

# FLORIDA'S OPIOID STATE TARGETED RESPONSE GRANT STRATEGIC PLAN

This document contains content regarding Florida's Opioid State Targeted Response (STR) grant that is provided in response to requests for information contained in SAMHSA's *Opioid STR Strategic Plan Template*. Content from the *Opioid STR Strategic Plan Template* is reproduced in bold font below, followed by responses from the Florida Department of Children and Families (hereafter referred to as "the Department").

## Expanding the current programmatic capacity

- **Considering the current capacity – How will your state utilize the Opioid STR funding to:**
  - **Increase the number of OTPs/OBOTs**
  - **Increase the availability of qualified staff and programs to address the needs of persons with OUD**
  - **Improve access to services**
    - **Provide transportation**
    - **Use of telehealth, internet connections**
    - **Web-based group sessions, etc.**
    - **Other**

## FLORIDA'S PLANS:

Florida is directing the majority of Opioid STR funds to increase medication-assisted treatment (MAT) capacity using all FDA approved medications indicated for opioid use disorders. This includes community-based services to support individuals receiving medications such as outpatient, day treatment, recovery support, supportive housing, supported employment, and other services. Providers can provide many of these services using telehealth. In terms of increasing OBOTs, this will predominantly be accomplished through existing service network providers who have DATA2000 waived physicians or are in the process of becoming waived. Managing Entities, the regional organizations under contract with the Department to manage treatment services, are also encouraged to partner with community physicians, federally qualified health centers, and community health centers providing MAT to leverage resources and develop referral agreements.

The Department is also targeting funds to existing providers operating licensed OTPs to increase their service capacity. In Florida, additional OTPs may only be established in response to a determination of need. The Department published an emergency rule in August 2017 detailing the methodology behind the determination of additional need and an expedited application process. The needs assessment yielded a potential need for 49 additional OTPs, but it is not anticipated that the Department will receive that many applications, especially in rural counties where opening a full clinic may be cost-prohibitive. Additionally, the Department is working with the state Medicaid authority to review their utilization of MAT for Medicaid enrollees to identify barriers for physician, such as prior authorization requirements and reimbursement rates.

In a collaborative effort with the Florida Alcohol and Drug Abuse Association (FADAA), the Department is using Opioid STR funding to expand a prescriber peer mentoring and training

program intended to increase the number of physicians and programs that use buprenorphine and other FDA-approved medications to treat opioid use disorders. The training, technical assistance, and expert consultation services provided through this program will help ensure that new medication-assisted treatment (MAT) program staff are qualified to address the needs of individuals with opioid use disorders. The Department is also collaborating with FADAA on the development of strategies to encourage medical schools to provide enhanced training on substance use disorders and MAT. The Department also authorized the use of Opioid STR funds to pay for incidental expenses, like transportation, associated with engagement and retention in treatment and recovery support services. Telehealth and mobile apps can also be supported with Opioid STR funds and the Department is actively exploring these options with interested providers such as the myStrength app.

### **Initiation and/or Expansion of Recovery Support Services**

- **Peer Recovery Coaches**
  - **Available 24-hours a day for on-call response to Emergency Departments, etc.**
  - **Provide links to community services and recovery community programs**
  - **Provide assistance with access**
    - **Transportation**
    - **Financial Assistance (Medicaid, Medicare, insurance)**
    - **Employment assistance**
    - **Housing assistance**
    - **Other**

**FLORIDA’S PLANS:** The Department is using Opioid STR funds to initiate hospital-based buprenorphine induction pilot programs for individuals admitted to emergency departments due to an overdose or other medical complications resulting from opioid misuse. This includes the use peer specialists to facilitate engagement and linkage to community-based MAT providers for ongoing care. Existing recovery support services will be expanded and the Department has authorized the use of Opioid STR funds to pay for incidental expenses (like transportation), recovery support (provided by peer specialists) supportive employment, supportive housing, and case management services to facilitate access and retention in care.

