: none"> 1. Access to target population 2. In-patient/out-patient services 3. Data collection 	<ol style="list-style-type: none"> 1. Information Dissemination and outreach with clients and their families 2. SA and MH treatment services 3. Wrap-around services 	Henderson Behavioral Health www.hendersonbh.org (954) 463-0911
	First Step Health Foundation, Inc.	<ol style="list-style-type: none"> 1. Detox Services 	<ol style="list-style-type: none"> 1. Support and coordination with treatment community. 	First Step Health Foundation, Inc. (800) 393-3869
	Delphi Health Group	<ol style="list-style-type: none"> 1. Detox Services 2. Day/Night Treatment 3. Intensive Outpatient Services 	<ol style="list-style-type: none"> 1. Support and coordination with treatment community. 	Delphi Health Group (954) 488-0626 Candice Conwayconway@delphihealthgroup.com
	Sunrise Detox	<ol style="list-style-type: none"> 1. Detox 	<ol style="list-style-type: none"> 1. Support and coordination with treatment community. 	Sunrise Detox (888) 443-3869
	Cornerstone Recovery Center	<ol style="list-style-type: none"> 1. Day/Night Treatment 	<ol style="list-style-type: none"> 1. Support and coordination with treatment community. 	Cornerstone Recovery Center (561) 932-2761 tracie@cornerstonefl.com cornerstonerecoverycenter.com
	Evolutions Treatment Center	<ol style="list-style-type: none"> 1. Day/Night Treatment 2. Intensive Outpatient Services 	<ol style="list-style-type: none"> 1. Support and coordination with treatment community. 	Evolutions Treatment Center Blake Cohen (954) 915-7444 info@evolutionstreatment.com

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Treatment (Cont'd)	Chrysalis Health	1. Day/Night Treatment 2. Intensive Outpatient Services	1. Support and coordination with treatment community.	Chrysalis Health Brittany Madison (954) 792-9241 ext: 1421 visitchrysalishealth.com
	Rehab Nexus (SMART Recovery)	1. Day/Night Treatment 2. Intensive Outpatient Services	1. Support and coordination with treatment community.	Rehab Nexus (SMART Recovery) (954) 800-0365 rehab@rehabnexus.com
	Principles Recovery Center	1. Intensive Outpatient Services	1. Support and coordination with treatment community.	Principles Recovery Center (201) 407-1743 kevin@principlesrecoverycenter.com
	Aion Recovery Center	1. Intensive Outpatient Services	1. Support and coordination with treatment community.	Aion Recovery Center (800) 657-9451 bweir@aionrecovery.com
	Dynamic Recovery Center	1. Intensive Outpatient Services	1. Support and coordination with treatment community.	Dynamic Recovery Center (954) 368-5819 www.dynamicrecoverycenter.com
	Tracie's Place	1. Recovery Residences (female only)	1. Support and coordination with treatment community.	Tracie's Place (561) 932-2761 tracie@cornerstonefl.com traciesplaces.com
	Fellowship Living Facilities	1. Recovery Residences	1. Support and coordination with treatment community.	Fellowship Living Facilities (954) 972-9495
	JC Recovery Center	1. Day/Night Treatment 2. Recovery Residences	1. Support and coordination with treatment community.	JC Recovery Center (954) 589-2001 JerryP@JCRecoveryCenter.com
	South Florida Therapeutic Solutions	1. Intensive Outpatient Services	1. Support and coordination with treatment community.	South Florida Therapeutic Solutions (954) 324-8383 scoberly@SFTherapeuticsolutions.com Contact@SFTherapeuticsolutions.com

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Judicial	Drug Court	<ol style="list-style-type: none"> 1. Public speaker 2. Access to speakers participating in Drug Court that have used flakka 	<ol style="list-style-type: none"> 1. Participation in community educational presentations and trainings 	Drug Court (954) 375-6180
	States Attorney's Office	<ol style="list-style-type: none"> 1. Data 2. Access to State Attorneys 3. Advocacy 4. Interpretation of legislation 5. Grand Jury report 	<ol style="list-style-type: none"> 1. Participation in Community Response Team 2. Coordination with law enforcement and community partners 	(954) 831-6955
	Office of the Attorney General	<ol style="list-style-type: none"> 1. Access to Attorney General 2. Advocacy 3. Interpretation of legislation 	<ol style="list-style-type: none"> 1. Participation in Community Response Team 2. Coordination with law enforcement and community partners 	(954) 712-4600
	Department of Juvenile Justice	<ol style="list-style-type: none"> 1. Access to Target Audience 2. Data 	<ol style="list-style-type: none"> 1. Participation in Community Response Team 2. Coordination with law enforcement and community partners. 	(954) 497-3330
Faith-Based	Vision International Ministries	<ol style="list-style-type: none"> 1. Access to congregation leaders 2. Coordination of faith-based organizations 3. Information dissemination 	<ol style="list-style-type: none"> 1. Coordination of presentations at faith-groups throughout Broward County 2. Coordination of presentations to youth-groups at congregations throughout Broward County 	Michelle Richards-Phillips getvisionedtv@gmail.com
	F.L.Y.-Youth, Inc. First Love Yourself	<ol style="list-style-type: none"> 1. Access to faith-based community 2. Coordination with EMS, BSO and BARC 	Ongoing faith-based and community activities	Nicole S. Barnes Broderick 4iamflyinc@gmail.com
	God Squad-Fort Lauderdale Police Department	<ol style="list-style-type: none"> 1. Access to local religious leaders 2. Community outreach 3. Access to target population 4. Information dissemination 	Ongoing faith-based and community activities	Captain Lynette Falzone (954) 828-5523

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact	
Education	School Board of Broward County	<ol style="list-style-type: none"> 1. Public speakers 2. Educational materials and videos 3. Information dissemination 4. Access to target population-youth 5. Website: www.browardprevention.org 	<ol style="list-style-type: none"> 1. Provide ongoing support to schools who reach out for assistance. 2. Information on opiates and Rx drug abuse provided to principals, parents and staff in Broward County public schools 	Andy Rodriguez Andy.rodriquez@browardschools.com	
	Nova Southeastern University	<ol style="list-style-type: none"> 1. Data/Surveillance 2. Research 3. Information dissemination 4. Community trainings/presentations 5. Engagement of community stakeholders 6. Public speaking 7. Media engagement 	<ol style="list-style-type: none"> 1. Coordinated regional efforts 2. Community outreach 3. Provide data to the Community Response Team and Surveillance Committee 	Scott Kjelson, Pharm D. sk793@nova.edu (954) 262-1194	
	AIP	CAP Classes www.aipmentor.com			Nelson Velez nvelez@aipmentor.com
	PACE Center for Girls	<ol style="list-style-type: none"> 1. Staff time 2. Access to adolescent girls and their families 3. Parent support groups to target parents and their concerns specifically 4. Partnerships with other agencies and coalitions 5. SA questionnaires 6. SA screening tools 	<ol style="list-style-type: none"> 1. Staff trainings and updates 2. Education to participants in all PACE programs 3. Coordination with Diversion Coalition and BSO for an awareness presentation/event for Diversion/Civil Citation youth 	Events: Amber Gross amber.gross@pacecenter.org Education and Trainings: Alexandra Stark Alexandra.stark@pacecenter.org	
Broward County	Broward County Administration	<ol style="list-style-type: none"> 1. Staff time 2. Access to county municipalities 3. Coordination with community partners 	<ol style="list-style-type: none"> 1. Support and coordination of development of wide-spread media campaign 2. Support and coordination of press conference 3. Ongoing support and coordination to unify efforts of community. 	Shelly Turetzky sturetzky@broward.org Ric Barrick rbarrick@broward.org	

COMMUNITY PARTNERS & RESOURCE GUIDE

Branch of Community	Organization	Resources Available	Activities	Contact
Business Sector	Chamber of Commerce	<ol style="list-style-type: none"> 1. Access to employers 2. Information Dissemination 	<ol style="list-style-type: none"> 1. Engagement with Community Response Team 	(954) 565-5750
	JM Family	<ol style="list-style-type: none"> 1. Access to employers 2. Information Dissemination 3. Training 	<ol style="list-style-type: none"> 1. Engagement with Community Response Team 2. Technical Assistance for corporate HR departments 	Carmen Johnson carmen.johnson@jmfamily.com (954) 363-6077
Youth/Parents	Broward Youth Coalition PTA	<ol style="list-style-type: none"> 1. Information Dissemination 2. Access to youth and families 	<ol style="list-style-type: none"> 1. Support of development of youth appropriate outreach/educational materials 2. Information dissemination campaigns "peer to peer" 3. Support of development of parent appropriate outreach/educational materials 4. Information dissemination campaigns "parent to parent" 	Ceslie Covington (954) 453-3745 Ccovington@ UnitedWayBroward.org
Federal	Drug Enforcement Agency	<ol style="list-style-type: none"> 1. Data 2. Information dissemination 	<ol style="list-style-type: none"> 1. Participation in the CommunityResponse Team 	DEA Diversion Submit a Tip to DEA: www.deadiversion.usdoj.gov/tip_online.htm
	Homeland Security-ICE	<ol style="list-style-type: none"> 1. Data 2. Information dissemination 	<ol style="list-style-type: none"> 1. Participation in the Community Response Team 	
Media	Local Media	<ol style="list-style-type: none"> 1. Access to media contacts 2. Access to marketing vendors 3. Information Dissemination 	<ol style="list-style-type: none"> 1. Support and coordination of development of wide-spread media campaign & access to media exposure 2. Support and coordination of press conference 	Sun Sentinel Mike Clary mwclary@tribune.com

Disclaimer: Services and products listed do not constitute an endorsement, promotion or approval by United Way of Broward County Commission on Substance Abuse. Errors and omissions excepted. Updated 1/23/2018.

OVERDOSE PREVENTION

IN THE EVENT OF AN OVERDOSE, CALL 911.

Feels like:

- Can't stay awake
- No energy or strength
- Can't walk or talk
- Vomiting

Looks like:

- Slow or no pulse
- Slow or no breathing
- Skin is blue/pale and cold
- Can't wake up/talk

ADDITIONAL RESOURCES

1. In an emergency, call 9-1-1
2. For information on substance abuse and mental health treatment, call 2-1-1
3. To schedule a presentation/training, call 2-1-1
4. Informational and educational resources, visit www.211-broward.org or www.drugfreebroward.org
5. To anonymously report a dealer, call 954-493- 8477 (TIPS)

DO YOU NEED NALOXONE?

Naloxone reverses Drug Overdose. Learn about how to administer Naloxone. FREE Trainings and FREE take-home Intranasal Naloxone for families/friends of individuals at risk of opiate overdose.

For more information, contact Angela Ventura (954) 453-3758, Aventura@UnitedWayBroward.org

Save A Life! Get It. Carry It. Use It!

OVERDOSE PREVENTION

BROWARD COUNTY OPIOID MEDICATION-ASSISTED TREATMENT (MAT) PROGRAMS

The Medication Assisted Treatment (MAT) Program includes a comprehensive care model to treat persons with opioid use disorders that features phased treatment utilizing the following medications:

- Subutex (Buprenorphine),
- Suboxone (Buprenorphine/Naloxone)
- Vivitrol (Naltrexone) extended-release injection to prevent opioid dependence, after opioid detox

FIND A MAT PROVIDER NEAR YOU

Network Provider	Location	Phone Number	Highlights
Banyan Health Systems	Oakland Park	954-792-9242 Ext. 1405	Mon-Friday 9:00-5:00 p.m. Accept referrals 24 hours per day. Same day appointments. Peer Recovery Specialists
Broward Addiction Recovery Centers (BARC)	Fort Lauderdale	954-357-4851	Same day access. 24/7 triage. Peer Recovery Specialists
Memorial Healthcare System	Hollywood	954-265-4632	Mon-Friday 8:00-5:00 p.m. 24/7 access through ER. Peer Recovery Specialists

Disclaimer: Services and products listed do not constitute an endorsement, promotion or approval by United Way of Broward County Commission on Substance Abuse. Errors and omissions excepted. Updated 1/23/2018.

OVERDOSE PREVENTION

FLORIDA'S GOOD SAMARITAN ACT

The best way to encourage overdose witnesses to seek emergency medical help is to offer onlookers and the overdose victim limited immunity from criminal prosecution if emergency medical assistance is called during an overdose crisis.

Florida's "911" Good Samaritan Act (HB 125 and SB 278) offers such immunity. In essence, the immunity protects people from being criminally prosecuted for simple drug possession when the caller was making a good faith effort to obtain or provide medical assistance for someone experiencing a drug-related overdose.

MARCHMAN ACT

Florida's Marchman Act is a state law that provides intervention, detention, and assistance for individuals struggling with drug and alcohol abuse. The Marchman Act forces an individual located in Florida into addiction treatment.

Marchman Act Filing Location:
Broward County Clerk of Court
201 SE 6th Street
Fort Lauderdale, FL 33301
954-831-6565

Marchman Act Addiction Receiving Facilities:
Fort Lauderdale Hospital
1601 E. Las Olas Boulevard
Fort Lauderdale, Florida 33301

For more information:
<http://myflfamilies.com/service-programs/substance-abuse/marchman-act>

www.drugfreebroward.org

Ansin Building, 1300 South Andrews Avenue, Fort Lauderdale, FL 33316

Telephone: 800.334.4568



CITY OF JACKSONVILLE RESPONSE INTRODUCTION

The City of Jacksonville (“COJ”) has initiated many abatement measures to try to stem the opioid crisis in our community that was precipitated by the rampant over-prescribing, distribution and fulfilling of prescription opioids. Increased opioid use necessarily leads to increased incidents of opioid dependency, Opioid Use Disorder (“OUD”), addiction, overdoses and death. Since addiction is a brain disease, the person who is afflicted seeks out the drug in whatever form it is available in the community (e.g., illicit heroin, fentanyl, drug combinations, etc.), even if the addiction was initiated by prescription drugs. Accordingly, COJ has been forced to take abatement measures to prevent, treat, and combat the devastating effects of opioid addiction in the community generally.

The underlying problem with COJ’s ameliorative measures is greatly inadequate funding generally and, since funding often depends on short-term grants, a lack of predictability of continued funding. COJ strongly feels that a vast increase in funding, continuity of the funding and county-based control over the deployment of those funds is critical in successful abatement. As discussed further in the body of the submission, COJ’s unique consolidation form of government enables it to act in a coordinated way, seamlessly overseeing all the arms of government within Duval County, which enhances efficiencies of its various abatement initiatives. Its initiation of opioid litigation designed to obtain necessary funding from the pharmaceutical companies is a part of COJ’s abatement strategy.

One of COJ’s signature projects, which is explained in greater detail in the body of the submission, is “Project Save Lives.” COJ confirms and improves the effectiveness of this wrap-around program through the continuous compilation of data. We have retained the services of Dr. Lori Billello, Associate Director, Center for Health Equity and Quality Research at the University of Florida (“UF”), Department of Medicine, as the point person for data collection. UF has an Institutional Review Board (“IRB”) that permits project managers to request and access otherwise protected health information from many agencies and healthcare providers. COJ’s partnership with UF, as well as the coordination afforded by COJ’s unique consolidation form of government, allows Project Save Lives to utilize and continually improve evidence-based practices in a manner that we believe to be unique among government programs, both in Florida and the nation.

Jacksonville looks forward to working hand-in-hand with the State of Florida and, if warranted, to serve as a paradigm for the rest of the State in implementing effective abatement measures to quell the scourge of opioid addiction that has wrought so much pain and damage to our State.

Question	Organization	Response
<p>1. How has and is the opioid epidemic impacting your community?</p>	<p><i>Jacksonville Fire and Rescue Department (“JFRD”)</i></p>	<p>In responding to the opioid epidemic, JFRD’s 9-1-1 calls for overdoses have increased sharply, placing greater demand on public safety resources, including personnel and funding. In 2019, JFRD treated 3,665 overdose patients, compared to only 1,905 patients in 2015. In 2019, JFRD paramedics administered 4,048 doses of naloxone (the opioid antagonist) compared to only 1,118 doses in 2015.</p>

Question	Organization	Response
	<i>Drug Free Duval & North Florida PolyDrug Task Force</i>	<p>On a macro basis, we are averaging over 350 overdose calls-to-service to EMS every month. This is a big drain on time and resources and necessarily affects EMS response for calls-to-service that do not involve overdoses. Additionally, all hospitals have been recipients of overdose patients, many not going through the EMS system. This bulge in overdose calls generated from the prescription opioid crisis has also caused compassion fatigue for many of our EMS workers, emergency teams and other front-line folks dealing with the issue first hand. In terms of community impact, every corner of the community in whatever sector division we consider (employment, socio-economic, race, education level, gender, etc.) has been dramatically impacted with overdose and/or loss of life and/or diversion of governmental resources. For example, we have a high rate of children being removed from their homes due to substance misuse/overdose which is often opioids/fentanyl. Another example of the sweep of harm to our community unleashed from the surge of opioid prescriptions is that we have a high rate of NAS (neonatal abstinence syndrome) babies born, which increases hospital stays and creates an unknown long-term outcome for the babies.</p>
	<i>North Florida High Intensity Drug Trafficking Areas (“NFHIDTA”)</i>	<p>Increase in drug deaths, drug arrests, and drug usage, as well as an increase in HIV and Hepatitis A, which has in turn devastated families, individuals, and the fabric of community life across all social-economic status and all neighborhoods. There is also an increase in financial, emotional, and staffing burdens on the health care systems, first responders, law enforcement, Department of Corrections, and Department of Children and Families.</p>
	<i>Jacksonville Sheriff’s Office (“JSO”)</i>	<p>In 2019, JSO had 262 overdose death cases compared to 175 in 2018. This is a 50% increase.</p>
	<i>Medical Examiner</i>	<p>Recent statistics include: in 2015, the District 4 Medical Examiner’s Office reported 201 drug-related deaths. In 2016, the number of drug-related deaths more than doubled to 464. In 2017, there were 519 drug-related deaths.</p>
	<i>Northeast Florida Sober Living Alliance</i>	<p>Duval County has suffered its share of pain due to the opioid crisis, with an increased demand for sober living houses. Demand for sober housing is currently at an all-time high. Operators came together in 2019 to form the NE FL Sober Living Alliance with a mission to Empower, encourage and equip sober living homes with resources to improve community relationships and increase</p>

