

**Florida Alcohol and Drug Abuse Association**  
and  
**Department of Children and Families**  
in conjunction with  
**Florida Council for Community Mental Health and Florida Association of Managing Entities**  
present  
**Effectively Engaging and Treating Individuals with Opioid Use Disorders**  
**A Summit on Strategies to Maximize Federal STR Opioid Funding**

**AGENDA**  
**January 19, 2018**

- 9:00 am Welcome**  
Mark Fontaine, Executive Director FADAA
- 9:05 am Treating Opioid Addiction – State Response**  
John Bryant, Assistant Secretary for Substance Abuse and Mental Health, DCF  
Ute Gazioch, Director of Substance Abuse and Mental Health, DCF
- STR Opioid Funding – Key Components**  
Walter Castle, Opioid STR Project Director, DCF
- Role of Naloxone**  
Walter Castle, Opioid STR Project Director, DCF
- 9:45 am The Opioid Addicted Brain and MAT**  
Dr. Mark Stavros, Medical Director, Emergency Department at West Florida Hospital
- 10:15 am Operating Medication Assisted Treatment Programs**  
Shannon Robinson, Senior Vice President of Medical Operations, Aspire Health Partners  
Mary Lynn Ulrey, CEO, DACCO Behavioral Health  
Darran Duchene, MAT Director, FADAA
- 11:15 am Hospital Diversion Programs**  
Facilitated by **Shannon Robinson, Sr VP of Medical Operations, Aspire Health Partners**  
Claudia P. Vicencio, LCSW, LMFT; Clinical Supervisor, Memorial Hospital  
Alberto Augsten, PharmD, Memorial Hospital  
PJ Brooks, Vice President, Outpatient Services, First Step of Sarasota/Sarasota Memorial  
Patricia Ellingham, LMHC, CPP, DACCO/BayCare St. Joseph's Hospital
- 12:15 pm Lunch**
- 1:30 pm Effective Engagement of Patients**  
Facilitated by **Laureen Pagel, CEO, Starting Point Behavioral Healthcare**  
Danny Blanco, OP Services Director, WestCare Foundation  
Sarah Kim, Gateway Community Services  
Dustin Perry, LCSW. STOP Director at Lakeview Center  
Mike Osborn, MCAP, Clinical Director of MAT Services, Operation PAR
- 2:30 pm Utilizing Peers**  
Justin Kunzelman, Co-founder & Director, Rebel Recovery  
Susan Nyamora. President/CEO, South Florida Wellness Network  
Joe Dmitrovic, DRS, Outreach Specialist, RASE in Florida
- 3:30 pm Next Steps**  
Mark Fontaine, Executive Director FADAA
- 4:00 pm Adjourn**



## Florida's State Targeted Response to the Opioid Crisis (Opioid STR) Grant

### **SAMHSA's Opioid STR Grant**

- Purpose is to provide prevention, treatment, and recovery support services to address the opioid crisis.
- Florida to receive a total of \$54.3 million over two years (about \$27.1 million per year).
- At least 80% must be spend on opioid use disorder treatment and recovery support services.



## Florida's Grant Goals

- Reduce numbers and rates of opioid-related deaths.
- Prevent prescription opioid misuse among young people.
- Increase access to MAT among individuals with opioid use disorders.
- Increase the number of individuals that are trained to provide MAT and recovery support services for opioid use disorders.



## Florida's Project

- Expand access to methadone, buprenorphine, and naltrexone assisted treatment.
- Provide overdose reversal kits to individuals in treatment and their family members and law enforcement.
- Implement Life Skills Training in rural schools to prevent prescription opioid misuse.



## Florida's Project (continued)

- Behavioral Health Consultants to support child protective investigative staff.
- Expands a Prescriber Peer Mentoring Project.
- Establish hospital-based peer support and buprenorphine induction services for overdose victims.
- Peer specialists to assist with quality improvement initiatives.