### **Based upon your state data of persons served with public and private funds in OTPs and DATA 2000 Buprenorphine Waiver Provider Practices (including FQHCs) from most recent annual data available**

- **What financial interventions will you utilize to**
  - **Increase the number of persons served with public funds (federal grants, Medicaid, state and local funds, etc.)**
  - **Increase the number of persons served with private funds (self-pay, private insurance, etc.)**
  - **Ensure coverage for persons who are not insured or underinsured**

**FLORIDA’S PLANS:** As discussed earlier, the Department plans to collaborate with the Agency for Health Care Administration (Medicaid authority) on the removal of prior authorizations for FDA-approved medications to treat opioid use disorders. The Department will increase the number of persons served with public funds by using Opioid STR funds until they

run out. After that, Florida will have developed plans to commit a portion of the Substance Abuse Prevention and Treatment Block Grant award and/or state general revenue to ensuring that indigent, underinsured, and uninsured individuals have access to MAT for opioid use disorders. The Department has submitted a legislative budget request to support this.

In order to help increase access to MAT through private insurance plans, the Department would need additional time and resources to adequately analyze the barriers (including Fail First and prior authorization requirements), if any, to accessing MAT through private plans.

#### **Considering current staffing limitations**

- **Provide the process, services, and interventions you will use to increase the capacity of your existing programs dedicated to addressing OUD**
  - **Hiring and training new staff**
  - **Integrating programs and personnel**
  - **Collaboration with other qualified professionals and systems**

**FLORIDA’S PLANS:** The Department is using Opioid STR funds to offer training and technical assistance to any new program staff members or interested prescribers through FADAA’s MAT prescriber peer mentoring project. The Department is also collaborating with FADAA on the development of strategies to encourage medical schools to provide enhanced training on substance use disorders and MAT. FADAA will also develop training specific to child welfare personnel and judiciary to ensure that parents at risk of losing their children as a result of their opioid misuse are linked with treatment, specifically MAT. The hospital-based, peer-supported buprenorphine induction pilot programs funded under Opioid STR also represent a service model that integrates hospital-based overdose response and services with peer engagement and community-based MAT services.

Internally, the Department has added a permanent full-time position dedicated to overdose prevention activities and subject expertise in MAT. Using Opioid STR grant funds, the Department has added 12 full time positions, including 6 peer specialists and 6 behavioral health consultants in our regional substance abuse and mental health program offices. The peer specialists will work with local communities and network service providers to educate them on the value of MAT and recovery orientation. The behavioral health consultants will be housed within child protective investigative units to assist with identification of substance use issues, educate on MAT, model engagement techniques, and assist with appropriate service linkages.

In terms of collaboration with other systems, regional Department staff are members of local opioid task forces that include health providers, law enforcement, local government, and concerned citizens to establish action plans for their counties so that resources and expertise can be leveraged. At the state level, the Department is a member of the Drug Advisory Council housed within the Department of Health and is in the process of creating a workgroup with AHCA and the Department of Health to integrate efforts in addressing the opioid crisis. In October 2017, the Department will be joining the Florida Medical Association to speak with physicians, pain clinics, medical schools, and Florida’s Surgeon General to coordinate responses to the opioid crisis.

**Considering the other existing activities and their funding sources in the state that address opioid use prevention, treatment and recovery activities**

- **What processes, systems, interventions and collaborations will you utilize to support a holistic approach to addressing the opioid epidemic**
  - **Collaboration with CDC, CMS, ASTHO, HRSA, ASPE, AHRQ, etc. within your state**
  - **Integration with primary health care providers via co-location of staff**
  - **Referral/Business agreements with other provider networks**
  - **Coordination with public health clinics, FQHCs, Emergency Departments, etc.**

**FLORIDA’S PLANS:** The Department will collaborate with the Agency for Health Care Administration, Department of Corrections, Department of Health, Department of Law Enforcement, Florida Hospital Association, Florida Sheriffs Association, Florida Alcohol and Drug Abuse Association, and Florida Association of Counties. These entities work together to review strategies and determine what pieces, if any, are missing from a holistic approach to addressing the epidemic. As previously noted, the Department will use Opioid STR funds to implement buprenorphine induction pilot programs within Emergency Departments, with peers assisting with engagement and linkages to ongoing care through community-based MAT providers.