Question	Organization	Response
		<p>visibility of this very important role in addiction recovery. Our vision is to increase awareness, educate our community and promote sober living to help remove the stigma associated with those in recovery. In the fall of 2019, we became a FL Non-Profit with the goal of adopting National Alliance for Recovery Residences (‘NARR’) standards to provide ethical and professional housing for those in recovery. Today we represent approximately 350 beds in sober living facilities. You can find out more at www.NEFLSoberLivingAlliance.org.</p>
	<p><i>Community Coalition Alliance</i></p>	<p>The Opioid Crisis has made a major impact in Florida as numbers of overdoses have continued to increase over the last couple of years, claiming 15 lives per day. Additionally, Florida ranks as one of the top 10 states with the highest healthcare costs from opioid abuse. Duval County has been one of the hardest hit counties, especially with regard to heroin and fentanyl, according to the 2016 and 2017 Medical Examiner Reports. Out of the 23 counties in the Northeast region, nearly 75% of the opioid-related overdose deaths were from Duval County (2016 Medical Examiner Report). Additionally, Duval County teeters between number one and number two in the state for number of substance exposed newborns, with nearly 1,000 affected infants in the last two years.</p> <p>While Duval County continues to rank as the highest impacted county in the region and the State, the impact within the county is concentrated within specific zip codes. Based on data from the Jacksonville Fire and Rescue Department, NFHIDTA arrest data, infant mortality data, and number of children removed from homes for substance use, there is one particular zip code (32210) that accounts for the majority of these issues, with another two zip codes (32244 & 32218) coming in close behind.</p> <p>Information on Duval County:</p> <ul style="list-style-type: none"> • Northeast Florida (NE) - 23 Counties: Circuit 4 (Duval, Nassau, & Clay): Duval (51 zip codes) <ul style="list-style-type: none"> ○ High-Need Community (HNC) zip codes in Duval: 32210, 32206, 32244, 32218, 32209 ○ 37% of all Baker Acts are from HNC, with 32210 alone accounting for 11% of all Baker Acts in Duval ○ 39% of all overdoses are from HNC (2018): with zip code 32210 alone at 14% & zip code 32244 (10%)

Question	Organization	Response
		<ul style="list-style-type: none"> • 9,064 substance misuse intakes for Northeast Florida Department of Children & Families (“DCF”) Abuse Hotline, 891 cases requiring emergency removal from parents with diminished protective capacities as a result of substance misuse. • 30% of Duval County’s infant mortality rate of 7.4 per 1,000 live births are from zip code 32210, higher than national/state levels, 137 babies died before their first birthday (equal to 8 kindergarten classes) • 39% of the Child Abuse Death Investigations involved substance misuse • 26% of the children (ages 0-8) that are sheltered (removed from their homes) have a drug component related to it. Since 2015, the number of children entering into the state foster-care system has increased by 11%. • About 150 children (20% of the total child removals in Duval & Nassau) are impacted annually by families’ behavioral health struggles, resulting in the DCF’s involvement/removal • 77% of Duval DCF Case Management involves families with children ages 0-8
<p>2. What is your community’s action plan to address the opioid crisis in your community and what are the measurable results of your community’s action plan?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>Office of General Counsel, City of Jacksonville. Of the 68 counties in Florida, there are only two consolidated governments: Miami-Dade County and Jacksonville. While Miami-Dade County retained both its city and county governments in its consolidation, Jacksonville eliminated its two governments (the City and Duval County) in 1968, replacing them with one municipal corporation with special home rule powers prescribed by the City Charter. As a consolidated government, Jacksonville has unique discretion and flexibility in carrying out local functions. Unlike other municipalities, where jurisdiction, agencies, and services overlap with those of the county, Jacksonville presents a single, unified governmental entity. This allows streamlined decision-making and reduces inter-governmental competition.</p> <p>Jacksonville is the most populous city in the southeastern United States, the largest city by area in the contiguous United States, and due to its location in Northeast Florida has been at the epicenter of the prescription opioid epidemic caused by the greed of certain opioid pharmaceutical manufacturers, distributors, and pharmacies. As a result of its experience with the opioid epidemic, Jacksonville has instituted numerous prevention and abatement measures. Moreover, due to its unique form of government that allows the City to coordinate all services to the county and city, as well as its track record of outreach to neighborhood organizations, hospitals, and institutions of</p>

Question	Organization	Response
		<p>higher learning in the area, the City of Jacksonville has compiled reliable data on the effectiveness of its various abatement efforts. The evidence-based data informs the City on current most effective practices, and enables it to adjust those practices to remain at the cutting edge of best practices, as more information becomes available. The City of Jacksonville is privileged to share that information with the State of Florida and to continue a joint partnership with the State of Florida until the opioid epidemic is history.</p> <p><u>Prevention and Intervention:</u> We have created two logic models to discover the gaps in both capacity and resources related to prevention and have worked tirelessly to fill those gaps. Drug Free Duval is the community lead on the prevention. Please see question three for additional information.</p> <p>We have implemented an emergency department project, coupled with Peer Support and continuing engagement, to encourage persons who have overdosed to participate in a recovery program. This project, called Project Save Lives (“PSL”), is the brainchild of Dr. Pomm/Gateway Community Services in partnership with the following entities: Drug Free Duval, the City of Jacksonville (JFRD and City Council), UF Health Jacksonville (“UF-Jax”), and Premier Biotech. Project Save Lives is currently rolled out in the following hospital emergency departments: St. Vincent’s Riverside, St. Vincent’s Southside, Memorial Hospital, Park West and Baptist North. UF Health Jacksonville, located in Jacksonville’s urban core, is slated to begin participation by June 1, 2020. It is the uniform decision-making permitted by Jacksonville’s unique consolidated government format that permits Jacksonville to implement such an effective program as PSL – both in terms of its immediate intervention and treatment services as well as its compilation of data to ensure that PSL is constantly striving to improve its best practices as more information becomes available.</p> <p><u>Treatment and Recovery:</u> Gateway Community Services has led the effort for both detox and treatment (IOP and inpatient). Through the PSL project, other providers including CleanSlate, River Region, Lakeview and several small, private practices are now participating in the opioid and other drug addiction treatment protocols. There is a newly formed Northeast Florida Alliance of Sober Living Homes (see above) that is working hard to coordinate standards, services, stigma reduction and provide seamless processes to assist individuals in recovery during their stage (or in the case of relapse, repeated stage) of sober home living.</p>

Question	Organization	Response
	<i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i>	<p>Increase emphasis on prevention through the Community Coalition Alliance as well as Drug Free Duval and Lutheran Services Florida. Removing silos throughout the prevention, recovery, treatment, and law enforcement communities to continue to bring awareness and education of the polydrug epidemic. Established in 2001, the North Florida HIDTA encompasses 10 adjoining counties in the northeastern corner of Florida—specifically, Alachua, Baker, Clay, Columbia, Duval, Flagler, Marion, Nassau, Putnam, and St. Johns Counties. The HIDTA is a significant transit area for illegal drug shipments moving north from southern Florida to markets along the eastern seaboard, and south from Atlanta. Jacksonville is the largest metropolitan area in the HIDTA region and critical to coordinating the efforts of law enforcement entities to prevent the proliferation of prescription and non-prescription drugs.</p>
	<i>Northeast Florida Sober Living Alliance</i>	<ul style="list-style-type: none"> • NE FL Sober Living Alliance plan of action is to continue monthly education for sober house operators including NARCAN training, Medically Assisted Treatment (“MAT”) best practices, and access to HIV/Hep C testing. • 90% of Alliance members have been trained on how to use Narcan and have been provided Narcan through Gateway Community Services, Drug Free Duval and the Jacksonville Fire and Rescue Department. • 90% of Alliance members also accept MAT clients and have been trained on process, procedures and best practices by Gateway and follow the NARR standard. • All residents in Alliance sober houses have access to HIV/Hep C testing at no cost to the resident.
	<i>Community Coalition Alliance</i>	<p>The Community Coalition Alliance (“CCA”) was awarded funds to establish and coordinate a local Drug Epidemiology Network (“DEN”) in Duval County. The Florida Department of Children and Families and their managing entity, Lutheran Services Florida, provided these funds through SAMHSA’s Partnership for Success (PFS) grant program. This grant is centered on addressing prescription drug use, abuse, diversion, and addiction among those ages 12-25 as well as nonmedical opioid use and its consequences for those 26 years of age and older.</p> <p>The Duval DEN operates within anti-drug coalitions to help community stakeholders gain a comprehensive understanding of local consumption patterns, consequences, risk and protective factors, and contributing conditions. The Duval DEN is comprised of local community members,</p>

Question	Organization	Response
		<p>including local representatives from relevant state and federal agencies, who are able to obtain and assess information on county-level drug trends. We serve as a sentinel for detecting emerging drug threats and help to analyze and disseminate surveillance data for use in the development of local policies, practices, strategies, and programs.</p> <p>For the last few years, the members of the Duval DEN have worked to identify key recommendations based on the data compiled. It is the intention of the DEN to use the information and data gathered to identify data gaps and needs as well as additional local data to provide the context for why and how the opioid issue is evolving in Duval County. Some of the data that is gathered, analyzed and disseminated to our DEN members and prevention partners include, but is not limited to:</p> <ul style="list-style-type: none"> • School suspension and expulsion data (children aged 12 or older) related to drugs and alcohol • Youth Risk Behavior Surveys • Medical Examiner drug-related death data by county • Resources available (FOA grant opportunities, Narcan, education, drug disposal, etc.) • Hospital admission rates for drug-related medical complaints (provided by AHCA) • Community Events and Town Halls • Neonatal Abstinence Syndrome (NAS) data <p>The following are key recommendations that have been identified as current community needs. In 2020, the CCA, in collaboration with the DEN members, will work to implement these recommendations with current grant opportunities Duval has received. A Duval DEN subcommittee which has been established to oversee this initiative will develop a logic model and action plan to drive next steps.</p> <p>Education Education on safe disposal of unused prescription drugs within high need zip codes Education efforts about opioid prescribing and use as well as street drugs geared for students and parents within school settings</p>

Question	Organization	Response
		<p>Training Community training College students Business/Employer training Workforce Training Law enforcement & first responders, medical practitioners, child welfare, community partners, others</p> <p>Peer Focus Recovery Capital and Recovery Planning process Work with pregnant & parenting mothers to reduce the number of NAS babies and infants and children at risk of going into the foster care system Within prevention training (Mark or Tiff can you give more detail on this as well as Recovery and Recovery Planning??)</p> <p>Materials Drug testing kits Fentanyl testing strips Holster for Narcan</p> <p>Substance exposed newborns Lactation coalition – education & training Child Welfare Azalea – resource assistance, education, awareness</p> <p>Media Campaign Good Samaritan Resource access Dangers/Facts</p> <p>Post-treatment efforts Skill-building</p>

Question	Organization	Response
		<p>Networking Emotional support activities</p> <p>Harm Reduction Efforts Needle Exchange Outreach</p>
<p>3. What is the primary opioid threat in your community, i.e., prescription opioids, heroin or fentanyl-laced drugs?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>It is all a threat. The fentanyl-laced drugs and poly-drug use has not ended the threat from the over-prescribing of pharmaceutical opioids that began the use/abuse/overdose epidemic in our community. Instead, the foreseeable advent of fentanyl-laced drugs and poly-drug use that flowed from the increase in persons with opioid use and addiction illnesses caused by prescription drug use has certainly compounded the problem. We continue to have prescribed users who overdose either accidentally or due to using their prescribed medications off-label. We continue to battle persons who are addicted who look for and find unused medications in a variety of places. We have discovered that the combination prescriptions are deadly: benzos with opioids, etc. According to our law enforcement and HHDTA, we continue to have street-made faux prescription drugs that aren't what they look like, and most often contain fentanyl also. The Duval County community has not escaped the threat and the impact of prescription drugs, heroin and fentanyl-laced drug, with each and all requiring a response and subsequent drain on municipal services and community resources.</p>
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>It is difficult to separate these out because the addicted brain seeks opioids and while there might be a preferred drug, the addicted brain will seek out any available opioid, in any form. Fentanyl-laced drugs present a high fatality risk, unique risk of life-threatening exposure to first responders and anyone that may incidentally come in contact with fentanyl-laced drugs.</p>
	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>All three threaten, but recently, particularly fentanyl-laced drugs.</p>
	<p><i>Community Coalition Alliance</i></p>	<p>There isn't one primary opioid threat that can be isolated as the main issue facing Duval. The impact, exposure, and intertwinement of various opioids including prescription opioids, heroin, and fentanyl-laced drugs, accumulatively and individually, have threatened and continue to threaten</p>

Question	Organization	Response
<p>4. What prevention initiatives has your community engaged in to address the opioid crisis?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>Duval. What is important to note is that the substance issue is not a particular substance, but rather a polysubstance problem.</p> <p>Drug Free Duval convened the Northeast Florida Opioid Heroin Task Force, which was retitled in late 2019 to the Northeast Florida Poly-Drug Task Force to properly respond and greater encompass the ever-changing and growing prevalence of opioid-based drugs. This broad sector, engaged, and deeply committed team currently has three committees: 1) Community Education and Training, 2) Physician/Healthcare Education and Training, and 3) Employer Workforce. The Task Force previously also included a fourth committee, Policies and Practices, which advocated for numerous policies/ordinances/laws that have come to fruition including required use of the PDMP, required education for prescribers, limit on 3-days for new prescriptions, and a standing order for Narcan prescriptions. Because each of these initiatives has been codified in Florida Statutes, we have since incorporated the policies and practices into each of the other committees: policies and practices related to the community, to physicians and the healthcare industry, and employers and workforce. Each has a unique set of policies and practices to consider to create a safe environment conducive to prevention and recovery. Working with Drug Free Duval, the task force members created a variety of trainings and education modules that are being widely distributed and provided throughout the community, including:</p> <ul style="list-style-type: none"> • Signs and Symptoms of Opioid use disorder • Safe Storage of all medications • The Truth about Drug Sharing • Safe Disposal of all medications (includes providing attendees with a safe disposal bag) • Signs of Opioid Overdose & Narcan training (currently via a grant from the City of Jacksonville and Jacksonville Fire and Rescue, and includes a Narcan kit for participants) • SBIRT training for physicians and healthcare providers (Screening Brief Intervention & Referral to Treatment) including implementation coaching and access to a web-based product • BOOK screening (Basic Opioid Overdose Knowledge) including implementation coaching and access to a web-based product • Rethinking pain/physicians & Healthcare: Provides physicians information about alternate options for addressing pain, talking to their patients about pain (managing pain versus the goal to be pain-free) and the latest information about poly-drug impact

Question	Organization	Response
		<ul style="list-style-type: none"> ● Rethinking pain/community: Provides community members information about self-advocacy, such as asking prescribers for alternate options for addressing their pain, advocating to their health-insurance providers and latest information about poly-drug impact ● Employer Toolkit – a comprehensive toolkit is being developed to provide to employers to use in employee orientation, wellness days, as part of their ongoing employee development plans, etc. All the above trainings are also available to employers as train-the-trainers, or by Drug Free Duval staff. ● Drug Take Backs and Drug Disposal Drop Boxes <ul style="list-style-type: none"> ○ Take Back Days are readily available through numerous agencies in our area, and heavily promoted by the Task Force and most community agencies. ○ Drug Disposal Drop Box locations are highly supported by the Task Force, communicated to the community (the locations) and are quickly increasing due to community partnerships with the Task Force. Currently, there are ten safe disposal kiosks located in retail pharmacies throughout Duval County. A list of drug disposal locations can be found on our website at drugfreeDuval.org. ○ The Jacksonville Sheriff's Office also provides a collection drop box that is available 24 hours a day, seven days a week. To learn more, go to JaxSheriff.org. ○ For more information about National Drug Take Back Day and safe disposal, go to deaddiversion.usdoj.gov.
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>Narcan training, safe storage and disposal training, Drug Take Back days, LifeSkills in the school systems, the state's Drug Epidemiology Network group, Polydrug Task Force, community education, engaging North Florida HIDTA (NFHIDTA) in collaboration with various prevention stakeholders as well as the drug prevention Coalition</p>
	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>NE FL Sober Living Alliance is in the initial stages of partnering with Drug Free Duval to provide prevention education to our community.</p> <p>Sober houses also create a therapeutic environment by providing AA- and NA-based meetings to help with relapse prevention, in addition to ensuring standards of sober houses provide high-quality therapeutic environments for early recovery.</p>

Question	Organization	Response
	<p><i>Community Coalition Alliance</i></p>	<p>There are a number of prevention initiatives that have taken place, from education and awareness to resource distribution and community engagement.</p> <p>Safe Storage & Disposal The 2015 Johns Hopkins report of evidence-based approaches to addressing prescription drug use/abuse/ addiction recommended a focus on Safe Storage and Disposal as a key educational tool to addressing opioid use disorder. Trainings have also been tied to the distribution of the drug deactivation products that neutralize and allow individuals to discard it via the trash without any environmental concerns. Providing clear and consistent guidance on safe storage and disposal of prescription drugs can shift community practice and lower availability of prescription opioids.</p> <p>Narcan Training According to the 2018 CDC report on What Works for effective strategies to reduce opioid overdoses, the availability and distribution of Naloxone has been linked to reductions of overdose deaths. Studies have found reductions in community-level overdose mortality by nearly 40% and in some cases as high as 90% as a result of targeted naloxone distribution. For this reason, prevention education efforts have been delivered on this topic to train potential bystanders on reducing overdose risk, recognizing signs of overdose, accessing emergency medical services, and administering intra-nasal naloxone. Below is a recap of trainings hosted this fiscal year through January 2020 :</p> <ul style="list-style-type: none"> • June (86 units distributed) <ul style="list-style-type: none"> ○ Lutheran Services Florida (LSF) Health Systems • Quarter I (172 units) <ul style="list-style-type: none"> ○ Eisenhower Center, Nurses Recovery Group, LSF Board Members, Poison Center Staff, SENS Workgroup, Sober Living Homes-1, Sulzbacher Village, First Coast Cardiac Nurses • Quarter II (77 units) <ul style="list-style-type: none"> ○ Gateway staff, CleanSlate staff, Gateway Peer Specialists-1, DCF Case Managers • Quarter III (335 units)

Question	Organization	Response
		<ul style="list-style-type: none"> ○ Gateway Peer Specialists-2, Duval County Community Health Improvement Plan (CHIP), JU Nursing Students, Lakeview staff, UF Pharmacy students, Wellness Summit at FSCJ <p>Supply Reduction: Drug Take Back initiatives</p> <p>The National Prescription Drug Take Back Day, organized by the DEA with state and local partners, provides communities a safe and convenient way to dispose of their unneeded prescription drugs, while educating the public about the dangers for the public of overzealous opioid prescribing, and the ensuing opioid use disorder and addiction. Hosted the last Saturday of April and October.</p> <ul style="list-style-type: none"> ● Increase participation in Take Back Days to inform the public about drug screening and treatment services. ● Identify year-round authorized collectors and increase community events to host additional Take Back Days ● Provide clear and consistent guidance on safe storage and disposal of prescription drugs ● Increase knowledge/awareness and provide access to drug deactivation bags. <p>In addition to the DEA Take Back event, other take-back events are hosted as well, for example:</p> <ul style="list-style-type: none"> ● Jacksonville Sheriff's Office Safety Fair and Drug Take Back Event at The Avenues Mall. ● On August 28, 2019, Normandy Park ER (located within a high overdose incident area) hosted a drug take back event.
<p>5. What education initiatives does your community offer to raise awareness regarding the dangers of</p>	<p><i>Jacksonville Fire and Rescue Department</i></p>	<ul style="list-style-type: none"> ● JFRD supported the COJ's first annual Senior Summit on Opioids in 2019, which was attended by nearly 300 seniors. The summit included a panel discussion and education from leading experts on opioids. ● JFRD supported and attended Celebrate Recovery symposium on Opioids (a faith-based initiative) ● JFRD routinely provides data and media interviews to local broadcast news stations. ● JFRD is the recipient of the SAMHSA Safe and Healthy Neighborhoods Project grant to which JFRD has chosen to provide Nasal Narcan to the public and educate recipients on the signs/symptoms of opioid overdose, how to treat, the laws regarding Narcan use and encourage persons to "don't run, call 9-1-1".