## Provider Network

As of October 2017, Managing Entities have contracted with 41 providers to provide services with grant funds

- 35 of the 41 providers reported individuals using at least one STR funded service
- 6 providers had not yet enrolled any individuals in STR funded services



## Expenditures May-October 2017

Type	Obligation	Expenditure	Unexpended	% Expended
Prevention	2,175,195	1,340,948	834,247	62%
Treatment/Recovery	23,748,728	4,851,693	18,897,035	20%

Service Type	Expenditure
Treatment	4,530,872
Recovery	320,821



## Demographics

Of the individuals that cross-matched in both the STR monthly reports and SAMHIS:

- There is a slightly higher enrollment of Males (53% versus 47% Females)
- The highest enrolled age group is 25-44 years old (69%)
- Second highest enrolled age group is 45-65 years old (25%)
- 90% of STR funded clients identify as white



## Discharges

Through October 2017, 707 individuals were reportedly discharged:

- Administrative – 118 (16.7%)
- Arrest – 20 (2.8%)
- Completed - 320 (45.3%)\*
- Death (Non – overdose) - 2 (0.3%)\*\*
- Death (Fatal Overdose) – 3 (0.4%)\*\*
- Disengaged – 235 (33.2%)
- Moved – 9 (1.3%)

\*One program has a significantly higher number of completions (122)- many of them within 3 days of initial engagement (43%)  
 \*\* Reported as STR-funded, but no services have been charged to STR



FLORIDA DEPARTMENT  
 OF CHILDREN AND FAMILIES  
 MYFLFAMILIES.COM

## Chart 8 STR Covered Services

- Aftercare
- Assessment
- Case Management
- Crisis Support/Emergency
- Day Care
- Day Treatment
- Incidental Expenses (excluding housing/rental assistance and direct payments to participants)
- In-Home and On-Site



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## Chart 8 STR Covered Services

- Medication-Assisted Treatment (only methadone or buprenorphine maintenance)
- Medical Services
- Outpatient
- Outreach (to identify and link individuals with opioid use disorders to medication-assisted treatment providers)
- Recovery Support
- Supported Employment
- Supportive Housing/Living
- Inpatient Detoxification\*
- Residential Levels I and II\*



## Research Outcomes for MAT

- Reduced substance use
- Improved treatment retention
- Improved functioning
- Lower risk of overdose
- Reduced criminal activity
- Reduced risky behaviors
- Better employment status
- Cost savings



## Naloxone Program

- DCF's Overdose Prevention Program provides free Narcan Nasal Spray to people at risk of overdose and their friends/family through a provider network
- 52 providers currently enrolled with 450 known overdose reversals
- Providers include SAMH treatment provides, harm reduction organizations, homeless service organizations, hospital emergency departments, and other CBOs
- DCF partnered with FDLE to provide 5,000 kits to ~75 police and sheriff agencies in Florida (this opportunity will be available again during Year 2 of STR)



There is a principle which is a bar against all information, which is proof against all arguments and which cannot fail to keep a man in everlasting ignorance - that principle is contempt prior to investigation  
-Herbert Spencer





## Questions?

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Office of Substance Abuse and Mental Health  
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## Recovery-Oriented, Person-Centered Language

Stigma remains one of the biggest barriers to behavioral health treatment. The terminology used to describe behavioral health disorders can help alleviate misconceptions and promote recovery.

Language used should not be stigmatizing nor objectifying. At all times “person first” language is used to acknowledge that the disorder or disability is not as important as the person’s individuality and humanity. Use words such as “hope” and “recovery” frequently. Incorporating disorder or disease reinforces medical nature of the condition.

Recovery-Oriented Language	Outdated Language
a person with schizophrenia	a schizophrenic
individual with a substance abuse disorder	addict
mental health disorder	mental illness
substance use disorder	addiction, dependence
person with substance use disorder, person experiencing substance use disorder, individual living with a substance use disorder	addiction
individual or person with	client or patient
working to recover from; experiencing; living with	suffering from
substance free	clean or sober
substance misuse	abuse or habit
negative, positive, substance free test results	clean or dirty drug test results
individual who misuses substances or is engaged in risky use of substances	user, addict, abuser or junkie
person who injects drugs (PWID)	intravenous drug user (IDU)