The Department is also in the process of developing new contract language which would require all treatment providers that receive Substance Abuse Prevention and Treatment Block Grant funding to actively link individuals with opioid use disorders to an MAT provider if they do not have the capacity to provide it.

Most of the service network providers have existing referral agreements with public health clinics, federally qualified health centers, and emergency departments. Some have co-located staff, typically with the service provider embedded within a primary or emergency health care setting. Meanwhile some service providers have full primary medical care clinics onsite.

**Please provide a detailed plan for addressing your population of focus and other priority populations, i.e. Pregnant Women and Women with Dependent Children, persons being released from incarceration, tribal entities, etc.**

- **What processes, systems, interventions, and collaborations will you utilize to support these populations**
  - **Integration with primary and public health**
  - **Expansion of trained providers to provide evaluation, assessment, medication induction, specialized services, etc.**
  - **Inclusion of other state entities and agencies involved with these populations**
    - **Criminal Justice**
    - **Law Enforcement**
    - **Child Welfare**
    - **Child Protective Services**
    - **Drug Courts**
    - **Probation/Parole**

- **Other**

**FLORIDA’S PLANS:** The first population of focus is middle and high school students in rural counties with the highest prevalence of nonmedical opioid use, to be targeted for primary prevention programs. The second is individuals with opioid use disorders to be targeted for treatment and overdose prevention resources. In order to direct limited resources for the second group and obtain greatest impact, the following individuals who misuse opioids will be prioritized for services: pregnant women who are injecting opioids, pregnant women, caretakers involved with child welfare, caretakers of children ages 0-5, and individuals re-entering the community from incarceration. This is not meant to imply that other individuals are ineligible for services. Individuals who do not fall into one of the five categories listed above can still receive Opioid STR funded services as long as they are indigent, uninsured, and underinsured individuals with opioid use disorders.

The buprenorphine induction pilot programs within Emergency Departments, with peers assisting with engagement and linkages to ongoing care through community-based MAT providers, represent an important collaboration that will help integrate MAT services within hospitals. All the previously mentioned training, technical assistance, and mentoring services will help expand the number of providers who are trained and qualified to conduct assessments, evaluations, medication induction, and other services for these populations. Other entities and agencies involved in serving the populations of focus include the Florida Department of Law Enforcement, the Florida Police Chiefs Association, the Florida Sheriffs Association, and the Florida Highway Patrol, all of whom are assisting with the distribution of naloxone to first responders. Additionally, the Florida Department of Corrections, the Florida Sheriffs Association, and the Florida Association of Counties are assisting with an assessment of the need for MAT services within reentry programs. The Opioid STR Project Director will also continue to collaborate with representatives from the Department’s regional offices and the Child Welfare Program on the oversight of the Behavioral Health Consultants that have been hired as part of this project to support Child Protective Investigators and dependency case managers with assessments and linkages to MAT.

**Based on the results of your needs assessment, describe the prevention population(s) of focus. Outline any identified gaps and areas of high need and the strategies that will be used to address them.**

- **Describe the strategies and processes that will be implemented to increase the utilization of the PDMP and increase data collection efforts in areas of high need**
- **Describe the strategies that will be implemented to ensure that prevention capacity is increased for underserved prevention population(s) of focus and the identified areas of high need**
- **Identify how grant funds will be utilized to engage community partners and stake holders to address disparities among prevention populations of focus**
- **Describe how data (epidemiological, PDMP, etc.) will be used to address opioid overdose and to identify gaps and areas of high needs, as well as strategies to enhance data collection efforts**
- **If applicable, describe identified gaps in PDMP data collection and the strategies that will be used to expand PDMP data collection efforts**