Question	Organization	Response
<p>opioids, for the youth?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>Based on our data, youth use of opioids has not been as significant as other population sectors, but is still a vulnerable population that requires our community to address and be engaged in several methods to provide youth outreach, including:</p> <ul style="list-style-type: none"> • Know the Law – a comprehensive strategy that is implemented via Drug Free Duval in partnership with Law Enforcement that educates youth on various aspects of the law including overzealous prescribing of opioids and ensuing misuse/addiction of prescription drugs and use of illicit drugs. This strategy reaches over 3,000 kids a year in Duval County. • Natural High – a drug prevention strategy that is highly effective based on storytelling and helping youth understand their brain function and the science of “getting high.” This strategy reaches over 3,000 kids a year in Duval County. • A newly formed alliance is seeking to put comprehensive education about opioids in the Duval County Public School System that would include safe storage, safe disposal, information about the impact and potential danger of opioids, overdose and Narcan training.
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>LifeSkills, National Guard Counterdrug presentations, Drug Free Duval presentations, Know The Law presentation</p>
	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>See Northeast Florida Sober Living Alliance’s response to question 4.</p>
<p>6. What education campaigns do you have to raise awareness regarding the dangers of opioids, for the general public?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>Education campaigns offered to raise awareness regarding dangers of opioids for general public:</p> <ul style="list-style-type: none"> • University of North Florida – has invited Drug Free Duval to provide comprehensive education about the risk of opioids and poly-drug use along with safe storage, safe disposal, signs of dependence, opioid use disorder, and overdose as well as proper Narcan administration, along with NAS baby education and Screening, Brief Intervention and Referral to Treatment (SBIRT) education. • Opioid Data to Action (OD2A) grant funding (when released) has a goal of reaching the general public with the same education package of comprehensive education about the risk of opioids and poly-drug use along with safe storage, safe disposal, signs of dependence,

Question	Organization	Response
		<p>misuse, signs of overdose and Narcan administration. We have a robust, comprehensive plan for Duval County, but the funding has not been released from the State Department of Health for implementation. Once it is, there should be hundreds of trainings available to the general public.</p> <ul style="list-style-type: none"> • There are numerous take-back days, and communication regarding drop-boxes that are regularly advertised via local agencies, local news and through flyers and other media.
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>I Save Florida (isavefl.com) is a website to provide information and resources for professionals and for those families and caregivers of individuals with a drug problem.</p>
	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>See Northeast Florida Sober Living Alliance's response to question 4</p>
	<p><i>Community Coalition Alliance</i></p>	<p>I Save Florida (isavefl.com)</p> <p>The Department of Children and Families has launched a media campaign to provide information and resources for professionals, families and caregivers of individuals with a drug problem and to bring awareness and information regarding Naloxone and its availability. The I Save Florida campaign has produced brochures, cards, and posters with information on where to get help. As a part of the Partnership for Success grant that funds the Duval DEN, posters of the messaging have been placed around the counties participating in the effort. For Duval, these sites include:</p> <ul style="list-style-type: none"> • Aw Shucks, 9743 Old St. Augustine Rd., Jacksonville, FL 32257 • El Agave, 14333 Beach Blvd., Jacksonville, FL 32250 • Copeland's of New Orleans, 4310 Southside Blvd., Jacksonville, FL 32216 • Metro, 859 Willow Branch Ave., Jacksonville, FL 32205 • Dick's Wings & Grill, 10550 Old Saint Augustine Rd., Jacksonville, FL 32257 • Arlington Grill & Café, 1111 Cesery Blvd., Jacksonville, FL 32211 <p>(See attached poster for reference)</p>

Question	Organization	Response
<p>7. What law enforcement initiatives does your community have to target the opioid crisis?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<ul style="list-style-type: none"> • Drug Take Backs – Our local sheriff's office engages in Take-Backs via the safety fair days that are coordinated by zones. • Leave-behind card – working with Drug Free Duval, we have created a leave-behind card for an overdose or other drug crime scene so family members or friends that are on-scene have resources to reach out to for help • Training – the JSO narcotics squad has participated in Opioid Overdose Identification and Narcan training, and many (on their own time) have also come to other trainings including safe storage, safe disposal and signs of opioid misuse. • Data – JSO and HIDTA are great community partners, providing data to the Task Force toward creating and implementing strategies for prevention, intervention and recovery
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>Duval County Opioid Task Force, collaboration with NFHIDTA Public Health Analyst and Drug Intelligence Officer, Know The Law presentation</p>
	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>NE FL Sober Living Alliance is working on a partnership with the Jacksonville Sheriff's Office. Points of discussion include officer education and Cognitive Behavior Therapy training to Alliance member operators</p>
<p>8. What has been the most effective law enforcement strategy in addressing the opioid crisis in your community?</p> <p>a. Does your community</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<ul style="list-style-type: none"> a. see Drug Free Duval & North Florida PolyDrug Task Force's previous answer. b. Yes – Drug Free Duval is our community substance abuse prevention coalition
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>The collaboration with NFHIDTA and their work with prevention, treatment, recovery, and public health</p> <ul style="list-style-type: none"> a. Yes, as well as a polydrug task force through the prevention coalition b. We have polydrug prevention coalition
<p>a. Does your community</p>	<p><i>Northeast Florida Sober Living Alliance</i></p>	<ul style="list-style-type: none"> a. Yes, and the NE FL Sober Living Alliance attends all City Council meetings for the Special Committee on the Opioid Epidemic meetings. b. Yes, NE FL Sober Living Alliance

Question	Organization	Response
<p>have an opioid-related task force?</p> <p>b. Does your community have an opioid-related coalition?</p>	<p><i>Community Coalition Alliance</i></p>	<p>a. Yes, Duval has a polysubstance focused task force called the North Florida Poly-Drug Task Force. Based on the data compiled, it has become evident to the community that it isn't just one particular substance that is a threat to our community, but rather a combination of substances. The medical examiner data as well as treatment and hospitalization data have shown the majority of overdoses are polysubstance. As a part of this Task Force, subcommittees have been established to focus in on key areas such as workforce and employment issues. In addition to the prevention coalition, Duval is in the process of formalizing a Recovery Community Organization that will strive to end stigma and assist in removing barriers to pathways of recovery through advocacy, education, and peer recovery services. Both DFD and CCA are members of this team and will assist in working to address recovery and prevention across the spectrum.</p> <p>b. Yes, Duval has a local county coalition – Drug Free Duval – that is focused on addressing substance abuse prevention. Key to their role is to promote public health, public safety, and community wellness. Additionally, there is an overarching coalition whose membership consists of county-level coalitions known as the Community Coalition Alliance, Inc. (CCA). CCA provides funding, technical assistance, and support to the county coalitions within its region.</p>
<p>9. What are the primary barriers for individuals seeking medicated treatment for opioid use disorder, in your community?</p>	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>Barriers include: **Lack of capacity: this is a broad statement that includes lack of inpatient beds, lack of providers to address addiction via intensive outpatient outreach with MAT, and outpatient treatment; lack of paid peer positions (if the OD2A grant at the Health Department gets released, this will temporarily ease this barrier, but stop-gap grant funding is far less ideal than a continual stream of funding for planning purposes); issue related to level 2 background check for peers.</p> <p>a. Inpatient bed issue is being addressed currently with the addition of 20 new IP beds opening May 1, 2020 in Jacksonville is a start toward alleviating urgent need – and more flexible use of state dollars to augment gaps in funding between insurers and need with all providers, private and public; more access to MAT via IOP and OP programs; release of the OD2A money for distribution to the community partners that fund the peers and provide the prevention and intervention services; individual review of background checks for peers based on reality of likely felony engagement during active addiction cycle</p> <p>b. Beds, flex use of gap \$, access to IOP/OP MAT – unknown – we are the prevention provider and may not have most current information; the OD2A gap amount can be found</p>

Question	Organization	Response
<p>a. How do you suggest those barriers be overcome?</p> <p>b. How much would it cost to remove those barriers to treatment?</p> <p>Please be as specific as possible.</p>		<p>by reaching out to Gateway Community Services (peers) and Drug Free Duval (training and education); background check – the cost of an employee providing an in-depth 1/1 review of each potential peer with a felony background</p> <p>c. Housing: Through the OD2A project and LSF Health Systems, there is a process of assistance for people in recovery to find housing. In addition, the Northeast Florida Alliance for Sober Living is also providing space.</p> <p>d. At this point, we are adding 20 beds. More is needed, especially given the relapse rate for active opioid addiction.</p>
<p>c. What resources are available in your community for individuals who need housing while they are receiving treatment for OUD?</p>	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>Funding, stigma, availability, transportation</p> <p>a. Education, increase in funding and resources. An increase in resources for those incarcerated, such as incentives for mental health internships within the jail and prison.</p> <p>b. No response</p> <p>c. Various halfway homes, recovery homes, Hubbard House</p> <p>d. 1,000</p>
<p>d. How many additional treatment beds would your community</p>	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>Lack of detox and residential treatment beds at Gateway Community Services.</p> <p>a. Increase bed availability</p> <p>b. Not sure</p> <p>c. 90% of our member sober houses are prepared to house clients who need medically assisted treatment and only 10% are eligible to receive any funding from community organizations, the City of Jacksonville, State and/or government. Currently only Florida Association of Recovery Residences (“FARR”) certified sober living homes can receive funding and/or referrals. FARR certification is too great of a barrier for 90% of our members due to the burden of paperwork, cost and lack of FARR support in this community. 100% of our members have agreed and signed a pledge to operate at the FARR standard of ethics and professionalism. The challenge to date is the inability of agencies to refer MAT clients or fund those clients to non-certified FARR sober living homes.</p> <p>d. We can’t speak to the number of treatment beds needed but we know that according to Jacksonville Fire & Rescue, Duval County has at least 1 overdose per day. We know from anecdotal experience that the demand far exceeds availability.</p>

Question	Organization	Response
<p>need to meet the demand?</p>	<p><i>Community Coalition Alliance</i></p>	<p>Stigma continues to play a major role in seeking medicated assisted treatment.</p> <p>The development of a more robust media campaign to address the opioid epidemic/stigma. More ongoing messaging/information sharing across the community on availability of services, availability of free services, support services, and other helpful resources. While some information is shared, it needs to expand across various sectors of the community in an ongoing manner.</p> <p>a. The availability of more peer recovery specialists to assist individuals in finding treatment options and guidance on the most appropriate pathway for that individual. Ongoing barriers exist that make becoming a peer recovery specialist difficult including the exemption of background screening, employment, and salary. This resource plays a critical role in getting individuals to treatment and past the stigma. Some pilot projects have begun in hospital settings, but more are needed to bring peers to families and community members prior to crisis mode through an overdose. Unfortunately, there are many barriers for peer recovery specialists to become certified and be able to work for providers or other nonprofits within the community. The demand for the service is high, but the reality of barriers makes it difficult to bring peers onboard. Some agencies have posted job openings for over 6 months to a year and cannot fill the position because of the barriers of background exemptions and the certification process. As for how much this would cost, we have not done the analysis in the time allotted to submit this response, to give an estimate.</p> <p>b. There is an ongoing waitlist for beds for the community. Additionally, Duval serves residents from neighboring counties as well, if those resources are not available, including Nassau, Bradford, and Baker counties.</p>
<p>10. What wrap-around services do you offer for individuals who overdose from opioids?</p> <p>a. Where do the warm hand-offs</p>	<p><i>Jacksonville Fire & Rescue Department/ City of Jacksonville</i></p>	<p>The City of Jacksonville and Jacksonville Fire and Rescue partnered with Gateway Community Services to create a program called “Project Save Lives” that provides specialized, coordinated and seamless services for the treatment of opioid addiction and opioid use disorder, thereby reducing dependence on opioid drugs and reducing opioid-related deaths. When overdose patients arrive at a participating hospital emergency department, lifesaving stabilization is the priority. Once stabilized, patients are met by a Peer Support Specialist who is housed in the emergency department. The Peer Support Specialist works alongside the team of physicians and nurses to further aid in the treatment of withdrawal symptoms and to offer specialized residential and/or outpatient services. Patients who elect to participate are provided transportation with the Peer Specialist directly to Gateway</p>

Question	Organization	Response
<p>occur in your community? i.e. from jails, from hospitals, etc.?</p> <p>b. Do you have peer support coaches for individuals who overdose in your community?</p>		<p>Community Center or another accepting treatment provider. Patients who elect not to participate in immediate residential services are offered nasal Naloxone at no cost and closely followed by their Peer after discharge. This continued follow up and connection to their Peer allows patients to enter treatment later, which may include participating in an intensive outpatient or residential treatment program.</p>
	<p><i>Drug Free Duval & North Florida PolyDrug Task Force</i></p>	<p>Drug Free Duval offers support by providing overdose education and Narcan to family members and friends of users. We also provide safe storage training & safe disposal training, including specific tools for both. We work with the sober living home providers and the treatment providers on various education and training options including SBIRT and the prevention and intervention modules.</p> <p>a. Where do the warm hand-offs occur in our community? Currently our warm handoffs occur predominantly via hospital emergency departments and through the PSL (Project Save Lives) program.</p> <p>b. Yes – see above.</p>
	<p><i>North Florida High Intensity Drug Trafficking Areas (NFHIDTA)</i></p>	<p>Operation New Hope, Recovery Communities of NEFLA</p> <p>a. Hospitals participating in Project Save Lives</p> <p>b. Yes, but it is not nearly enough to currently meet the community's need, we need hundreds more</p>
	<p><i>Northeast Florida Sober Living Alliance</i></p>	<p>a. Jails, hospitals, detox centers, rehabs, etc.</p> <p>b. The therapeutic community provided by sober living homes rely on peer support for residents' recovery.</p>

“I SAVED MY FRIEND’S LIFE”

GET NALOXONE. STOP AN OVERDOSE.



Naloxone is an emergency medicine that prevents overdose death from prescription painkillers, heroin, and fentanyl. Florida law has provisions protecting overdose victims and anyone seeking or providing medical assistance from criminal prosecution and civil penalties.

Recognize an Overdose:

- Unresponsive** to sternal rub
- Unresponsive** to shouting their name
- Slow or shallow breathing**, or not breathing at all
- Choking sounds** or snore-like gurgling noise
- Blue or gray** skin and lips

Save a Life:

1. Try to wake the person up
2. Call 911
3. Give naloxone
4. Check for breathing
5. Stay with the person until help arrives

Naloxone is available in some pharmacies without a prescription. To learn more, visit: isaveFL.com.





“I SAVED MY MOM’S LIFE”

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“I SAVED MY SISTER’S LIFE”

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“I SAVED MY FRIEND’S LIFE”

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YOU CAN STOP AN OVERDOSE

GET NALOXONE. SAVE A LIFE.

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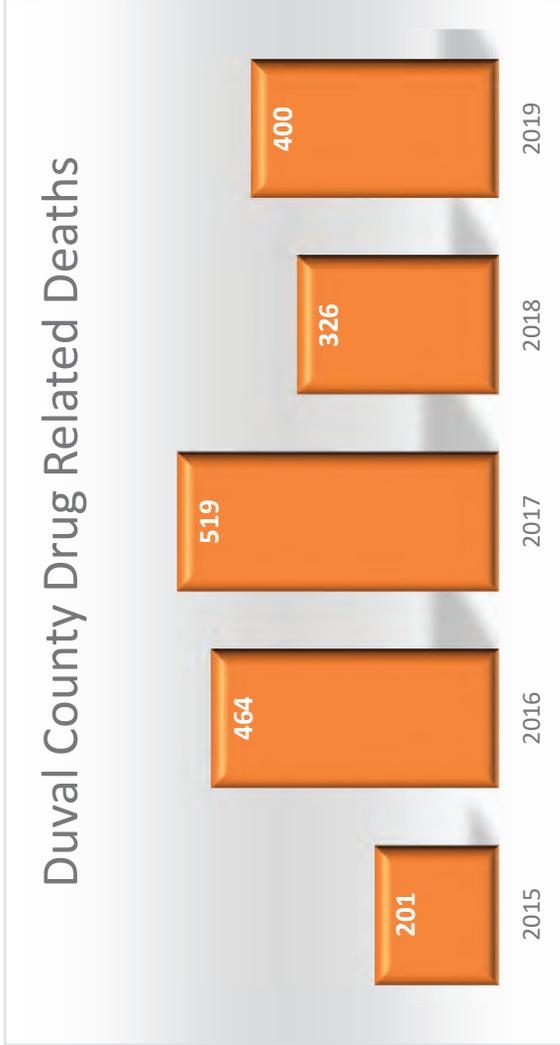
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District 4 Medical Examiner's Office

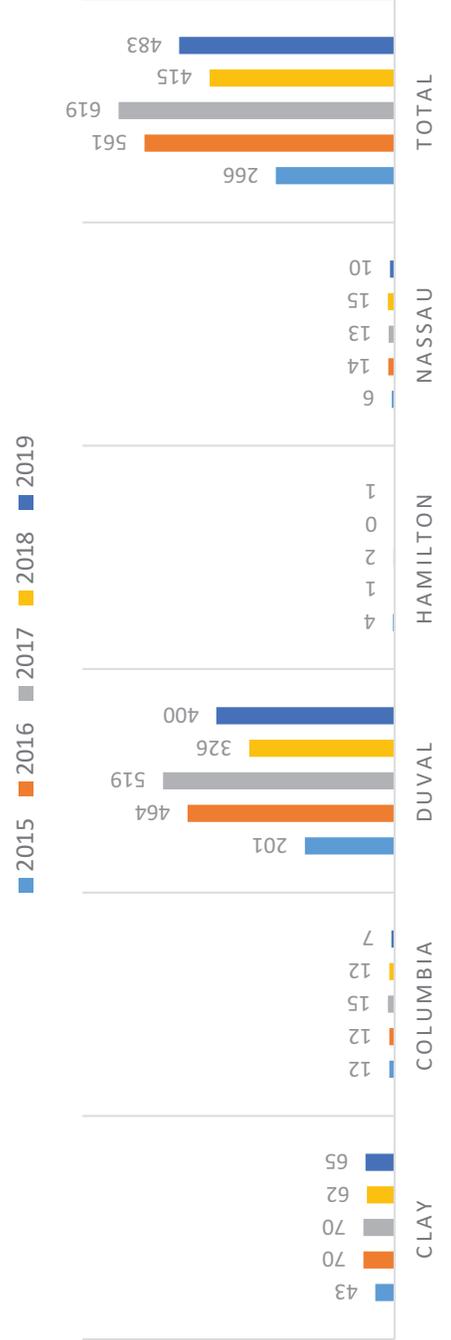
Drug Related Deaths

As of 15 January 2020



Note: 2019 data does not include information for pending cases.

