

# Coordinated Opioid Recovery

A NETWORK OF ADDICTION CARE



# BACKGROUND

Substance Use Disorder (SUD) is a growing problem with overdose death rates increasing annually. Provisional data for 2021\* indicate there were:

- 122,519 Emergency Medical Services (EMS) responses to suspected drug overdoses
- 35.2% (43,174) were opioid overdoses
  - Naloxone was administered to 87.4% (37,732) of suspected opioid overdoses.
  - 6,763 fatal overdoses were reported.
  - 81.2% (5,498) of which involved opioids.
  - Of the 5,498 fatal overdoses involving opioids, 84.7% (4,662) involved synthetic opioids (i.e., methadone and fentanyl)

\*2021 data are provisional, and numbers are expected to be higher than reported here.

# ADDICTION STABILIZATION MODEL

## Palm Beach County Addiction Stabilization Center Model

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

# COMPONENT 1: RESCUE RESPONSE

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

# COMPONENT 2: STABILIZATION/ASSESSMENT

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

# COMPONENT 3: LONG-TERM TREATMENT

## Long-Term Treatment

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

# PILOT PROJECT

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

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

# EVALUATION

## Standardized performance metrics:

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



# County Selection Criteria

# STEP 1: CAPACITY

## **Assessment of Infrastructure Needed to Begin Pilot in July 2022**

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

# STEP 2: NEED

## Identification of Substance Use Disorder Hot Spots

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

# STEP 3: COMMUNITY CHARACTERISTICS

## Evaluation of Community Characteristics

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

# STEP 4: RESOURCES

## Review of Current participation in Evidence-Based and Pilot Programs

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

# STEP 5: VERIFICATION

## Confirmation of Existing Resources and Infrastructure

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

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Pilot Counties

■ PHASE 1

■ PHASE 2