- **Describe gaps in the current naloxone distribution system; be sure to provide a description of:**
  - **The pre-existing naloxone-distributors in target areas;**
  - **How naloxone will be distributed to areas of greatest need**
  - **Which FDA-approved naloxone products will be purchased**
  - **How much naloxone will be distributed and how will it be stored**
  - **Areas of greatest need for naloxone by counties and other geographic locations that are not currently receiving naloxone or naloxone supplies are insufficient**

**FLORIDA’S PLANS:** The prevention population of focus is middle and high school students in rural counties with the highest rates of nonmedical opioid use. The focus is on students in rural counties because Florida’s Needs Assessment determined that rurality is a unique and important risk factor for prescription opioid misuse. Adolescents in rural/non-metropolitan areas are significantly more likely to have ever misused prescription pain relievers, even after controlling for sociodemographics, health, and other drug use. According to one of the most recent studies, adolescents in rural areas have 35% greater odds of past-year prescription opioid misuse compared to adolescents in large urban areas, even after controlling for multiple risk and protective factors. The same pattern is observable using substate estimates of the prevalence of nonmedical pain reliever use. Across all age groups, the most rural region of Florida has the highest prevalence of nonmedical pain reliever use. In contrast, the most populous metropolitan area in Florida has the lowest prevalence of nonmedical pain reliever use. Furthermore, research shows that the drug overdose burden is 45% higher in rural areas than it is in urban areas and that rural communities are disproportionately affected by underutilization of the opioid overdose reversal agent called naloxone. Using Opioid STR funds to implement Life Skills Training programs, distribute naloxone, and conduct overdose prevention training are components of Florida’s strategy to increase prevention capacity and address disparities in these underserved areas of high need.

Activities funded under the Partnerships for Success (PFS) grant are enhancing data collection efforts and bringing epidemiological data to community stakeholders to address opioid abuse and overdoses. Florida’s PFS project is revitalizing the State Epidemiology Outcomes Workgroup (SEOW) and activating local Drug Epidemiology Networks (DENs) across high-need communities. DENs serve as sentinels for detecting emerging drug threats and they help analyze and disseminate surveillance data for use in the development of local policies, practices, strategies, and programs. Florida’s SEOW plays several roles in the state, regional and community surveillance. The Department’s Lead Epidemiologist chairs the SEOW, and its membership consists of representatives from community stakeholders such as law enforcement agencies, public health offices, education departments, and substance abuse prevention, treatment, and recovery providers. The SEOW is responsible for identifying and analyzing relevant consumption and consequence data, identifying gaps in data, monitoring and reporting on changes in priority indicators, guiding the development and operations of regional DENs, and producing an annual report that summarizes findings from surveillance activities related to opioid abuse. The 25 members of the SEOW are epidemiologists and individuals who are knowledgeable about the variables that help document the need for prevention and treatment services. Members include representatives from four of the seven Managing Entities, the Florida

Alcohol and Drug Abuse Association, the Community Coalition Alliance, and various prevention and treatment providers. Representatives from the following state agencies also participate: the Department of Children and Families, the Florida Department of Law Enforcement, the Department of Health, the Agency for Health Care Administration, and the Department of Education. In addition, the SEOW's composition includes a representative from each of the DENs that operate across the State of Florida.

Florida's most recent Needs Assessment did not identify any gaps *specifically related to data collection* through the Prescription Drug Monitoring Program (PDMP). All controlled substances in schedules II through IV must be reported by dispensers into the PDMP. However, gaps have been identified with regard to PDMP data sharing and utilization. Florida law does not currently require prescribers to review PDMP information prior to issuing a prescription. Also, Florida has the ability to receive PDMP information from Alabama, but cannot submit to Alabama's system, and there is no exchange of information between Florida and Georgia. Department representatives have recommended to the Governor and Legislature (through the Drug Policy Advisory Council) that Florida mandate PDMP consultation by physicians prior to issuing prescriptions for controlled substances. The Department and the Drug Policy Advisory Council have also recommended revising Florida Statutes to authorize the integration and interoperability of Florida's PDMP with PDMPs in other states. As policymakers continue to debate these recommendations, the Department is working to encourage voluntary PDMP utilization by prescribers using funds from the Partnerships for Success (PFS) grant. Florida's PFS project funds enhancements to PDMP including customized alerts, prescriber report cards, a self-paced online training course, and a naloxone co-prescribing alert for high-risk patients. County-specific data reporting templates are also being developed to help inform community-based prevention activities and modify prescribing practices.