DISTRICT 4 DRUG RELATED DEATHS BY YEAR COMPARISON



Duval DEN

November 20, 2019



Community
Coalition
Alliance



Updates - Duval

Data Updates

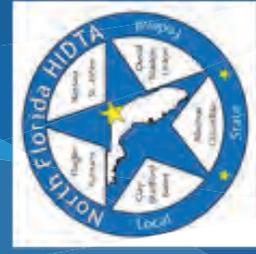
Current Efforts

Prevention Advocacy Day

Open Discussion



Data Updates



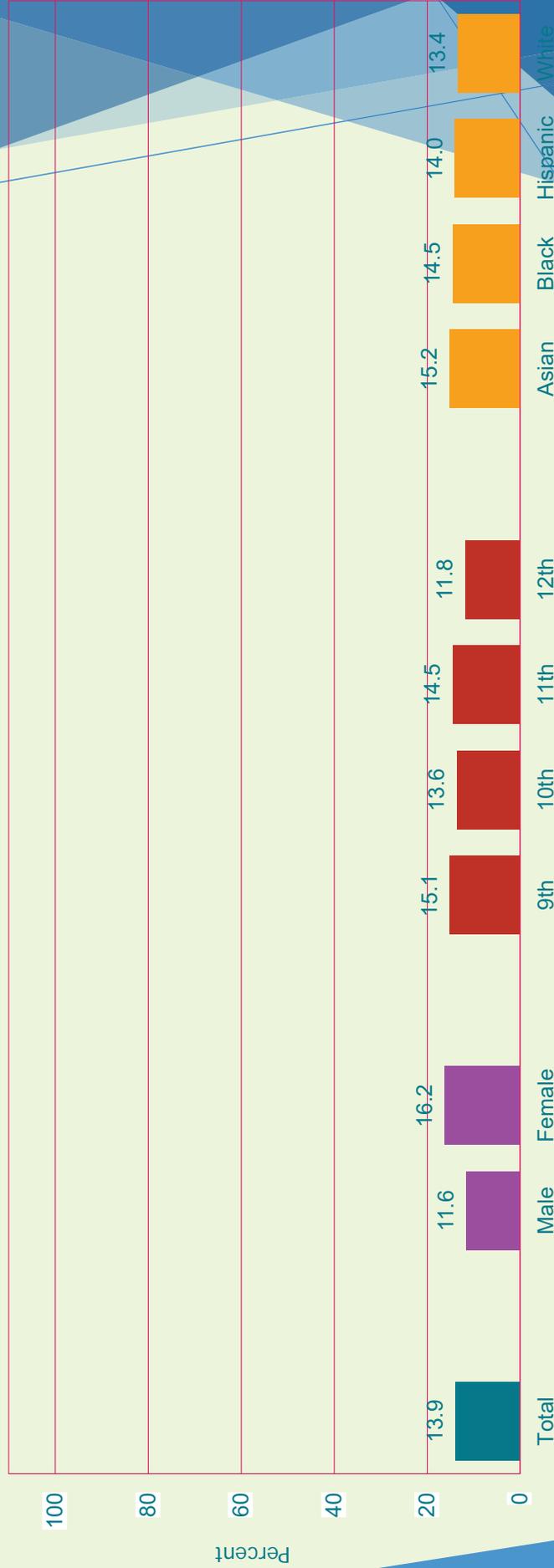
School Data - Suspension & Expulsion

FY1819

		Students Aged 12 and Older										
District Name	Incident Description	Total Incidents (Distinct)	In-School Suspen.	Out-of-School Suspen.	At least one Suspen.	Suspen. - all Types	% for that Incident Type	Expelled w/Cont. Edu. Services	Expelled w/o Cont. Edu. Services	At least one Expulsion	Expulsions - all Types	% of for that Incident Type
FLORIDA	ALCOHOL	1,200	141	1,340	1,113	54,221	2.1%	9	4	12	626	1.9%
	DRUG SALE/DISTRIBUTION	720	45	741	596	54,221	1.1%	41	28	64	626	10.2%
	DRUG USE/POSSESSION	8,820	920	7,959	7,261	54,221	13.4%	89	70	153	626	24.4%
CLAY	ALCOHOL	15	*	29	15	856	1.8%	*	*	0	6	0.0%
	DRUG SALE/DISTRIBUTION	8	*	15	8	856	0.9%	*	*	0	6	0.0%
	DRUG USE/POSSESSION	85	*	108	83	856	9.7%	*	*	1	6	16.7%
DUVAL	ALCOHOL	50	*	55	41	2,704	1.5%	*	*	0	7	0.0%
	DRUG SALE/DISTRIBUTION	24	*	24	23	2,704	0.9%	*	*	0	7	0.0%
	DRUG USE/POSSESSION	460	*	477	386	2,704	14.3%	*	*	0	7	0.0%
NASSAU	ALCOHOL	17	*	23	17	298	5.7%	*	*	0	0	
	DRUG SALE/DISTRIBUTION	2	*	*	2	298	0.7%	*	*	0	0	
	DRUG USE/POSSESSION	30	*	32	30	298	10.1%	*	*	0	0	

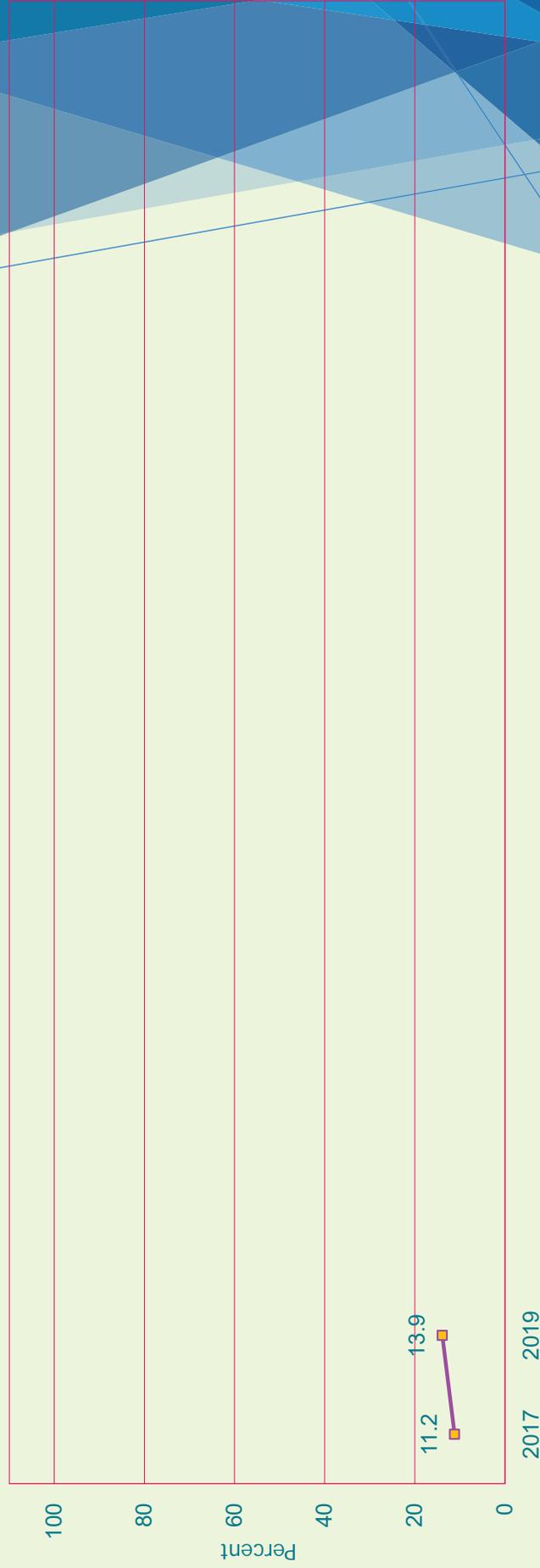
Youth Risk Behavior Survey - YRBS 2019

Percentage of High School Students Who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It, * by Sex, † Grade, ‡ and Race/Ethnicity, 2019



*Counting drugs such as codeine, Vicodin, Oxycodone, Hydrocodone, and Percocet, one or more times during their life
 †F > M; 9th > 12th (Based on t-test analysis, p < 0.05.)
 ‡All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
 This graph contains weighted results.

Percentage of High School Students Who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It,* 2017-2019†



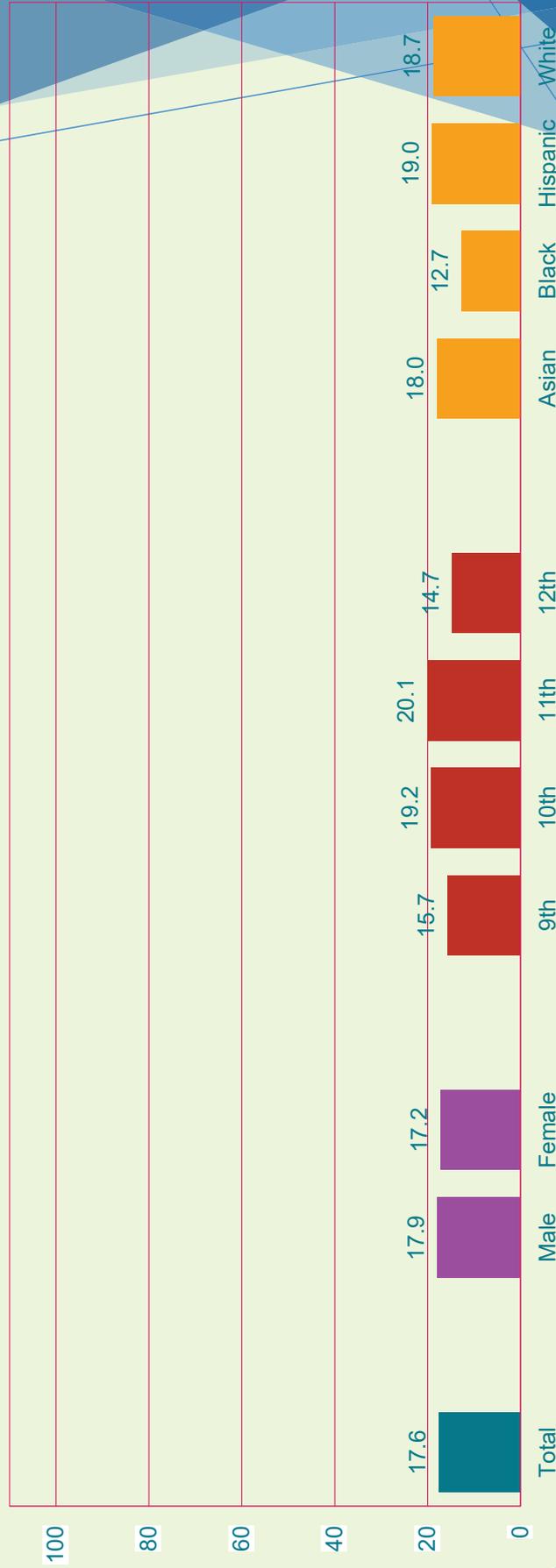
*Counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life

†Increased 2017-2019 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$)]
This graph contains weighted results.

Q49: During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

	Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Asian [†]	Black [†]	Hispanic/Latino	White [†]	All other races [†]	Multiple races [†]	
0 times	% 86.1 N 4,809	84.9 1,863	87.0 2,357	86.1 572	84.9 1,424	86.4 1,230	85.5 1,203	88.2 918	84.8 106	85.5 800	86.0 1,983	86.6 1,556	- 54	- 233	87.1 233
1 or 2 times	% 6.6 N 382	7.6 173	5.9 166	5.8 40	8.3 142	6.1 92	6.5 90	5.0 53	5.5 8	6.8 69	6.1 148	7.0 130	- 3	5.3 16	5.3 16
3 to 9 times	% 3.3 N 194	3.3 77	3.3 94	3.2 23	2.9 52	3.9 61	3.3 47	3.0 33	0.7 1	3.0 29	3.7 87	3.2 60	- 4	3.1 9	3.1 9
10 to 19 times	% 1.4 N 83	1.5 34	1.3 37	1.7 12	1.6 28	1.1 15	1.7 24	1.3 14	2.3 3	1.8 18	1.3 31	1.1 21	- 2	1.7 5	1.7 5
20 to 39 times	% 0.8 N 45	0.7 16	0.9 24	0.5 5	0.7 12	0.9 12	1.2 16	0.4 5	0.0 0	1.2 13	0.7 17	0.8 14	- 0	0.3 1	0.3 1
40 or more times	% 1.9 N 109	2.0 44	1.6 46	2.6 18	1.7 28	1.6 26	1.7 27	2.0 19	6.7 8	1.7 17	2.3 53	1.4 25	- 0	2.5 5	2.5 5
Total	% 100.0 N 5,622	100.0 2,207	100.0 2,724	100.0 670	100.0 1,686	100.0 1,436	100.0 1,407	100.0 1,042	100.0 126	100.0 946	100.0 2,319	100.0 1,806	- 63	- 269	100.0 2,69

Percentage of High School Students Who Were Offered, Sold, or Given an Illegal Drug on School Property,* by Sex, Grade,† and Race/Ethnicity,† 2019



*During the 12 months before the survey
 †10th > 9th, 10th > 12th, 11th > 9th, 11th > 12th; H > B, W > B (Based on t-test analysis, $p < 0.05$.)
 All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
 This graph contains weighted results.

Medical Examiner 2018

▶ Opioids:

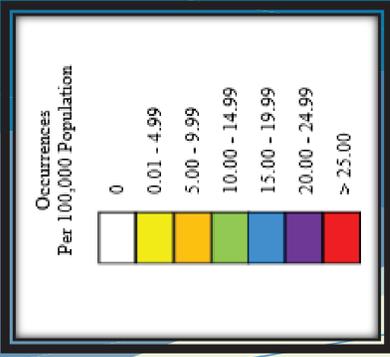
- Buprenorphine
- Codeine
- Fentanyl
- Fentanyl Analogs
- Heroin
- Hydrocodone
- Hydromorphone
- Meperidine
- Methadone
- Morphine
- Oxycodone
- Oxymorphone
- Tramadol
- U-47700

Highlights

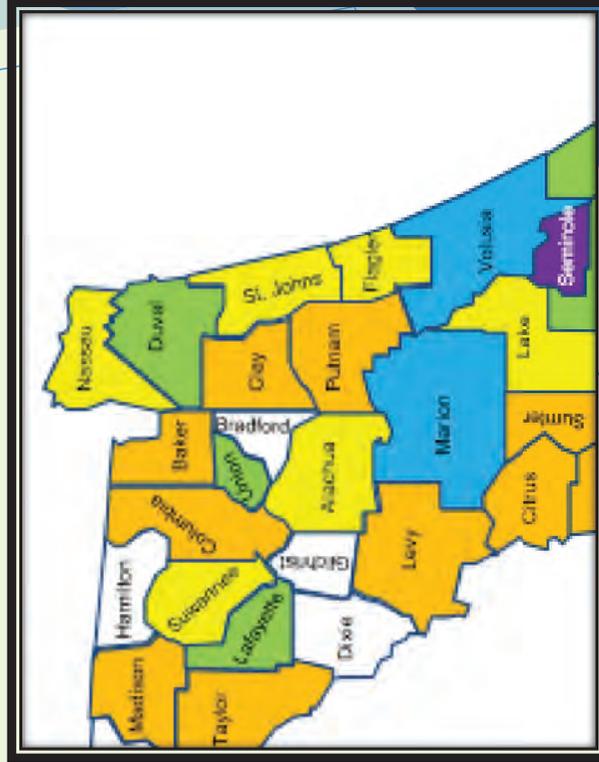
- ▶ Total drug-related deaths decreased by 3%
- ▶ Opioid-related deaths decreased by 10%
- ▶ Prescription drugs account for 58% of all drug occurrences (w/o alcohol)
- ▶ Most occurring:

Alcohol (5,140)	Benzodiazepines (4,624)	Cannabinoids (2,590)
Cocaine (2,856)	Fentanyl (2,703)	
- ▶ Heroin decreased by 11% **BUT** Fentanyl increased by nearly 30%