# Medication Assisted Treatment in Opioid Use Disorder

Mark Stavros, MD, FACEP, FASAM  
Medical Director, West Florida Hospital  
Emergency Department

## Opioid Epidemic



# Questions?

# CONCLUSION

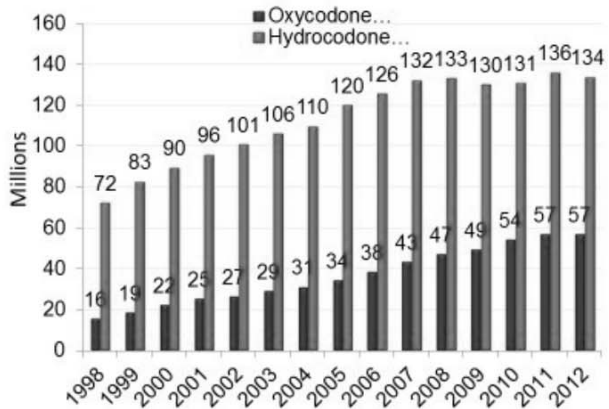
1. Discuss the current opioid epidemic in the US
2. Understand how opiates change the way the brain functions
3. Understand the role and function of various medications used in substance use disorder

## Objectives:

1. Discuss the current opioid epidemic in the US
2. Understand how opiates change the way the brain functions
3. Understand the role and function of various medications used in substance use disorder

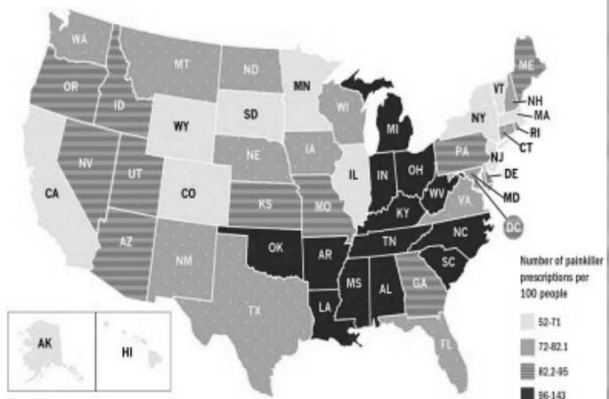
## Opioid Prescriptions have Quadrupled since 1999

### Oxycodone & Hydrocodone Prescriptions



SDI Health, VONA\_02-1-13\_Opioids Schedule II & III

## Opioid Prescribing Rates Are 3x Higher In Some States Than Others



## Naltrexone

Duration of Treatment:

Must be individualized, but the longer the better (12-18 months)