Prior to enrolling in the Department's Overdose Prevention Program, organizations must receive training from the Overdose Prevention Coordinator, identify a state-licensed pharmacy to receive the medication, and provide a distribution plan outlining the strategies that will be implemented to provide naloxone kits to at-risk individuals in the community. Priority will be given to organizations in areas with high rates of opioid overdose deaths and a lack of community-based naloxone access. Once enrolled, organizations must submit monthly reports to the Department's Overdose Prevention Coordinator detailing progress on naloxone distribution and utilization. Organizations eligible to receive naloxone kits for distribution include any non-profit organization as well as for-profit organizations contracted with one of the Department's Managing Entities.

In order to create a mechanism for the bulk purchase and distribution of naloxone, the Department created a model similar to the Indigent Drug Program (IDP), a program operated through Florida State Hospital that provides discounted psychiatric medications to licensed substance abuse and mental health providers throughout the state. Funds are used to purchase NARCAN® Nasal Spray, an FDA-approved needle-free device that requires no assembly prior to use, at a cost of \$75 per 2-dose kit. Florida State Hospital's pharmacist bulk purchases Narcan kits through Cardinal Health, stores the kits in the IDP warehouse pursuant to FDA-approved temperatures, and distributes the Narcan kits to licensed pharmacies throughout the state. Receiving pharmacies partner with organizations enrolled in the Department's Overdose

Prevention Program to make the Narcan kits available to individuals at risk of witnessing or experiencing an overdose through non-patient specific naloxone standing orders.

Prior to receiving the STR grant, Florida utilized surplus General Revenue (GR) and surplus Substance Abuse Treatment Block Grant funds to purchase and distribute naloxone in SFYs 15-16 and 16-17. During SFY 15-16, approximately \$70,000 in surplus General Revenue and \$224,000 in surplus treatment Block Grant funds was utilized to purchase 2,448 NARCAN® Nasal Spray kits. During SFY 16-17, approximately \$489,000 was utilized to purchase an additional 6,762 kits, including \$120,000 in surplus GR, \$94,000 in surplus SABG, and \$275,000 worth of STR funds. The 9,210 Narcan kits have been distributed to 35 organizations who expressed willingness and capacity to distribute the medication to persons served at risk of witnessing or experiencing an opioid overdose. Organizations receiving Narcan for distribution include substance abuse and mental health treatment facilities, recovery residences, drug-free coalitions, harm reduction groups, and other community-based organizations that serve individuals at risk of witnessing or experiencing an opioid overdose. During SFY 17-18, the Department will utilize \$1,075,000 in STR funds to purchase an additional 14,000 Narcan kits for organizations that will continue to distribute the medication as take-home kits to individuals at risk of experiencing an overdose, and to their friends, family, and caregivers who may witness an overdose.

The Department is also utilizing STR funds to equip local law enforcement and highway patrol staff in high-need areas with Narcan kits. Through a partnership with the Florida Department of Law Enforcement, \$375,000 in STR funds will be disseminated among the Florida Sheriffs Association, Florida Police Chiefs Association, and the Florida Highway Patrol to equip officers in high-need areas. At a cost of \$75 per 2-dose kit, 5,000 kits (10,000 doses) are expected to be disseminated to law enforcement agencies. A methodology for selecting high-need law enforcement departments was developed and determined that priority will be given to law enforcement agencies that 1) are located in counties with high rates of death due to opioid overdoses based on the most recent Drugs Identified in Deceased Persons Report from the Florida Medical Examiners Commission; 2) do not currently deploy emergency opioid antagonists; and 3) do not receive any federal, state, or local funding or donations for emergency opioid antagonists. Narcan Nasal Spray kits will be bulk purchased and distributed to the selected law enforcement departments. Applications were disseminated to local law enforcement agencies on August 11 and closed on August 25. Law enforcement agencies are expected to be selected and notified by September 8, 2017.