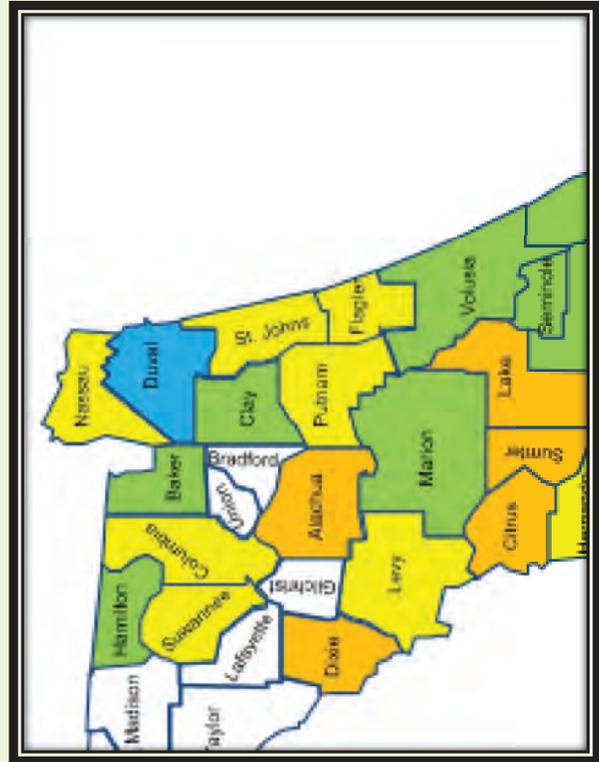
Morphine Deaths



2018

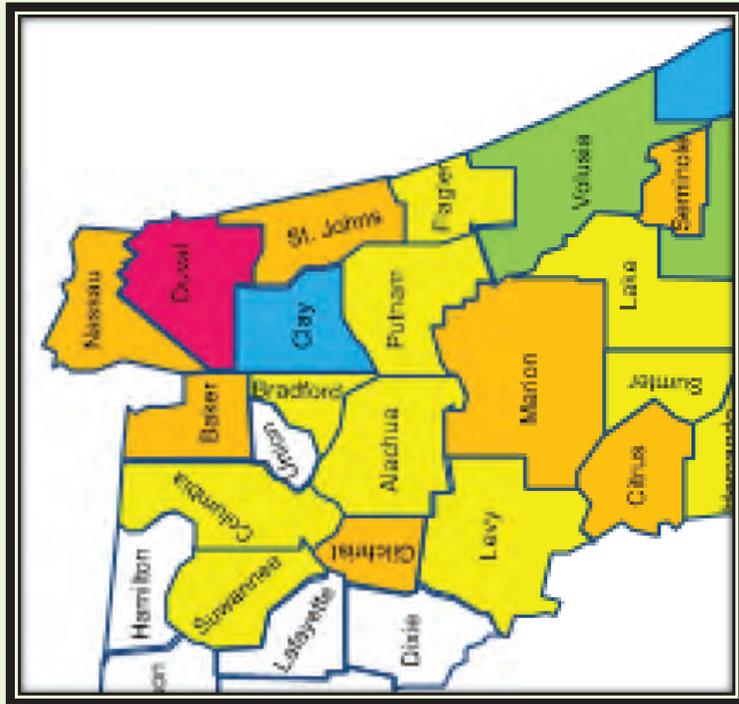


2017

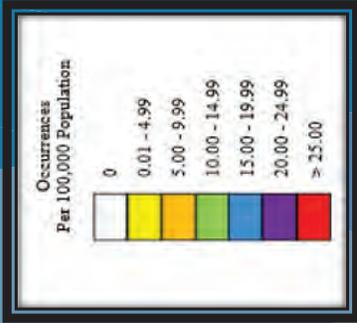
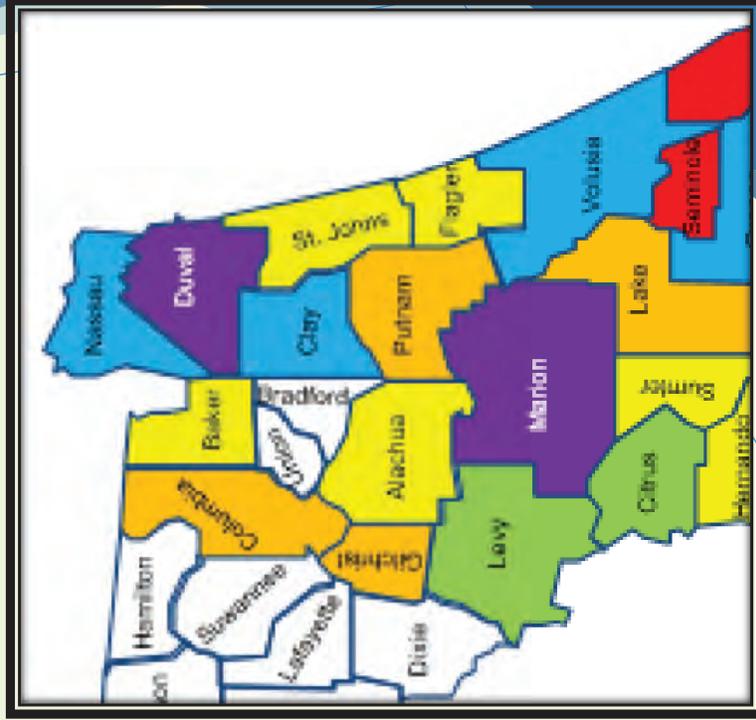


Fentanyl Deaths

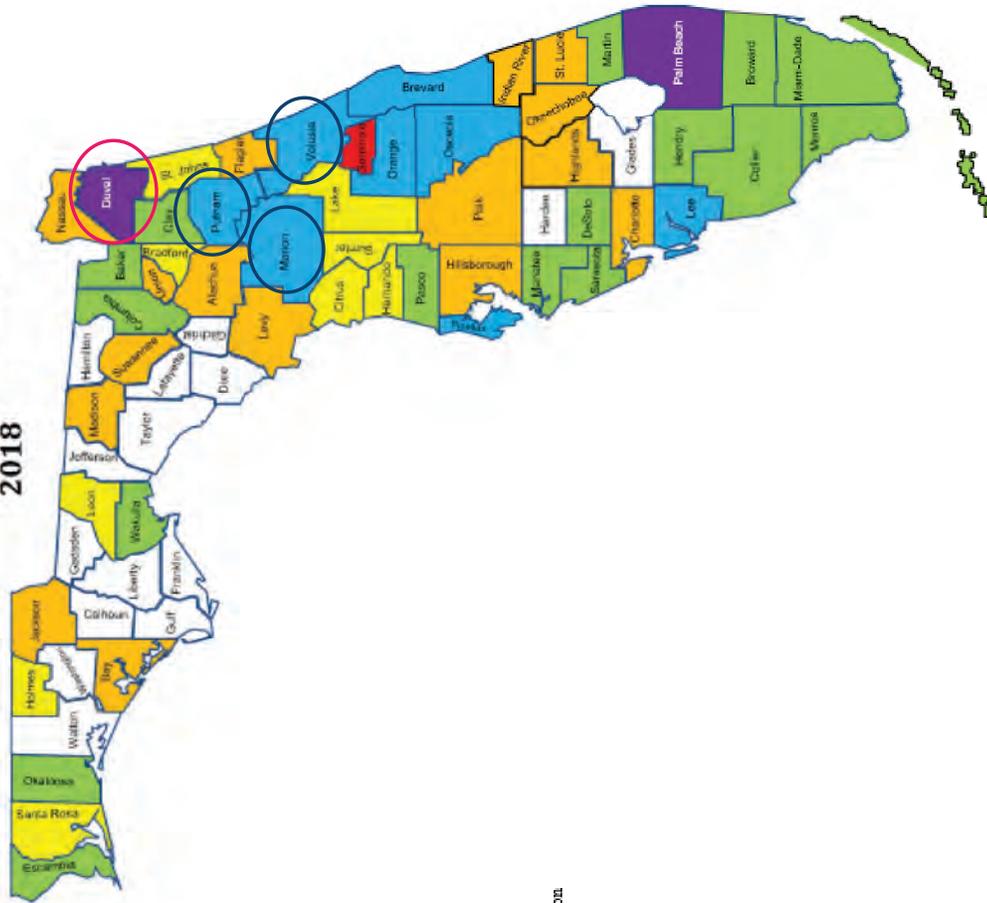
2017



2018



Cocaine Deaths by County 2018



2018 Medical Examiners Commission Drug Report

Current Efforts



Prevention Efforts



RCO



ASB



Dispose Rx & Narcan

Prevention Efforts - Expanded

Grant Efforts

JFRD

School

DOH

DFD

Training to date

Task Force

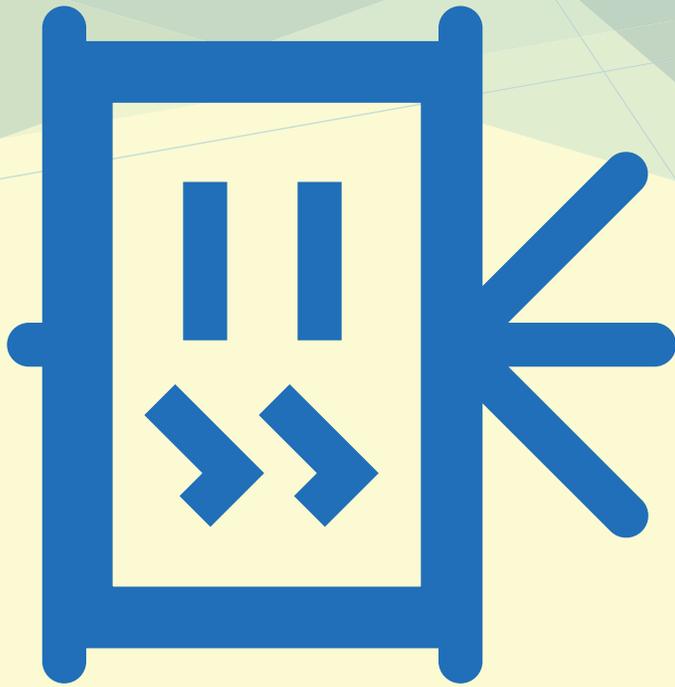
Other

Inspire to Rise

Community Events

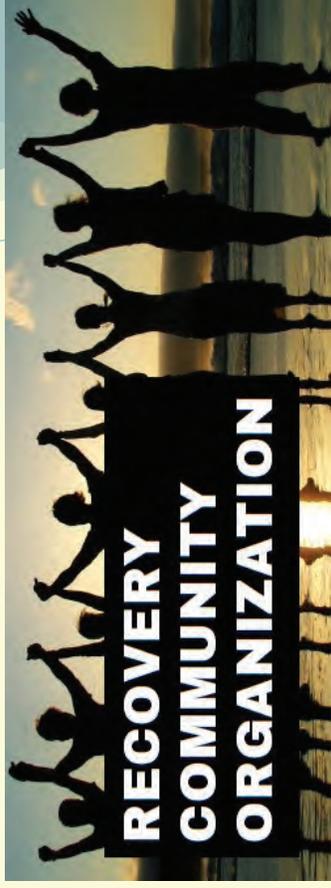
Mobile Health

Supports



RCO - Visioning

- ▶ Discussion on what RCO looks like for Duval
 - ▶ Needs
 - ▶ Gaps
 - ▶ Strengths
- ▶ Next Steps
 - ▶ Strategic Planning



Resources Available

Dispose Rx

Print Materials
- Isavefl.org

Narcan

- Request made to DCF for additional supply

Prevention Advocacy Day

- ▶ Focus on Substance Abuse Prevention
 - ▶ November 21st - webinar planning call
 - ▶ December 10th - Planning and Training Day from 3:00pm - 5:pm
 - ▶ December 11th - Advocacy Day @ The Capital (all day)

Bottom floor on the Rotunda reserved



Open Discussion

- ▶ Questions?
- ▶ Recommendations?
- ▶ Concerns?



THANK YOU!!!!

❖ Kathleen Roberts
Director@ccafl.org

❖ Deborah Babin
DBabin@nfhitda.org



Community
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Alliance

Building ♦ Expanding ♦ Innovating ♦ Changing ♦ Communities for **10 Years**





Jacksonville Fire and Rescue Department

David S. Castleman, Chief of Rescue | Mark E. Rowley, Chief of Information Services

OVERDOSE RESPONSES

Revised February 11, 2020

OPIOID OD BY ZIP CODE		
ZIP	2018	2019
32073	0%	0%
32202	2%	1%
32204	1%	1%
32205	6%	6%
32206	3%	2%
32207	4%	4%
32208	3%	2%
32209	3%	3%
32210	12%	13%
32211	5%	6%
32216	5%	3%
32217	1%	1%
32218	9%	10%
32219	2%	2%
32220	3%	3%
32221	3%	3%
32222	1%	1%
32223	1%	1%
32224	1%	1%
32225	3%	3%
32226	1%	1%
32233	2%	1%
32234	1%	1%
32244	8%	9%
32246	5%	5%
32250	2%	2%
32254	6%	5%
32256	3%	4%
32257	3%	1%
32258	1%	1%
32266	0%	0%
32277	2%	2%

OVERDOSE (OD) RESPONSES					
DESCRIPTION	2015	2016	2017	2018	2019
911 Call Received as OD	2157	2928	3686	3417	4140
Patients Treated as OD	1905	3156	3749	2995	3665
Suspected Opioid-Related	UNK	1393	1982	1388	2010
Naloxone Administered	1118	2886	3843	2806	4048

OPIOID OD BY RACE		
RACE	2018	2019
Asian	3	0
Black or African American	143	200
Hispanic or Latino	59	65
Native Hawaiian or Pacific Islander	3	1
Other	21	35
Unknown	26	29
White	1133	1680
TOTAL	1388	2010

HOUR OF DAY	
00:00 - 00:59	4%
01:00 - 01:59	3%
02:00 - 02:59	4%
03:00 - 03:59	2%
04:00 - 04:59	2%
05:00 - 05:59	2%
06:00 - 06:59	2%
07:00 - 07:59	1%
08:00 - 08:59	2%
09:00 - 09:59	3%
10:00 - 10:59	3%
12:00 - 12:59	3%
13:00 - 13:59	4%
14:00 - 14:59	5%
15:00 - 15:59	5%
16:00 - 16:59	6%
17:00 - 17:59	7%
18:00 - 18:59	6%
19:00 - 19:59	6%
20:00 - 20:59	7%
21:00 - 21:59	6%
22:00 - 22:59	5%
23:00 - 23:59	5%

OPIOID OD BY GENDER		
SEX	2018	2019
MALE	61%	65%
FEMALE	39%	35%

OPIOID OD BY AGE RANGE			
AGE	2018	2019	CHANGE
0 - 9	3	1	↓ 67%
10 - 19	23	31	↑ 35%
20 - 29	353	416	↑ 18%
30 - 39	464	663	↑ 43%
40 - 49	185	393	↑ 112%
50 - 59	136	197	↑ 45%
60 - 69	67	92	↑ 37%
70 +	17	13	↓ 24%

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515 N. Julia Street
 Jacksonville Fire and Rescue
 Jacksonville, FL 32202

CITY OF JACKSONVILLE • PROJECT SAVE LIVES STATUS REPORT

February 18, 2020

PROJECT MANAGEMENT TEAM

NAME	ORGANIZATION	AREA OF RESPONSIBILITY
David Castleman	Jacksonville Fire and Rescue	Contract Administration
Dr. Raymond Pomm	Gateway Community Services	Program Developer / Medical Director
Dr. Huson Gilberstadt	St. Vincent's Medical Center – Riverside	Chief Clinical Officer
Courtney Robinson	Gateway Community Services	Lead Care Coordinator
Rico Bodin	Gateway Community Services	Peer Support Specialist Coordinator
Mark Rowley	Jacksonville Fire and Rescue	Data & Reporting
Lori Bilello, PhD	UF College of Medicine – Jacksonville	Research and Analysis

PROJECT OBJECTIVE

The purpose of the Opioid Epidemic Pilot Project dubbed “Project Save Lives” is to establish a program within Duval County that provides specialized, coordinated and seamless services for the treatment of opioid addiction and misuse, thereby reducing dependence on opioid drugs and reducing opioid-related deaths. The targeted services are provided by healthcare providers and include but are not limited to stabilization and treatment for withdrawal, connection to a Peer Support Specialist, medication assisted treatment and seamless transfer to residential and/or outpatient services. This program and its services are currently provided through a partnership with the City of Jacksonville, Jacksonville Fire and Rescue Department (JFRD), Gateway Community Services, St. Vincent's Health System, Memorial Hospital and Orange Park Medical Center. UF Health, was an original partner and continues to aid in providing program research, analysis and evaluation.

PROJECT STATUS

Project Save Lives began on November 16, 2017. Below is the latest update through January 31, 2020:

DESCRIPTION	COUNT
TOTAL PATIENTS ELIGIBLE FOR PROGRAM PARTICIPATION	1532
NO PROGRAM CONTACT (Expired prior to services)	77
REFUSED ALL SERVICES (Includes hospital ICU patients and AMA's)	622
CONSENTED TO PROGRAM SERVICES	833
PARTICIPANT DISENGAGED FROM SERVICES (no phone services, relocated, declined, etc.)	26
DEATH CAUSED BY OPIOIDS	6
PROGRAM COMPLETION	675
TOTAL PARTICIPANTS ACTIVELY ENGAGED IN SERVICES	126
INITIAL TRADITIONAL (Residential, Outpatient, Intensive Outpatient)	15
PEER SUPPORT SERVICES ONLY	111

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PROJECT OPERATIONS

When overdose patients arrive at a participating hospital emergency department, lifesaving stabilization is the priority. Once stabilized, patients are met by a Peer Support Specialist who is housed in the emergency department. The Peer Support Specialist works alongside the team of physicians and nurses to further aid in the treatment of withdrawal symptoms and offer specialized residential and/or outpatient services. Patients who elect to participate are provided transportation with the Peer Specialist directly to Gateway Community Center or another accepting treatment provider. Patients who elect not to participate in immediate residential services are offered nasal Naloxone at no cost and closely followed by their Peer after discharge. This continued follow up and connection to their Peer allows patients to enter treatment later, which may include participating in an intensive outpatient or residential treatment program.

PROJECT OUTCOMES

In a two-year comparative analysis, JFRD reported a 52 percent decrease in overdose-related responses to those participants with Opioid Use Disorder (OUD) who, in 2018, enrolled in the program. The analysis was performed by comparing the number of JFRD responses to each participant 12-months prior to their enrolling into the program and 12-months after their enrollment (a two-year window). Since the program's inception, 54 percent of eligible patients (833) have consented to services. Within this participant population, there have been six known opioid-related deaths reported by the Medical Examiner. To improve the veracity of data as related to drug-related deaths, a comparative study is currently being performed to identify and quantify any drug-related deaths between the program participant group and the non-participant group. This study is being conducted through a data use agreement with the Bureau of Vital Statistics at the Florida Department of Health (DOH).

PROJECT FUNDING AND LEGISLATION

Project Save Lives is funded in part by the City of Jacksonville and by each participating hospital. Program funding has been extended through September 30, 2019 with a line item appropriation in the City's FY 2018/19 budget. The City's proposed FY 2019/20 budget also includes a line item request for \$1,191,423. In addition to City and hospital funding, the program is also the recipient of various in-kind resources and will receive funding from the Florida Department of Health in Duval County's Overdose Data to Action (OD2A) CDC grant.