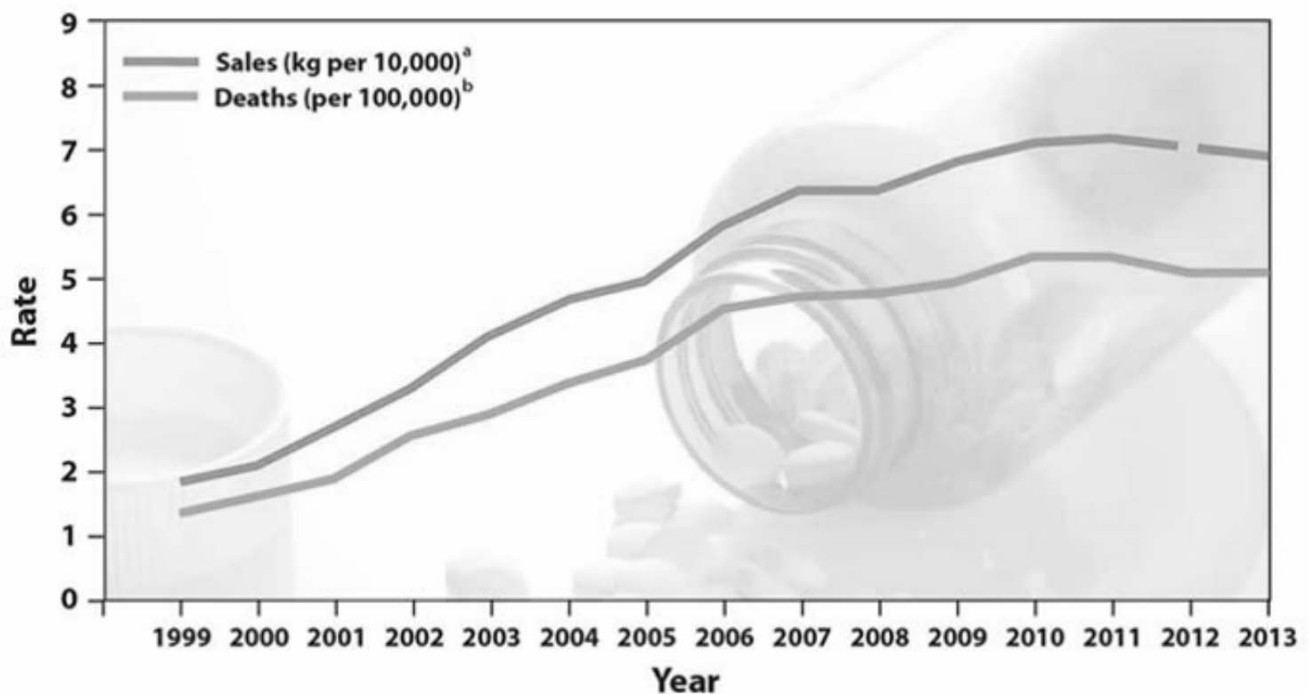
- remain drug/alcohol free
- showing signs of stability (attending support groups, keeping a job, etc)

# Naltrexone

Which patients?

- Patients Who Are Motivated or Monitored (Professionals)
- Patients Who Are Abstinent From Opioids
  - must be up to 2 weeks if using long acting opiates
- Patients With Intense Alcohol Craving

## Prescription Painkiller Sales and Deaths



Sources:

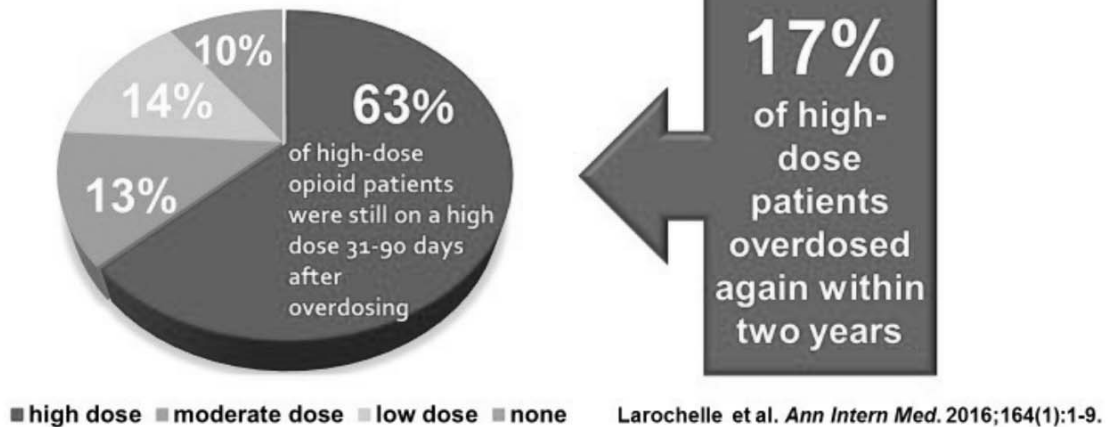
<sup>a</sup>Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

<sup>b</sup>Centers for Disease Control and Prevention, National Vital Statistics System mortality data. (2015) Available from URL:

<http://www.cdc.gov/nchs/deaths.htm>.