**Please provide the number and type of entities/individuals trained in overdose education and naloxone administration**

- **Indicate whether SAMHSA's Opioid Overdose Prevention Toolkit was used as a guide to develop the training**
- **Describe the audience that the training course intends to reach, (EMT's, healthcare providers, persons with a substance use disorder, friends and family of persons with a substance use disorder, etc.)**
- **Based on your needs assessment, describe any modifications to the audience**

**FLORIDA'S PLANS:** The Department initiated an Overdose Prevention Program in January of 2016 and subsequently developed overdose recognition and response training materials, utilizing SAMHSA's Opioid Overdose Prevention Toolkit and materials from the Harm Reduction Coalition as guides for best practices. Training sessions include step-by-step instructions for recognizing and responding to opioid overdose, how to use naloxone, detailed information regarding Florida's 911 Good Samaritan and naloxone access laws, and instructions for enrolling in the Department's Overdose Prevention Program to receive free naloxone for distribution to at-risk individuals. After completing the training, participants are able to 1) identify opioid overdose problems both statewide and nationally; 2) effectively recognize and respond to opioid overdose; 3) understand Florida laws related to overdose; and 4) learn how to receive free naloxone from the Department. Through a combination of in-person and webinar formats, 55 overdose prevention trainings were conducted among an estimated 2,200 individuals during SFY 16-17 and the beginning of SFY 17-18. Training participants included substance use treatment provider staff, community members, law enforcement officers, Department regional and Managing Entity staff, the recovery community, physicians, nurses, pharmacists, and others at risk of witnessing or experiencing an overdose. The Department targets training to organizations that are eligible to receive naloxone for distribution, since such organizations will in turn train each individual who receives a take-home naloxone kit.

**Based on policy/legislation categories below, describe how policy/legislation will be utilized to strengthen prevention efforts in the state/jurisdiction**

- **Good Samaritan laws**
- **Mandatory participation in PDMP**
- **Open prescription for naloxone**
- **Newly dedicated state funding for naloxone**
- **Standing orders for naloxone**
- **The creation of governor's task forces, advisory councils, or work groups to address the opioid crisis**
- **Other**

**FLORIDA'S PLANS:** In the majority of overdose situations, a friend or family member is present to intervene and save a life. However, when someone in America overdoses, a call for help occurs less than 50% of the time, and the primary reason cited for not calling 911 is fear of police involvement. Even if a call for help is made, it may be too late to save a life by the time the ambulance arrives with naloxone. Florida's 911 Good Samaritan law became effective October 1, 2012. The law provides limited protections for individuals experiencing an overdose, and to those who seek help during an overdose. Specifically, individuals who experience an overdose and receive emergency medical assistance, as well as individuals who seek help for someone believed in good faith to be experiencing an overdose, may not be charged, prosecuted, or otherwise penalized for possession of controlled substances (if the evidence of controlled substance possession was obtained due to the individual seeking or receiving medical assistance). Florida's 911 Good Samaritan statute has limitations. Individuals who seek help for an overdose or experience an overdose are not protected from arrest, and individuals on probation or parole are provided no protections under the current law. These limitations likely result in some individuals still hesitating to call 911 during an overdose due to fear of arrest or fear of police involvement. Florida's 911 Good Samaritan law is discussed at length during

overdose prevention training sessions conducted by the Department in order to increase awareness about the protections offered in statute. All training participants and individuals who receive take-home naloxone kits are educated about Florida's Good Samaritan law and the importance of calling 911, even if naloxone is readily available.