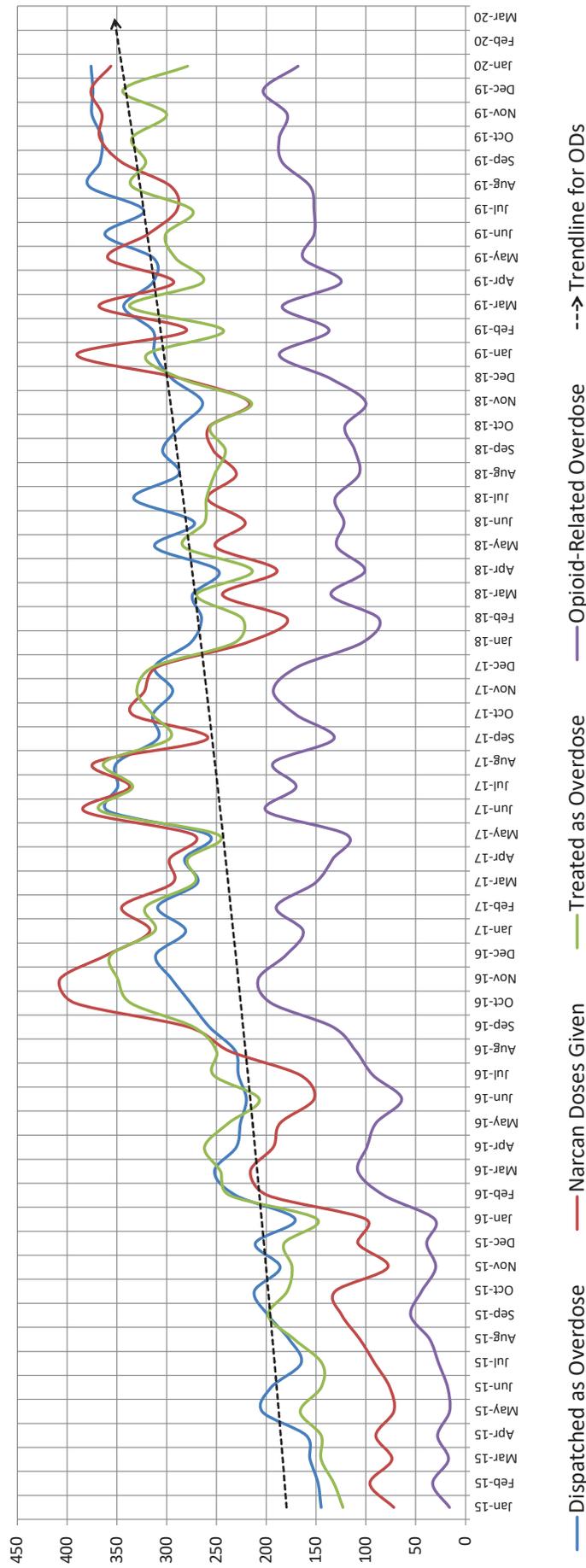
PROJECT EXPANSION

The program is now operating in five Jacksonville emergency departments (EDs): St. Vincent's Riverside, St. Vincent's Southside, Memorial Hospital, Park West and Baptist North. Expansion into UF Health - Main ED is pending contractual agreements. Thanks to funding from the Florida Department of Health in Duval County's OD2A grant, Project Save Lives has added Peer Navigators to participating hospitals who will be able to follow, and support admitted patients, including those patients transferred from a free-standing ED. The Peer Navigators also provide services in the maternity units to ensure that mothers and families of newborns with neonatal abstinence syndrome (NAS) are provided with a Plan of Safe Care to advance personal and family recovery and resiliency.

DSC/mr

Please note: Florida has a very broad public records law. Most written communications to or from government officials regarding government business are public records and may be subject to public disclosure upon request.

Jacksonville Fire & Rescue Department: Overdose Responses



Source: Jacksonville Fire & Rescue Department, Jacksonville, FL, Assistant Chief Mark Rowley. A 9-1-1 Call Received as overdose and/or Narcan administration does not necessarily confirm an overdose or opioid use. Definitions: **Dispatched as Overdose** = a 9-1-1 call was received in which the caller stated that the victim was suffering from a known or possible overdose. **Narcan Doses Given** = the count of Narcan administered, which may include repeat doses to same patient. **Treated as Overdose** = an incident in which the on scene paramedics assessed the victim and determined the victim was likely suffering from a known or suspected overdose event. **Opioid-Related Overdose** = incidents in which the on scene paramedic determined the incident was a known or suspected overdose event. AND Narcan was administered. Each of these definitions

Jacksonville Fire & Rescue Department - Overdose Responses

Month	Dispatched as Overdose	Treated as Overdose	Narcan Doses Given	Opioid-Related Overdose	Transported as Overdose
Jan-15	145	123	72	16	113
Feb-15	148	132	96	33	118
Mar-15	156	145	74	17	138
Apr-15	160	145	90	28	134
May-15	204	166	72	16	148
Jun-15	195	145	76	18	136
Jul-15	165	144	91	27	128
Aug-15	177	172	106	36	163
Sep-15	198	198	124	55	180
Oct-15	212	179	131	44	161
Nov-15	186	174	78	30	153
Dec-15	211	182	108	39	169
Jan-16	171	149	100	31	144
Feb-16	231	237	199	82	230
Mar-16	252	246	216	108	235
Apr-16	230	262	193	99	249
May-16	226	238	186	90	225
Jun-16	220	207	152	64	194
Jul-16	228	253	166	93	238
Aug-16	231	250	237	110	254
Sep-16	257	273	278	133	256
Oct-16	276	336	392	195	326
Nov-16	295	349	407	208	340
Dec-16	311	356	360	180	326
Jan-17	281	312	317	163	293
Feb-17	309	321	345	190	310
Mar-17	269	272	294	151	248
Apr-17	282	279	297	133	271
May-17	258	248	273	119	238
Jun-17	359	366	383	200	353
Jul-17	349	334	337	170	311
Aug-17	350	363	373	193	348
Sep-17	309	297	259	132	277
Oct-17	314	314	334	170	300
Nov-17	294	330	322	193	310
Dec-17	312	313	309	168	294
Jan-18	276	232	220	104	217
Feb-18	265	224	179	87	205
Mar-18	274	270	244	135	259
Apr-18	248	214	189	101	195
May-18	312	283	251	129	266
Jun-18	272	262	221	122	244
Jul-18	333	260	259	131	247
Aug-18	288	252	230	107	239
Sep-18	304	241	253	111	220
Oct-18	286	256	257	121	236
Nov-18	264	215	217	100	196
Dec-18	295	286	286	136	263
Jan-19	312	320	390	187	302
Feb-19	314	243	280	137	225
Mar-19	343	337	368	184	311
Apr-19	314	264	293	125	240
May-19	313	291	359	163	272
Jun-19	362	301	319	152	277
Jul-19	323	274	290	152	255
Aug-19	378	335	296	156	310
Sep-19	367	321	345	184	296
Oct-19	365	335	367	187	306
Nov-19	375	300	365	179	282
Dec-19	374	344	376	203	324
Jan-20	376	279	356	168	257

Source: Jacksonville, Florida Fire & Rescue Department., Asst. Chief Mark Rowley. A 9-1-1 Call Received as overdose and/or Narcan administration does not necessarily confirm an overdose or opioid use. Definitions: **Dispatched as Overdose** = a 9-1-1 call was received in which the caller stated that the victim was suffering from a known or possible overdose. **Treated as Overdose** = an incident in which the on scene paramedics assessed the victim and determined the victim was likely suffering from a known or suspected overdose event. **Narcan Doses Given** = the count of Narcan administered, which may include repeat doses to same patient. **Opioid-Related Overdose** = incidents in which the on scene paramedic determined the incident was a known or suspected overdose event AND Narcan was administered. **Transported as Overdose** = incidents in which the on scene paramedics determined the incident was a known or suspected overdose event AND the patient was transported to the hospital. Each of these definitions and events are independent of the other and are not mutually exclusive.



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117 West Duval Street
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 Jacksonville, FL 32202

OFFICE OF THE CITY COUNCIL

TDD: (904) 255-5200

**Special Committee on the Opioid
 Epidemic Meeting Agenda**

Thursday, January 16, 2020

2:00 PM
 Council Chambers

Council Members
Ron Salem, Pharm.D., Chairman
Michael Boylan
Tommy Hazouri
Brenda Priestly Jackson
Randy White

Research Assistant:
 Colleen Hampsey
 Legislative Assistant:
 Juliette Williams
 Office of General Counsel:
 Margaret M. Sidman
 Kealey West

- | | |
|--|---|
| 1. Call to order, introduction of Committee members | Council Member Ron Salem |
| 2. a. Update on Project Save Lives
b. Presentation on Acetyl Fentanyl | Dr. Raymond Pomm, Gateway |
| 3. Report on overdose trends/Narcan Grant | Chief Rowley & Chief Castleman, JFRD |
| 4. Update on Opioid Lawsuit | Tiffany Pinkstaff,
Office of General Counsel |
| 5. Report from Sheriff's Office | Director Nick Burgos, JSO |
| 6. Report from State Attorney's Office | Tim Quick, State Attorney's Office |
| 7. Report on data collection | Dr. Lori Billelo, UF Health |
| 8. E-Cigarettes and Vaping Epidemic Discussion | Council Member Ron Salem |
| 9. Comments from the public (time permitting) | |
| 10. Adjourn meeting | |

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515 N. Julia Street
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 Jacksonville, FL 32202

CITY OF JACKSONVILLE • PROJECT SAVE LIVES STATUS REPORT

January 10, 2020

PROJECT MANAGEMENT TEAM

NAME	ORGANIZATION	AREA OF RESPONSIBILITY
David Castleman	Jacksonville Fire and Rescue	Contract Administration
Dr. Raymond Pomm	Gateway Community Services	Program Developer / Medical Director
Dr. Huson Gilberstadt	St. Vincent's Medical Center – Riverside	Chief Clinical Officer
Courtney Robinson	Gateway Community Services	Lead Care Coordinator
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Mark Rowley	Jacksonville Fire and Rescue	Data & Reporting
Lori Bilello, PhD	UF College of Medicine – Jacksonville	Research and Analysis

PROJECT OBJECTIVE

The purpose of the Opioid Epidemic Pilot Project dubbed “Project Save Lives” is to establish a program within Duval County that provides specialized, coordinated and seamless services for the treatment of opioid addiction and misuse, thereby reducing dependence on opioid drugs and reducing opioid-related deaths. The targeted services are provided by healthcare providers and include but are not limited to stabilization and treatment for withdrawal, connection to a Peer Support Specialist, medication assisted treatment and seamless transfer to residential and/or outpatient services. This program and its services are currently provided through a partnership with the City of Jacksonville, Gateway Community Services, St. Vincent’s Health System, Memorial Hospital and Orange Park Medical Center. UF Health, was an original partner and continues to aid in providing program research, analysis and evaluation.

PROJECT STATUS

Project Save Lives began on November 16, 2017. Below is the latest update through December 31, 2019:

DESCRIPTION	COUNT
TOTAL PATIENTS ELIGIBLE FOR PROGRAM PARTICIPATION	1426
NO PROGRAM CONTACT (Expired prior to services)	64
REFUSED ALL SERVICES (Includes hospital ICU patients and AMA's)	587
CONSENTED TO PROGRAM SERVICES	775
PARTICIPANT DISENGAGED FROM SERVICES (no phone services, relocated, declined, etc.)	20
DEATH CAUSED BY OPIOIDS	6
PROGRAM COMPLETION	614
TOTAL PARTICIPANTS ACTIVELY ENGAGED IN SERVICES	135
INITIAL TRADITIONAL (Residential, Outpatient, Intensive Outpatient)	22
PEER SUPPORT SERVICES ONLY	113

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PROJECT OPERATIONS

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PROJECT OUTCOMES

From 2017 to 2018, the Jacksonville Fire and Rescue Department (JFRD) experienced a 71 percent decrease in overdose-related responses to participants who accepted services from Project Save Lives. An analysis of JFRD's overdose responses to program participants from 2018 to 2019 is currently being conducted. Since the program's inception, 54 percent of eligible patients (775) have consented to services. Within this participant population, there have been six known opioid-related deaths reported by the Medical Examiner. To improve the veracity of data as related to drug-related deaths, a comparative study is currently being performed to identify and quantify any drug-related deaths between the program participant group and the non-participant group. This study is being conducted through a data use agreement with the Bureau of Vital Statistics at the Florida Department of Health (DOH).

PROJECT FUNDING AND LEGISLATION

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PROJECT EXPANSION

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DSC/mr

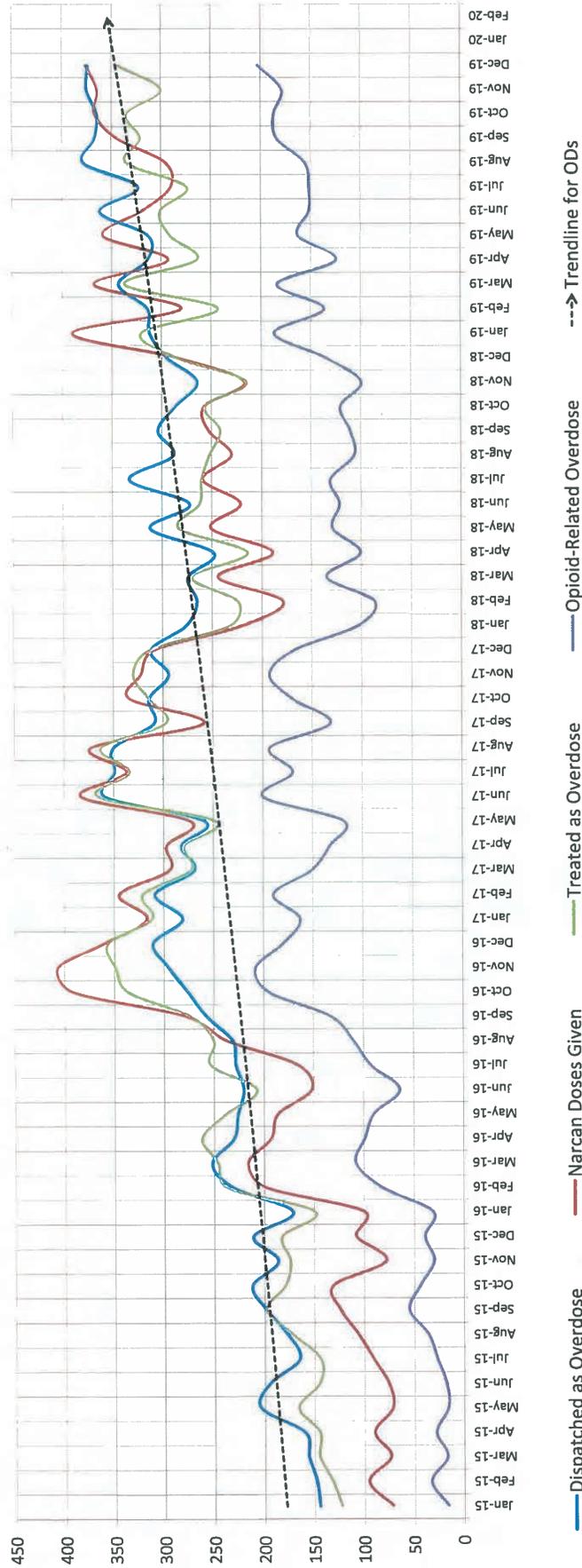
Please note: Florida has a very broad public records law. Most written communications to or from government officials regarding government business are public records and may be subject to public disclosure upon request.

Jacksonville Fire & Rescue Department - Response to Ingestion/Overdose

Month	Dispatched as Overdose	Treated as Overdose	Narcan Doses Given	Opioid-Related Overdose	Transported as Overdose
Jan-15	145	123	72	16	113
Feb-15	148	132	96	33	118
Mar-15	156	145	74	17	138
Apr-15	160	145	90	28	134
May-15	204	166	72	16	148
Jun-15	195	145	76	18	136
Jul-15	165	144	91	27	128
Aug-15	177	172	106	36	163
Sep-15	198	198	124	55	180
Oct-15	212	179	131	44	161
Nov-15	186	174	78	30	153
Dec-15	211	182	108	39	169
Jan-16	171	149	100	31	144
Feb-16	231	237	199	82	230
Mar-16	252	246	216	108	235
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Nov-18	264	215	217	100	196
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Jun-19	362	301	319	152	277
Jul-19	323	274	290	152	255
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Oct-19	365	335	367	187	306
Nov-19	375	300	365	179	282
Dec-19	374	344	376	203	324

Source: Jacksonville, Florida Fire & Rescue Department., Asst. Chief Mark Rowley. A 9-1-1 Call Received as overdose and/or Narcan administration does not necessarily confirm an overdose or opioid use. Definitions: **Dispatched as Overdose** = a 9-1-1 call was received in which the caller stated that the victim was suffering from a known or possible overdose. **Treated as Overdose** = an incident in which the on scene paramedics assessed the victim and determined the victim was likely suffering from a known or suspected overdose event. **Narcan Doses Given** = the count of Narcan administered, which may include repeat doses to same patient. **Opioid-Related Overdose** = incidents in which the on scene paramedic determined the incident was a known or suspected overdose event AND Narcan was administered. **Transported as Overdose** = incidents in which the on scene paramedics determined the incident was a known or suspected overdose event AND the patient was transported to the hospital. Each of these definitions and events are independent of the other and are not mutually exclusive.