## Doctors Continue to Prescribe Opioids for Ninety-one Percent of Overdose Patients

In a study of **2848 patients** who had a **nonfatal opioid overdose** during long-term opioid pain treatment:



## Naltrexone

- Patients must be detoxed off opiates
- Avoid in patients with liver disease
- Careful of precipitated withdrawal when starting
- Educate patients of lost tolerance after stopping
- Better outcomes with psychosocial support

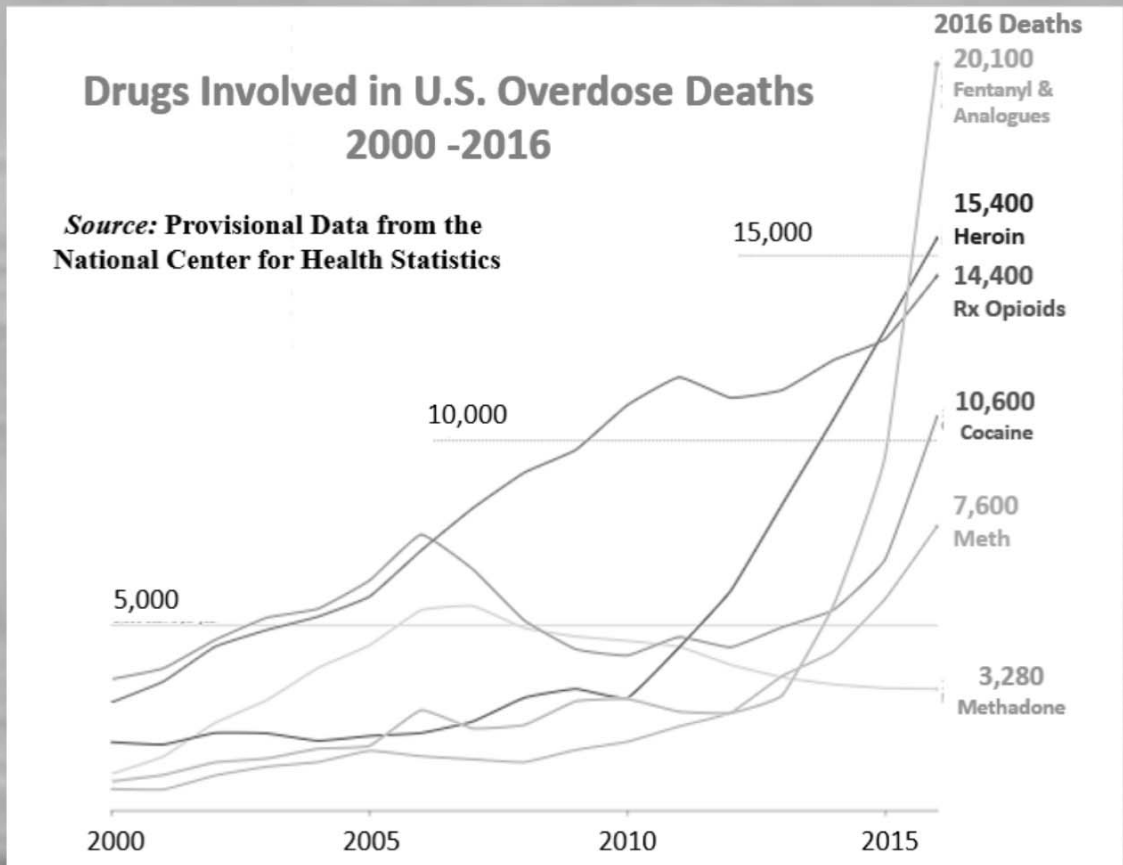
# Naltrexone

Oral form: 50mg tablet/day

IM Injection: 380mg/28 days

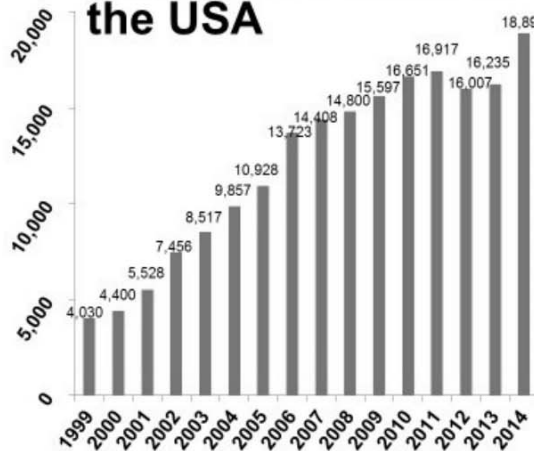
Makes this an interesting option:

