



Federal Grant Updates

Florida Behavioral Health Conference 2018

Florida by the Numbers:

Opioid Use Disorders and Unmet Need

Past Year Nonmedical Opioid Use, Abuse or Dependence, and Unmet Treatment Need among Floridians Ages 12 and Older

	2003-2006	2007-2010	2011-2014	2015-2016
Nonmedical Opioid Use	5.2%	4.3%	3.6%	4.0%
Opioid Abuse or Dependence	0.67%	0.77%	0.78%	0.70%
Unmet Need for Treatment	92,000	105,000	101,000	94,000

Source: SAMHSA's National Survey on Drug Use and Health



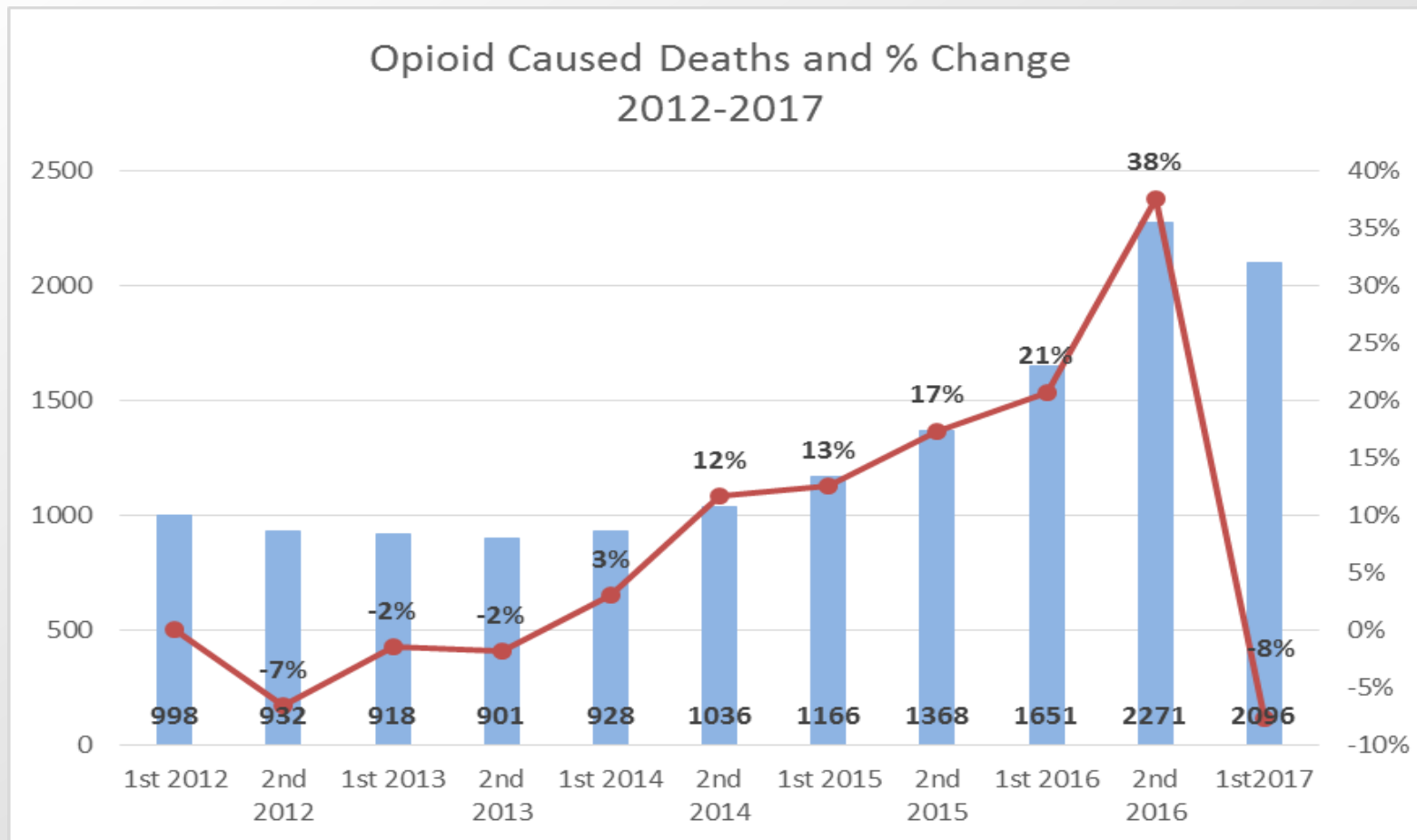
**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**
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Florida by the Numbers: Opioid-Caused Deaths

- Florida's opioid-related overdose death rate was 14.4 deaths per 100,000 in 2016 (national rate of 13.3 deaths per 100,000 persons)
- First half of 2017 (January – June), 2,096 opioid-caused deaths were reported in Florida, a 27% increase compared to January – June 2016.
- Compared to the second half of 2016 (July – December) during which 2,271 opioid-related deaths were reported, this represents an 8% decrease.