Jacksonville Fire & Rescue Department: Ingestion/Overdose Responses



Source: Jacksonville Fire & Rescue Department, Jacksonville, FL, Assistant Chief Mark Rowley. A 9-1-1 Call Received as overdose and/or Narcan administration does not necessarily confirm an overdose or opioid use. Definitions: **Dispatched as Overdose** = a 9-1-1 call was received in which the caller stated that the victim was suffering from a known or possible overdose. **Narcan Doses Given** = the count of Narcan administered, which may include repeat doses to same patient. **Treated as Overdose** = an incident in which the on scene paramedics assessed the victim and determined the victim was likely suffering from a known or suspected overdose event. **Opioid-Related Overdose** = incidents in which the on scene paramedic determined the incident was a known or suspected overdose event AND Narcan was administered. Each of these definitions



Jacksonville Fire and Rescue Department

David S. Castleman, Chief of Rescue | Mark E. Rowley, Chief of Information Services

OVERDOSE RESPONSES

OPIOID-RELATED OVERDOSE BY ZIP CODE		
ZIP	2018	2019
32073	0%	0%
32202	2%	1%
32204	1%	1%
32205	6%	6%
32206	3%	2%
32207	4%	4%
32208	3%	2%
32209	3%	3%
32210	12%	13%
32211	5%	6%
32216	5%	3%
32217	1%	1%
32218	9%	10%
32219	2%	2%
32220	3%	3%
32221	3%	3%
32222	1%	1%
32223	1%	1%
32224	1%	1%
32225	3%	3%
32226	1%	1%
32233	2%	1%
32234	1%	1%
32244	8%	9%
32246	5%	5%
32250	2%	2%
32254	6%	5%
32256	3%	4%
32257	3%	1%
32258	1%	1%
32266	0%	0%
32277	2%	2%

OVERDOSE (OD) RESPONSES					
DESCRIPTION	2015	2016	2017	2018	2019
911 Call Received as OD	2157	2928	3686	3417	4140
Patients Treated as OD	1905	3156	3749	2995	3665
Suspected Opioid-Related	UNK	1393	1982	1384	2009
Naloxone Administered	1118	2886	3843	2806	4048

OPIOID-RELATED OVERDOSE BY COUNCIL DISTRICT		
DISTRICT	2018	2019
1	10%	11%
2	4%	5%
3	4%	3%
4	6%	6%
5	6%	4%
6	4%	2%
7	12%	12%
8	6%	5%
9	18%	20%
10	12%	12%
11	3%	5%
12	6%	7%
13	4%	2%
14	5%	5%

GENDER		
SEX	2018	2019
MALE	61%	65%
FEMALE	39%	35%

HOUR OF DAY	
00:00 - 00:59	4%
01:00 - 01:59	3%
02:00 - 02:59	4%
03:00 - 03:59	2%
04:00 - 04:59	2%
05:00 - 05:59	2%
06:00 - 06:59	2%
07:00 - 07:59	1%
08:00 - 08:59	2%
09:00 - 09:59	3%
10:00 - 10:59	3%
12:00 - 12:59	3%
13:00 - 13:59	4%
14:00 - 14:59	5%
15:00 - 15:59	5%
16:00 - 16:59	6%
17:00 - 17:59	7%
18:00 - 18:59	6%
19:00 - 19:59	6%
20:00 - 20:59	7%
21:00 - 21:59	6%
22:00 - 22:59	5%
23:00 - 23:59	5%

OPIOID-RELATED OVERDOSE BY AGE RANGE			
AGE	2018	2019	CHANGE
0 - 9	3	1	↓ 67%
10 - 19	23	31	↑ 35%
20 - 29	353	416	↑ 18%
30 - 39	464	663	↑ 43%
40 - 49	185	393	↑ 112%
50 - 59	136	197	↑ 45%
60 - 69	67	92	↑ 37%
70 +	17	13	↓ 24%

The Safe and Healthy Neighborhoods Project Summary

September 2019 to January 2020

Project Overview

The Safe and Healthy Neighborhoods Project aims to prevent and decrease opioid overdose deaths. The project is funded through a ~\$1.5 million grant awarded to the Jacksonville Fire and Rescue Department by the Substance Abuse and Mental Health Services Administration, within the Department of Health and Human Services. The grant is awarded through September 2022.

Project Goals

- **NARCAN** - Expand community access to NARCAN, a nasal spray that can temporarily reverse the life-threatening effects of opioid overdose
- **EDUCATION** - Educate first responders and community partners on the availability and use of NARCAN
- **REFERRAL** - Connect and refer persons with substance use disorder (SUD) to treatment and recovery services
- **DATA** - Collect and analyze data to develop data-driven strategies to further prevent opioid overdose deaths

Project Team

Laura Viafora Ray, MPH, CPH	<i>Project Director</i>	Jacksonville Fire and Rescue Department
Assistant Chief Mark Rowley	<i>Lead Evaluator</i>	Jacksonville Fire and Rescue Department
Captain Jim Schaudel	<i>Grant Administrator</i>	Jacksonville Fire and Rescue Department

Project Partners

The City of Jacksonville has entered into a funding agreement with Drug Free Duval to provide comprehensive training on the signs of opioid overdose and NARCAN administration to community partners. The city has also entered into a funding agreement with Gateway Community Services to purchase and store the NARCAN, and to distribute to their patients as well as other local substance use treatment providers.

Project Activities (as of January 15, 2020)

<i>Number of NARCAN Kits Distributed</i>	189
<i>Number of Trainings Completed (by Drug Free Duval)</i>	5
<i>Number of Individuals Trained (by Drug Free Duval)</i>	126
<i>Number of Trainings Scheduled (next 30 days)</i>	6

Distribution of NARCAN September 2019 to January 2020

Distribution of NARCAN kits under The Safe and Healthy Neighborhoods Project is prioritized by three main categories: 1) High-Need Areas, 2) Vulnerable Populations, and 3) High-Risk Occupations. These categories are further explained below.

1) High-Need Areas

The opioid crisis has been far-reaching and widespread, but some communities have been impacted more than others. Nearly half of the opioid-related overdoses that JFRD responded to in 2018 and 2019 have occurred in just six zip codes – 32210, 32218, 32244, 32205, 32254, and 32211. Three of these six (32210, 32244, 32205) are located in the southwest portion of the city, sometimes referred to as Health Zone 4 or the Westside.

Thus far, the distribution of NARCAN kits has closely matched the need, with nearly a fourth being distributed in the 32210-zip code. Community organizations and businesses in zip codes 32218, 32244, 32205, and 32254 will be identified for future trainings and distributions. It should be noted that 54% of NARCAN kits were distributed at Gateway Community Services, located in 32204. Gateway serves a high-need population, and 32204 is directly adjacent to two high-need zip codes - 32205 and 32254.

Nearly a third of individuals who have received a NARCAN kits under this project reported their zip code of residence as one of the six high need zip codes.

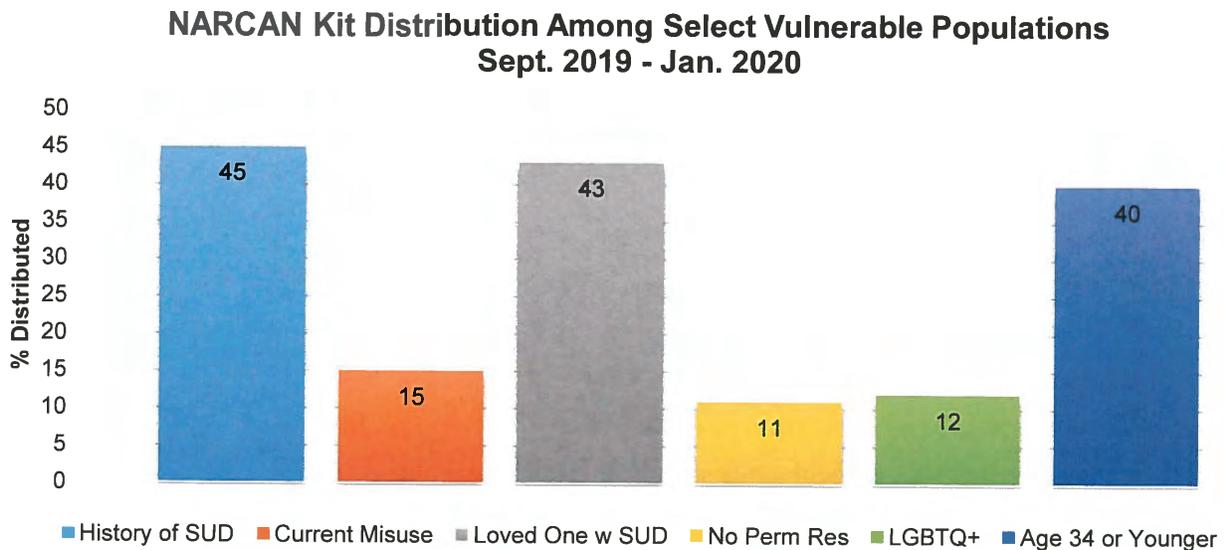
Zip Code	Share of Opioid-Related Overdoses in 2018-2019, compared to all Jacksonville Zip Codes	Share of NARCAN Kits Distributed (Sept. 2019 - Jan. 2020)	Reported Zip Code of Residence by Individuals Receiving NARCAN Kits (Sept. 2019 - Jan. 2020)
32210	13%	24%	9%
32218	10%	0%	6%
32244	9%	0%	5%
32205	6%	0%	7%
32254	6%	0%	1%
32211	6%	17%	2%
All Six High Need Zip Codes	48%	41%	30%
All Other Zip Codes	52%	59%	70%

2) Vulnerable Populations

Vulnerable populations include individuals with a history of substance use disorder (SUD), individuals who are currently misusing a substance or using an illicit substance, and their families, partners, friends, and loved ones. Nearly half of the individuals receiving a NARCAN kit under this project reported a history of diagnosis of SUD, and nearly one in five reported current misuse of a substance or use of an illicit substance. Furthermore, almost half reported having a loved one (spouse, romantic partner, family member, or friend) with a history of SUD.

Other select vulnerable populations include individuals without a permanent residence, members of the LGBTQ+ community, and those aged 34 and younger. About one in ten individuals receiving NARCAN under this project reported not having a permanent residence, and one in ten reported being a member of the LGBTQ+ community. We anticipate these rates increasing as we reach out to organizations directly serving these populations. A little less than half of the individuals receiving NARCAN were aged 34 and younger. This closely matches the need in this population; in 2019, individuals aged 34 and younger represented approximately 44% of JFRD's responses to opioid-related overdoses. Younger individuals who die as a result of an opioid overdose also represent a greater number of years of potential life lost.

These categories are not mutually exclusive, and one individual may represent multiple population categories. Moreover, individuals representing these populations may have received their NARCAN kit in a high need area, may reside in a high need area, and/or may be in a high-risk occupation.



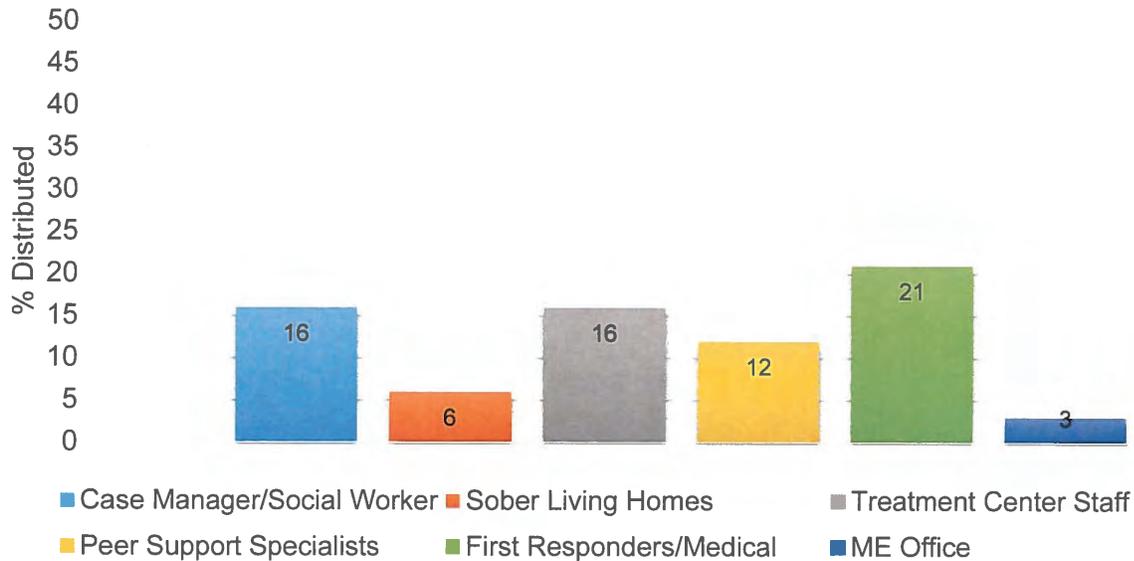
3) High-Risk Occupations

High Risk Occupations include individuals who work with people with substance use disorder and their families, such as case managers/social workers, staff and owners of sober living homes, treatment center staff, and Peer Support Specialists. This category also encompasses individuals who may be at higher risk for encountering an overdose victim or being exposed to a highly potent opioid in the course of their work, such as first responders, medical professionals, and Medical Examiner's Office staff.

These categories are not mutually exclusive, and one individual who received a NARCAN kit may represent multiple occupation categories. Furthermore, individuals representing these categories may also be a member of a vulnerable population, may have received their NARCAN kit in a high need area, and may also reside in a high need area.

It should be noted that law enforcement and other first responders have access to separate funding sources for NARCAN, through the Florida Department of Health's Helping Emergency Responders Obtain Support (HEROS) Program. Therefore, distribution to these entities is not the highest priority for this project. In the near future, additional high-risk occupations who are not eligible for the HEROS program will be targeted, such as homeless shelter staff and security personnel.

**NARCAN Kit Distribution Among Select High-Risk Occupations
Sept. 2019 - Jan. 2020**



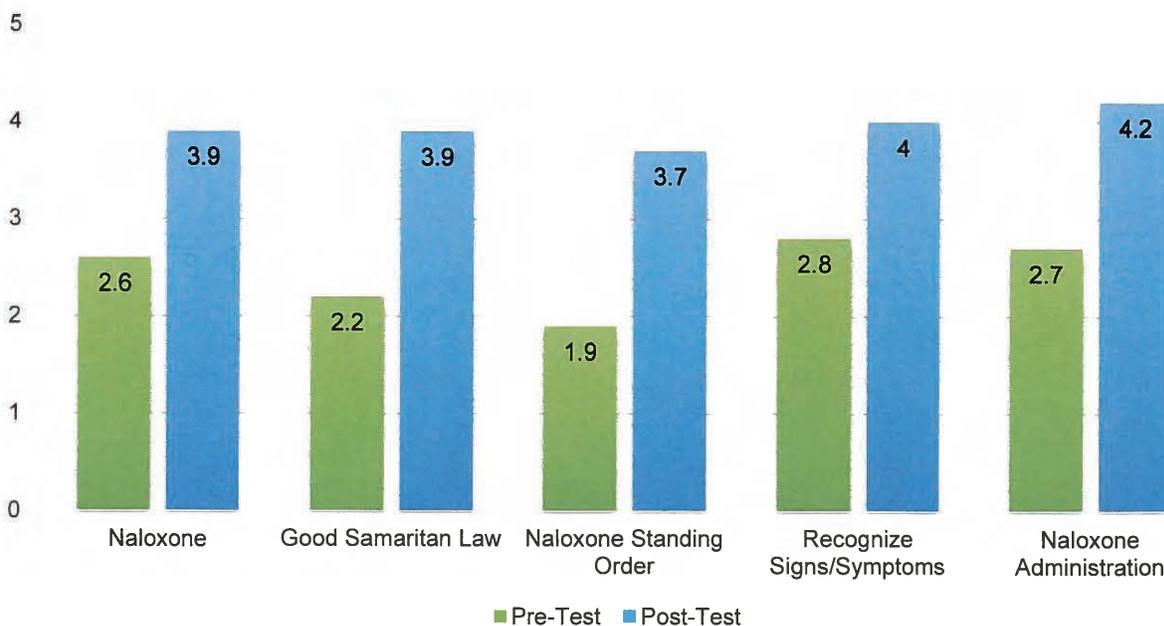
Signs of Overdose & Naloxone/NARCAN Administration Training September 2019 to January 2020

Participants of Drug Free Duval’s “Signs of Overdose & Naloxone/NARCAN Administration Training” take a pre- and post-test reporting their perceived knowledge of topics related to opioid overdose and naloxone/NARCAN, as well as their perceived confidence in recognizing and responding to an opioid overdose event.

Participants are asked to rate how knowledgeable they are, on a scale from 1 to 5, on these topics: naloxone/NARCAN, Florida’s Good Samaritan Law as it relates to naloxone/NARCAN, and Florida’s naloxone standing order. On average, participants ranked their knowledge level as about 2 to 3, between “Slightly Knowledgeable” to “Moderately Knowledgeable” in the pre-test on all three topics. Participants demonstrated knowledge gains in the post-test, reporting an average knowledge level of about 4, or “Very Knowledgeable” in all three areas.

Participants are also asked how confident they are, on a scale from 1 to 5, that they could recognize the signs and symptoms of an opioid overdose and correctly administer naloxone during a known or suspected opioid-overdose. On average, participants ranked their confidence level in the pre-test for both measures just below 3, or “Moderately Confident.” Participants demonstrated enhanced confidence for both measures in the post-test, reporting an average confidence level of about 4, or “Very Confident.”