As previously noted, Florida law does not currently mandate that prescribers consult the PDMP prior to issuing a prescription for a controlled substance. Department representatives have recommended to the Governor and Legislature (through the Drug Policy Advisory Council) that Florida mandate PDMP consultation by physicians prior to issuing prescriptions for controlled substances. As policymakers continue to debate this recommendation, the Department is working to encourage voluntary PDMP utilization by prescribers using funds from the PFS grant to enhance the PDMP with customized alerts, prescriber report cards, a self-paced online training course, and a naloxone co-prescribing alert for high-risk patients. Furthermore, last year the Florida Legislature passed Senate Bill 964, which authorizes direct access to controlled substance dispensing information within the PDMP database to a designee of a prescriber or dispenser. This change facilitates expanded access to the PDMP by permitting an additional designee for prescribers and dispensers to review prescribing histories.

Florida's Emergency Treatment and Recovery Act became law effective July 1, 2015, and was later expanded in 2016. The law allows for emergency opioid antagonists (naloxone hydrochloride) to be prescribed and dispensed to individuals at risk of experiencing an opioid overdose, as well as to bystanders, first responders, caregivers, and others who may witness an opioid overdose and have an opportunity to intervene and save a life. As of July 1, 2016, pharmacists are also authorized to dispense naloxone under non-patient specific standing orders to individuals at risk of witnessing or experiencing an opioid overdose. The non-patient specific standing orders are limited to naloxone in the form of auto-injectors or nasal sprays, which is concerning since generic intramuscular naloxone is the most affordable product, especially for underinsured and uninsured individuals. The statute provides civil and criminal liability protections for authorized health care practitioners and pharmacists who prescribe and dispense naloxone. Emergency responders, bystanders, patients (at risk of experiencing an overdose), and caregivers (who may witness an overdose) are authorized to possess, store, and administer naloxone to someone believed in good faith to be overdosing.

The Department utilizes the state's naloxone law in order to increase access to the medication in the community. Sample non-patient specific naloxone standing orders are discussed during overdose prevention training sessions and disseminated to pharmacies and organizations interested in receiving naloxone to distribute. The Department's Overdose Prevention Coordinator provides continuous training and technical assistance as pharmacies and organizations establish their naloxone distribution programs, policies, and protocols. If the medical director of a licensed substance abuse treatment provider is resistant to author a standing order, the Department's medical director is able to provide the standing order to the organization so that naloxone can be made available to at-risk patients.

Florida's Emergency Treatment and Recovery Act authorizes naloxone (auto-injector and nasal spray formulations) to be dispensed under non-patient specific standing orders to individuals at risk of witnessing or experiencing an opioid-related overdose. The statute permits state-licensed

pharmacies to operate under this policy, but does not mandate the practice of naloxone standing orders. While naloxone standing orders are not mandatory, all CVS and all Walgreens pharmacies in Florida operate under these policies to make naloxone more available to members of the general public. The Department emphasizes the importance of standing order policies during overdose prevention training sessions, and provides tips for community members attempting to access naloxone from pharmacies in this manner. Tips include calling the pharmacy ahead of time to ensure naloxone is in stock, that an individual prescription is not needed, and inquiring about the cost of the medication. While most insurance policies cover some form of naloxone, individuals may still face prohibitive co-payments, and those without insurance cannot afford the out-of-pocket costs at the pharmacy. Florida Governor Rick Scott issued Executive Order 17-146 on May 3, 2017, declaring the opioid epidemic a public health emergency in the state and authorizing the Florida Department of Children and Families to immediately draw down SAMHSA's Opioid STR funding. As a result of the Executive Order, Florida's Surgeon General issued a statewide naloxone standing order, authorizing all pharmacies to dispense naloxone to law enforcement officers. Members of the general public at risk of witnessing or experiencing an opioid-related overdose were not included in the Surgeon General's statewide naloxone standing order, representing a significant barrier in naloxone access among community members. The Governor's Executive Order was extended on June 29, 2017 for an additional 60 days.

In previous SFYs 15-16 and 16-17, surplus General Revenue and substance abuse treatment Block Grant funds were utilized to purchase and distribute naloxone. While naloxone purchasing and distribution activities will continue and expand through the STR grant, no newly dedicated state funding has been repurposed specifically for naloxone.