Florida by the Numbers: Opioid Caused Deaths

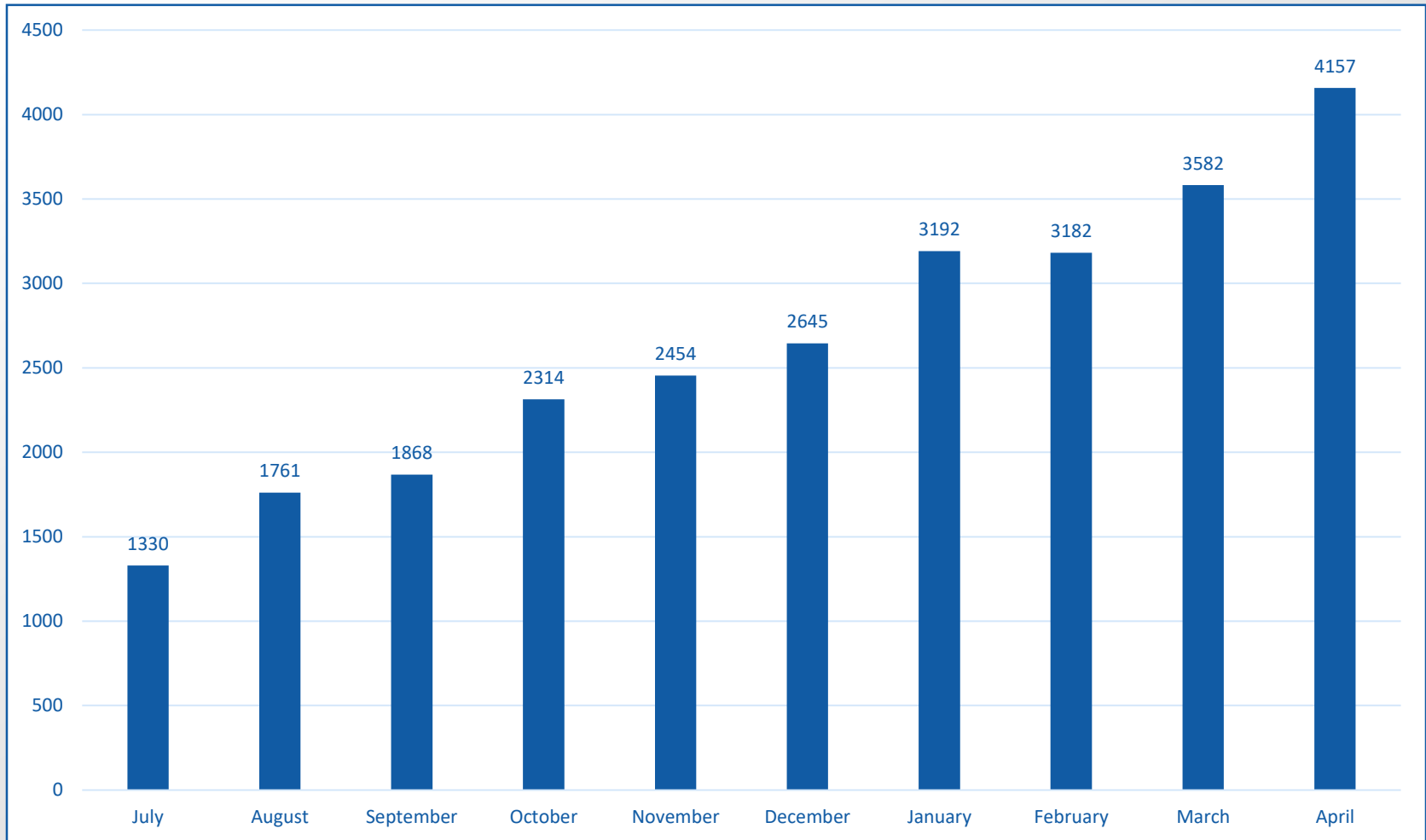


Florida's Opioid STR Grant Outputs

- \$27M for 2 years (May 2017 – April 2019)
 - Spent approximately 82%
- Served over 7,600 individuals with an OUD in Year 1
- Significantly increased capacity for MAT and associated treatment and recovery services
 - Vivitrol providers increased from 11 to 46
 - DATA2000-waivered physicians from 65 to 102
- 1,027 reported reversals due to Narcan distribution
 - 65 providers distributing free Narcan
 - Approx. 25,000 kits distributed



Florida's Opioid STR Grant Enrollment



Florida's Opioid STR Grant Outcomes

- Employment increases correlate with longer treatment periods: **36% for those in the initial 28-day period to 71% for those in services at least 180 days.**
- After the initial 0-28 days in services the rate of non-fatal overdoses drop off dramatically, from 1310 Non-Fatal ODs per 1000 Person Year to 96 Non-Fatal ODs per 1000 Person Year.