**Knowledge and Confidence Among Training Participants
Sept. 2019 - Jan. 2020**

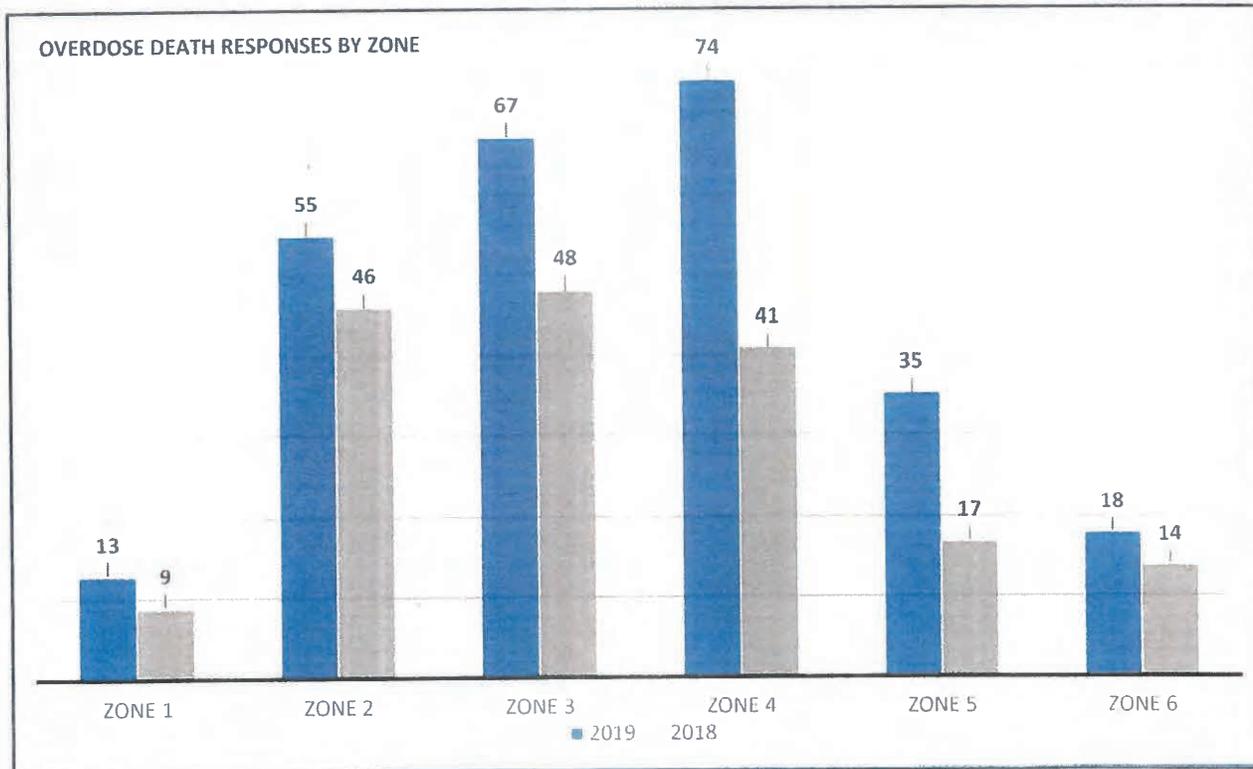
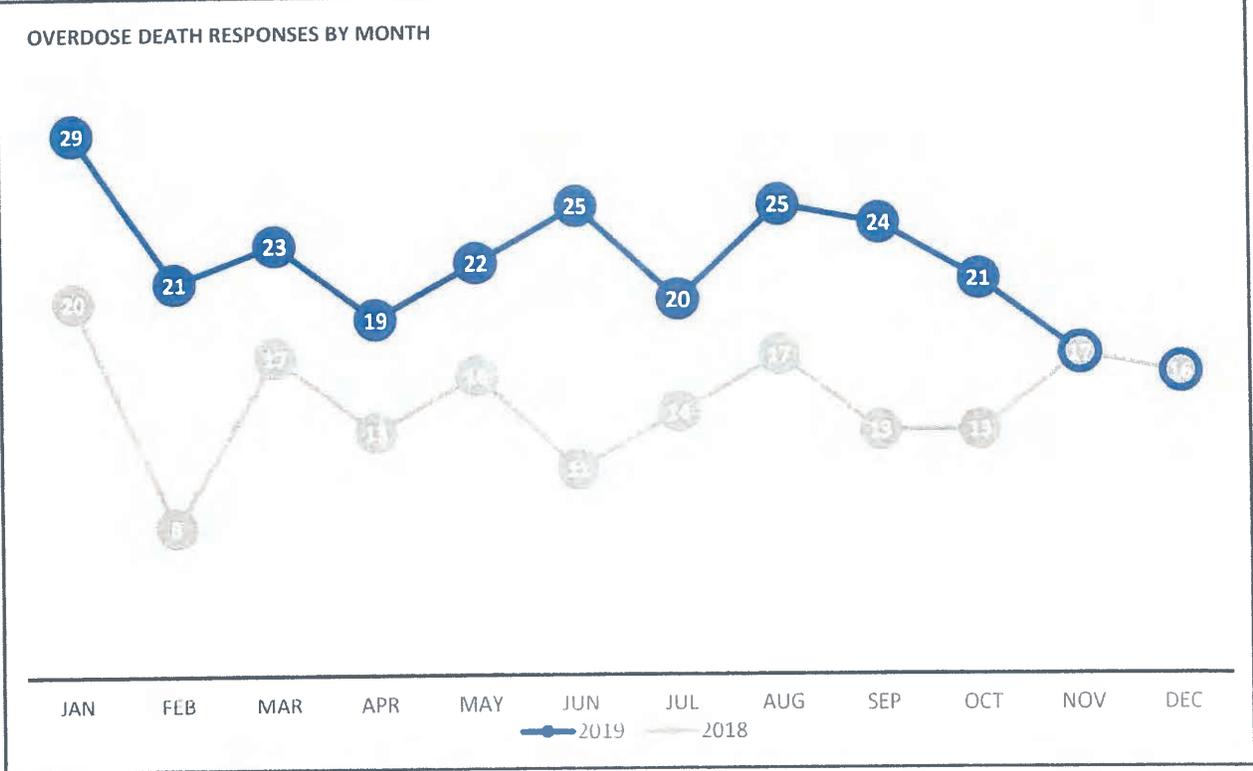


Training participants also complete a pre- and post-test knowledge-based assessment with six multiple choice or true/false questions. The average score on this pre-test was **4.6 out of 6**, and participants again demonstrated gains in knowledge related to opioids and naloxone/NARCAN, as the average post-test score increased to **5.7 out of 6**.



OVERDOSE DEATH RESPONSES BY MONTH AND ZONE

2018 and 2019



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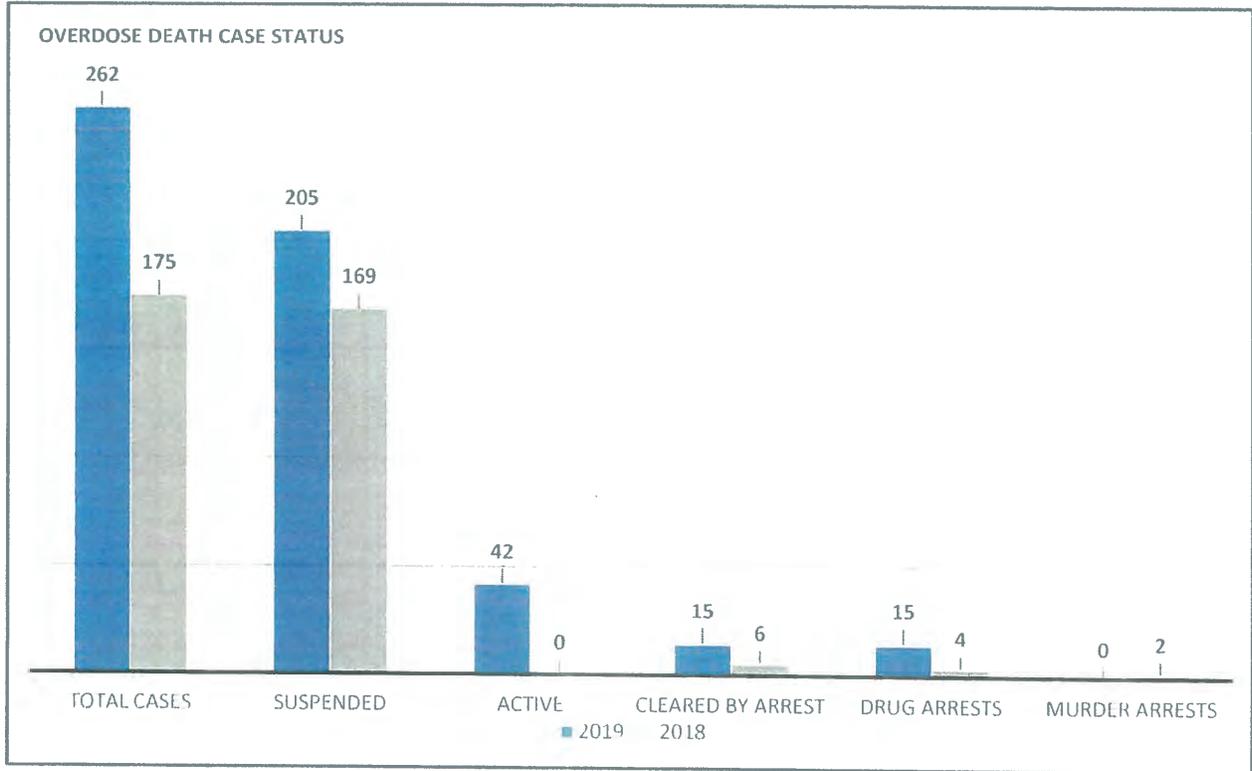
**This information is based solely on data obtained from the Narcotics SharePoint.*

Jacksonville Sheriff's Office Crime Analysis Unit (KAU)
Date Updated 1/8/2020



OVERDOSE DEATH CASE STATUS

2018 and 2019



FOR INTERNAL USE ONLY

**This information is based solely on data obtained from the Narcotics SharePoint.*

Jacksonville Sheriff's Office Crime Analysis Unit (KAI)
Date Updated: 1/8/2020

Evans, Nicole

From: Raymond Pomm <RPomm@gatewaycommunity.com>
Sent: Sunday, January 12, 2020 2:12 PM
To: Salem, Ronald
Subject: Fw: Positive Experience at Baptist North ED

Follow Up Flag: Flag for follow up
Flag Status: Completed

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Ron,

I want to share a wonderful e-mail with you. This exemplifies what PSL is all about and I am so proud. I leave it to you as whether and how to use it.

Thanks,

Ray

Sent from my Verizon LG Smartphone

----- Original message-----

From: Rico Bodin
Date: Sun, Jan 12, 2020 12:14 PM
To: Raymond Pomm; Courtney Robinson; Barbara Davenport;
Cc:
Subject: FW: Positive Experience at Baptist North ED

See below...

Best Regards,



Rico Bodin MS, MCAP, BC-TMH Provider, Registered Mental Health Counselor Intern
Director of Recovery Connections
GATEWAY 1 555 Stockton Street
Jacksonville, FL 32204
Office: 904-387-4661 x1020
Cell: 904-651-4396

www.gatewaycommunity.com

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From: Jacqueline Lebel <JLebel@gatewaycommunity.com>

Sent: Sunday, January 12, 2020 10:48 AM

To: Rico Bodin <RBodin@gatewaycommunity.com>

Subject: Positive Experience at Baptist North ED

Good morning again.

I just wanted to tell you about a positive effect of our peer presence in the ER:

Yesterday, we had a patient come into the ER for an abscess in her arm from IV drug use. The doctor came out of the room after speaking with her and told me that there was no way she would accept or want any type of treatment. In fact, he said yeah, I wouldn't even bother talking with her she is not interested. Then, the PA went in to assess her injury and talk with the patient. She came out and said the same thing, that the patient was not interested in any type of treatment services and denies having a substance use problem, but if you want to talk to her you can, but again, she declined wanting or needing any treatment for SUD.

So I went in, introduced myself, as a person living in long-term recovery etc., and she immediately let her guard drop down and opened up to me. She cried, laughed, and then some throughout our conversation and I was able to connect with her on whole other level with my lived-experience and understanding of active addiction. So she did in fact consent to peer services and requested a referral to Starting point (she lives in Nassau county on and off, which I passed her info on to Heather to make the official referral) and wants to consider going into residential treatment!! She went from completely shut down and telling the doctors she did not want/need help, to being receptive and consenting. It was incredible. One of the doctors (the PA) literally patted me on the back and said Great Job I am so happy she consented to services with you! Both doctors were completely shocked and happy that I was able to connect with her and have her consent to peer services and possibly more treatment in the future. She is very co-dependent to men and so this will definitely take a lot of reassuring and providing her hope and strength but I was just so happy to see the turn-around and see our presence here really have a tremendous effect on the patients. And to see the doctors verbally validating our presence here as well and being pleased with our services was awesome.

So I just wanted to share with you my experience here yesterday and share some good news / good prospective. I think I am Project Save Lives biggest fan and just love that we, peers, are in the emergency rooms offering such amazing services, and providing strength and hope to those still sick and suffering. Seeing the doctors reaction to our work was awesome!!

Have a great day!

All my best,

Jackie

Jacqueline Lebel

Peer Support Specialist

jlebel@gatewaycommunity.com

(904)202-6890 Baptist North ED

County	Medical Examiner District	Total Cannabis Discharges in CY 2018	Total Opioid Discharges in CY 2018	Total Heroin Discharges in CY 2018	Total Cocaine Discharges in CY 2018	Total Meth Discharges in CY 2018	Total Alcohol Discharges in CY 2018
Alachua	8		2061	20	1044	560	3020
Baker	8		6				
Bradford	8		19		7		24
Citrus	5	138	209	5	41	80	473
Clay	4	482	875	37	456	153	1381
Columbia	3	89	169	1	60	25	246
Duval	4	2966	3898	125	3714	581	6801
Flagler	23	47	116	6	26	17	252
Hernando	5	125	781	8	81	126	954
Lake	5	443	1450	21	189	171	1256
Levy	8	6	27		7	6	26
Marion	5	783	951	48	561	524	2313
Nassau	4	29	108		14	9	117
Putnam	23	37	106	48	48	21	188
St. Johns	23	205	247	1	168	91	432
Sumter	5	29	147	6	13	24	205
Suwannee	3	6			7	5	30
Volusia	7	958	1290	58	616	260	2567
NE REGION TOTAL		6,343	12,460	336	7,052	2,653	20,285
STATE TOTAL		45,138	65,321	1,852	42,137	12,946	99,188

County	US Census Bureau Estimated 2018 Population	Medical Examiner District	Total Cannabis Discharges in CY 2018	Total Opioid Discharges in CY 2018	Total Heroin Discharges in CY 2018	Total Cocaine Discharges in CY 2018	Total Meth Discharges in CY 2018	Total Alcohol Discharges in CY 2018
Columbia	70,503	3	89	169	1	60	25	246
Suwannee	44,191	3	6			7	5	30
District 3 Total	114,694	3	95	169	1	67	30	276
Clay	216,072	4	482	875	37	456	153	1381
Duval	950,181	4	2966	3898	125	3714	581	6801
Nassau	85,832	4	29	108		14	9	117
District 4 Total	1,252,085	4	3477	4881	162	4184	743	8299
Citrus	147,929	5	138	209	5	41	80	473
Hernando	190,865	5	125	781	8	81	126	954
Lake	356,495	5	443	1450	21	189	171	1256
Marion	359,977	5	783	951	48	561	524	2313
Sumter	128,754	5	29	147	6	13	24	205
District 5 Total	1,184,020	5	1,518	3,538	88	885	925	5,201
Volusia	547,538	7	958	1290	58	616	260	2567
District 7 Total	547,538	7	958	1,290	58	616	260	2,567
Alachua	269,956	8		2061	20	1044	560	3020
Baker	28,355	8		6				
Bradford	27,732	8		19		7		24
Levy	40,770	8	6	27		7	6	26
District 8 Total	366,813	8	6	2,113	20	1,058	566	3,070
Flagler	112,067	23	47	116	6	26	17	252
Putnam	74,163	23	37	106		48	21	188
St. Johns	254,261	23	205	247	1	168	91	432
District 23 Total	440,491	23	289	469	7	242	129	872

County	US Census Bureau Estimated 2018 Population	Cannabis Discharge Per 100,000 & Ranking	Opioid Discharges per 100,000 & Rank in CY 2018	Heroin Discharges per 100,000 & Rank in CY 2018	Cocaine Discharges per 100,000 & Rank in CY 2018	Meth Discharges per 100,000 & Rank in CY 2018	Alcohol Discharges per 100,000 & Rank in CY 2018	
Alachua	269,956	18	763	1	387	2	1,119	1
Baker	28,355	17	21	17	-	18	-	18
Bradford	27,732	16	69	15	13	12	87	15
Citrus	147,929	93	141	10	3	28	54	6
Clay	216,072	23	405	5	17	3	71	3
Columbia	70,503	126	240	7	11	85	35	10
Duval	950,181	312	410	2	13	391	61	5
Flagler	112,067	42	104	13	5	23	15	13
Hernando	190,865	65	409	3	4	42	66	4
Lake	356,495	124	407	4	6	53	48	7
Levy	40,770	15	66	16	-	17	14	14
Marion	359,977	218	264	6	13	156	146	2
Nassau	85,832	34	126	11	-	16	15	16
Putnam	74,163	50	143	9	-	10	16	136
St. Johns	254,261	81	97	14	0	65	28	11
Sumter	128,754	23	114	12	8	66	36	9
Suwannee	44,191	14	-	18	-	10	19	12
Volusia	547,538	175	236	8	11	113	11	15

Medical Examiner District	Area of Florida	Estimated Population	Cannabis Discharges per 100,000 & Rank in CY 2018	Opioid Discharges per 100,000 & Rank in CY 2018	Heroin Discharges per 100,000 & Rank in CY 2018	Cocaine Discharges per 100,000 & Rank in CY 2018	Meth Discharges per 100,000 & Rank in CY 2018	Alcohol Discharges per 100,000 & Rank in CY 2018
District 3	Live Oak/Lake City	114,694	83	4	5	6	5	6
District 4	Jacksonville/Orange Park/Fernandina	1,252,085	278	1	2	1	1	3
District 5	Ocala/Leesburg	1,184,020	128	3	3	3	4	2
District 7	Daytona/Ormond Beach	547,538	175	2	4	2	3	4
District 8	Gainesville/Starke	366,813	2	6	1	4	2	1
District 23	St. Augustine/Palatka	440,491	66	5	6	5	6	5

Medical Examiner District	Area of Florida	Estimated 2018 Population	Opioid Discharges per 100,000 & Rank in CY 2018	Count of Deaths Caused by Opioids in 1st Half 2018	Opioid Deaths per 100,000 & Ranking
District 3	Live Oak/Lake City	114,694	147.3	5	7.8
District 4	Jacksonville/Orange Park/Fernandina	1,252,085	389.8	2	19.7
District 5	Ocala/Leesburg	1,184,020	298.8	3	8.1
District 7	Daytona/Ormond Beach	547,538	235.6	4	23.0
District 8	Gainesville/Starke	366,813	576.0	1	3.8
District 23	St. Augustine/Palatka	440,491	106.5	6	4.5

Medical Examiner District	Area of Florida	Estimated 2018 Population	Heroin Discharges per 100,000 & Rank in CY 2018	Count of Deaths Caused by Heroin in 1st Half 2018	Heroin Deaths per 100,000 & Ranking
District 3	Live Oak/Lake City	114,694	0.9	6	-
District 4	Jacksonville/Orange Park/Fernandina	1,252,085	12.9	1	2.1
District 5	Ocala/Leesburg	1,184,020	7.4	3	1.2
District 7	Daytona/Ormond Beach	547,538	10.6	2	8.2
District 8	Gainesville/Starke	366,813	5.5	4	0.3
District 23	St. Augustine/Palatka	440,491	1.6	5	0.2

Medical Examiner District	Area of Florida	Estimated 2018 Population	Cocaine Discharges per 100,000 & Rank in CY 2018	Count of Deaths Caused by Cocaine in 1st Half 2018	Cocaine Deaths per 100,000 & Ranking
District 3	Live Oak/Lake City	114,694	58.4	5	0.9
District 4	Jacksonville/Orange Park/Fernandina	1,252,085	334.2	1	6.0
District 5	Ocala/Leesburg	1,184,020	74.7	4	2.3
District 7	Daytona/Ormond Beach	547,538	112.5	3	5.8
District 8	Gainesville/Starke	366,813	288.4	2	2.2
District 23	St. Augustine/Palatka	440,491	54.9	6	1.1

Medical Examiner District	Area of Florida	Estimated 2018 Population	Meth Discharges per 100,000 & Rank in CY 2018	Count of Deaths Caused by Meth in 1st Half 2018	Meth Deaths per 100,000 & Ranking
District 3	Live Oak/Lake City	114,694	26.2	6	3.5
District 4	Jacksonville/Orange Park/Fernandina	1,252,085	59.3	3	1.0
District 5	Ocala/Leesburg	1,184,020	78.1	2	2.5
District 7	Daytona/Ormond Beach	547,538	47.5	4	3.7
District 8	Gainesville/Starke	366,813	154.3	1	0.5
District 23	St. Augustine/Palatka	440,491	29.3	5	0.7