A minimum of 20 counties heavily impacted by the opioid epidemic in Florida have formed task forces to address the opioid crisis. Department and Managing Entity staff, along with licensed substance abuse prevention, treatment, and recovery providers, have been active participants in task forces and work groups related to this issue, sharing best practices, providing overdose prevention training to task force members, and increasing awareness about the activities included in Florida's STR grant. Task force recommendations typically include 1) increased access to naloxone among law enforcement and community members; 2) enhanced data collection and surveillance; 3) expanded awareness campaigns and community education strategies related to the opioid crisis; 4) expanded campus-based collegiate recovery communities; 5) enhanced behavioral health training for medical professionals; 6) law enforcement assisted diversion programs; 6) increased access to evidence-based treatment for opioid use disorder; and 7) the creation of hospital-based pilot programs to better link individuals to treatment services.

**Describe how awareness of opioid overdose prevention will be increased in the community, including:**

- **Media campaigns**
  - **Intended audiences**
  - **Intended messages**
- **Key strategies and activities**
- **Distribution timelines**
- **Staff responsible for key activities**

- **Other funded programs addressing the opioid crisis, i.e. PDO, SPF-RX, Medication drop off sites (describe efforts under each grant program)**
  - **Describe how STR funds will operate in conjunction with currently funded programs to avoid duplication of effort and ensure the needs of the underserved areas are being met**
- **School and community education programs**
  - **Describe how STR funds will be utilized to engage schools and community education/outreach programs to raise awareness and promote educational opportunities about the risk of opioid misuse and opioid overdose and related adverse effects**
- **Include any other prevention efforts not described above**

**FLORIDA’S PLANS:** Florida’s PFS grant is designed to reduce prescription drug misuse among Floridians ages 12-25 and the nonmedical use of opioids among Floridians ages 26 and older by strengthening prevention capacity and infrastructure at the state and community levels. The subrecipient communities are five urban counties (Broward, Duval, Hillsborough, Manatee, and Palm Beach) and three rural counties (Franklin, Walton, and Washington).

PFS funds will be used for a statewide opioid prevention awareness campaign, beginning in Year 2 of the grant (October 1, 2017 – September 30, 2018). Staff responsible for the development and implementation of the campaign include the Department’s Overdose Prevention Coordinator, PFS Grant Coordinator, PFS/STR Lead Epidemiologist, and the Department’s communication staff. The campaign aims to educate the public on the use of primary prevention measures, save lives by increasing the public’s knowledge on overdose recognition and response, and reduce the stigma surrounding medication-assisted treatment for opioid use disorders. Campaign activities include developing a website, creating targeted digital advertising, and conducting educational resource dissemination on primary prevention, overdose reversal, opioid use disorder treatment, and recovery support. Education and information dissemination will be targeted in high-need areas throughout the state. SAMHSA’s Focus on Prevention Guide will be utilized to inform the strategies used for information dissemination through the opioid prevention awareness campaign. The intended audience of the campaign is the general public, but will also include targeted information to treatment providers, prescribers, pharmacists, law enforcement, and other first responders. Educational materials developed on overdose prevention and the use of naloxone will be disseminated at naloxone trainings, and will be shipped to organizations and pharmacies receiving Narcan from the Department for distribution.

The PFS grant provides funding to conduct overdose prevention and naloxone training sessions in the 8 selected subrecipient communities. STR funds will be utilized to conduct similar training sessions in other high-need areas of the state that do not receive PFS funds. As previously noted, STR funds will support the implementation of Life Skills Training Programs in middle and high schools across 6 high-need rural communities that do not currently receive PFS prevention funds (Florida’s PFS grant provides funding for school-and-family based prevention services in 8 high-need urban and rural communities).

Both the PFS and STR grants are committed to funding hospital-based pilot programs to support the utilization of peer specialists to link individuals in hospital emergency departments who have

experienced an opioid related overdose or other medical complications due to their opioid misuse to medication assisted treatment and/or other treatment and support services. In order to maximize efforts, the STR program will fund 6 Managing Entities to conduct a single hospital pilot in their catchment area during the grant period, and the PFS program will fund the remaining Managing Entity's hospital pilot.