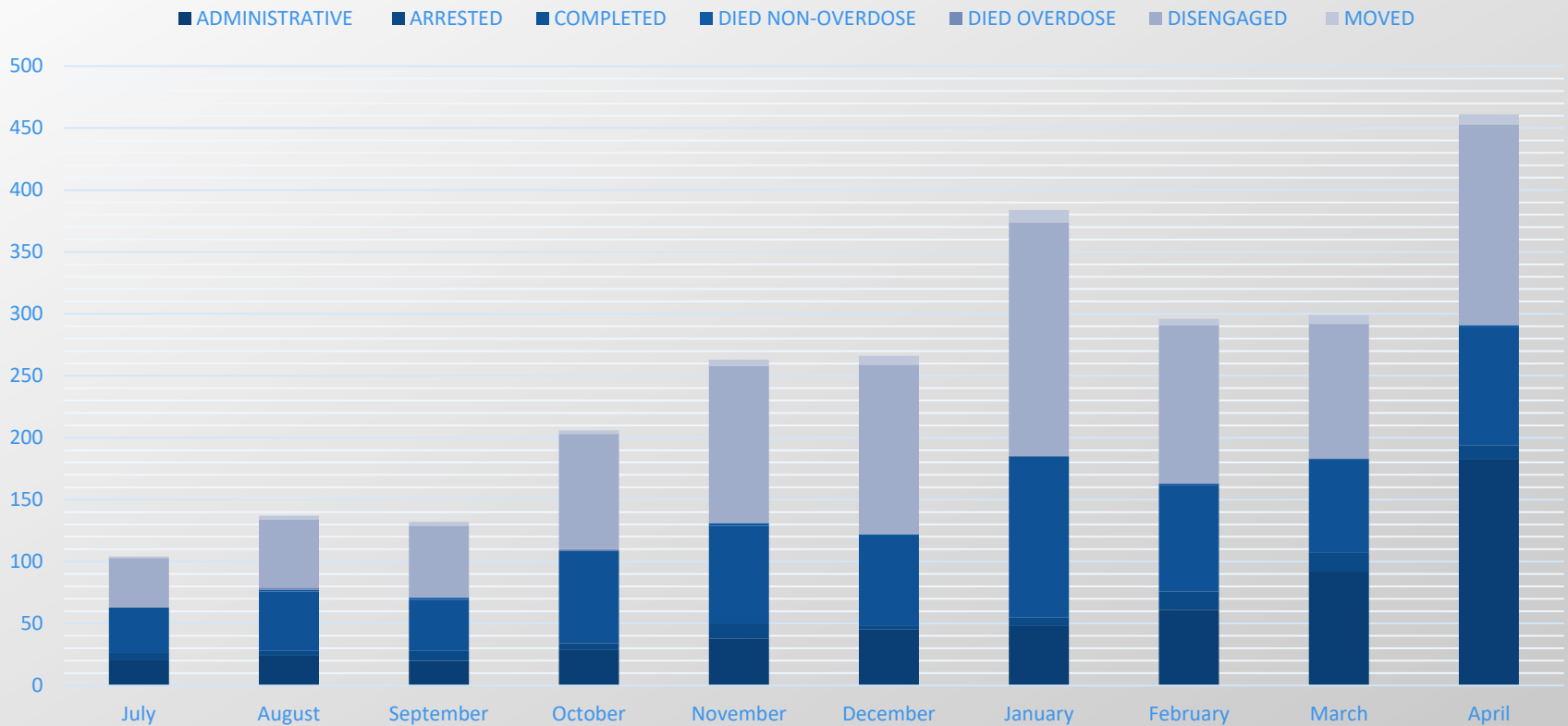
Florida's Opioid STR Grant Outcomes

- Stable housing increases correlate with longer treatment periods: **89% for those in the initial 28-day period to 97% for those in services at least 180 days.**
- Combined, majority of discharges are either administrative (22%) or individuals disengaged (43%)



Florida's Opioid STR Discharges

Discharge Reason by Month JULY 2017 - April 2018



State Opioid Response (SOR) Grant

- \$49M annually
 - Authorized for 2 years, funded for 1 year
 - Services must start by the end of December 2018
 - Distributed to managing entities by formula using prevalence of opioid-related death data
- Provide opioid misuse prevention, treatment, and recovery support services to address the opioid crisis.



Detoxification Restriction

Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD. If detoxification is performed, it must be accompanied by injectable extended-release naltrexone to protect such individuals from opioid overdose in relapse and improve treatment outcomes.



Florida's Proposal

- 18 Behavioral Health Consultants to be co-located with child protective investigators (\$1.4M)
- Statewide increase in medication-assisted treatment and associated services using all FDA approved medications, including additional hospital induction projects (\$24.5M)
- Increase in Naloxone distribution (\$3M)
- Evidence-based primary prevention services (e.g., Botvin LifeSkills Training, Caring School Community, Guiding Good Choices, PAX Good Behavior Game, Teen Intervene, and others) (\$2M)
- Establishment of 30 recovery residences (annually) using the Oxford House Model (\$1.2 M)



Florida's Proposal

- Establishment of at least 4 accredited Community Recovery Organizations (\$1.3M)
- ASAM CONTINUUM training and licensing statewide for 5 years (clinical level of care tool) (\$3.5M)
- Expansion of the Veteran Support Line and mobile application (\$1.1M)
- Addiction training curricula development for medical schools (\$5M)
- MAT training for physicians, Department of Corrections, jail personnel, courts, treatment providers (\$1M)
- Program Evaluation (\$500K)
- Operational cost for MEs (\$1.4M)



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