- Criminal Justice system
- Healthcare professionals
- Aftercare

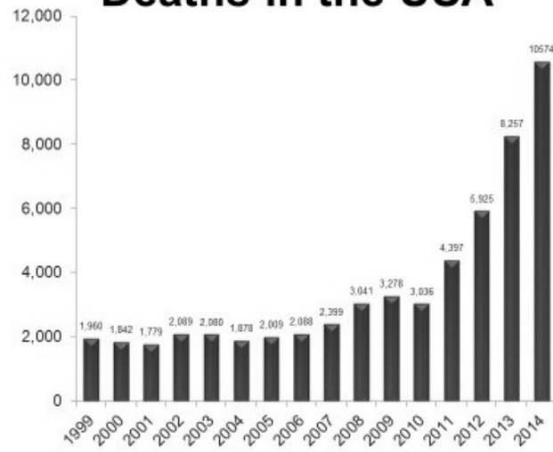




## Opioid Analgesic Overdose Deaths in the USA



## Heroin Overdose Deaths in the USA



Centers for Disease Control and Prevention. Wide-ranging Online Data for Epidemiologic Research (WONDER), Multiple-Cause-of-Death file, 2000–2014. 2015 ([http://www.cdc.gov/nchs/data/health\\_policy/AADR\\_drug\\_poisoning\\_involving\\_OA\\_Heroin\\_US\\_2000-2014.pdf](http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf))

## NALTREXONE

- Pure and long-lasting opioid antagonist
- Decreases the amount of dopamine released from the nucleus accumbens when opioid given
- Reduces rewarding effects of alcohol and opiates
- Reduces craving
- Very few side effects
- No street value--not addicting
- No withdrawal when stopping

# BUPRENORPHINE

SUBLINGUAL FILMS



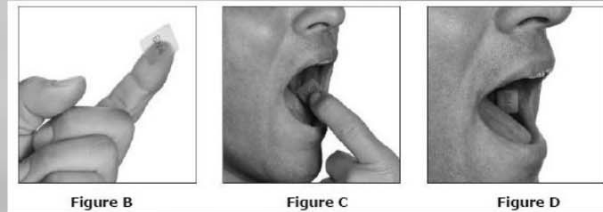
SUBLINGUAL TABLETS



BUCCAL MUCOSAL FILM

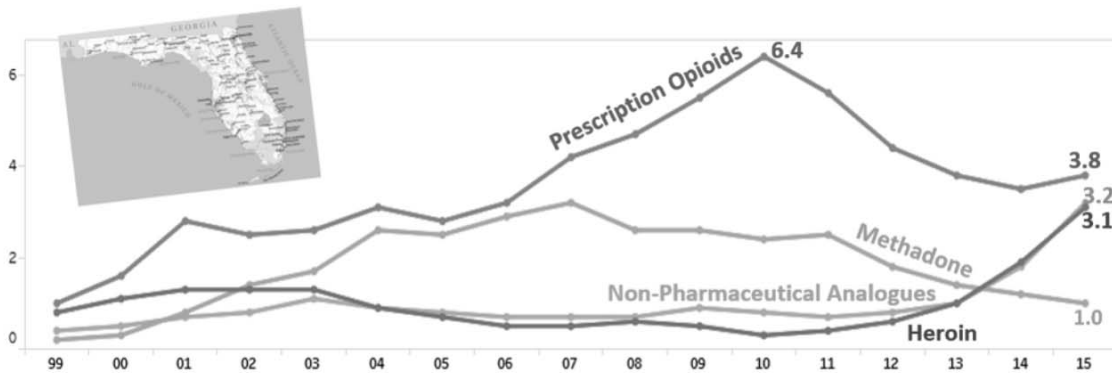


IMPLANTED



INJECTABLE (FDA APPROVED DEC 2017)

## Opioid Overdose Death Rates per 100,000 Population in Florida 1999 - 2015

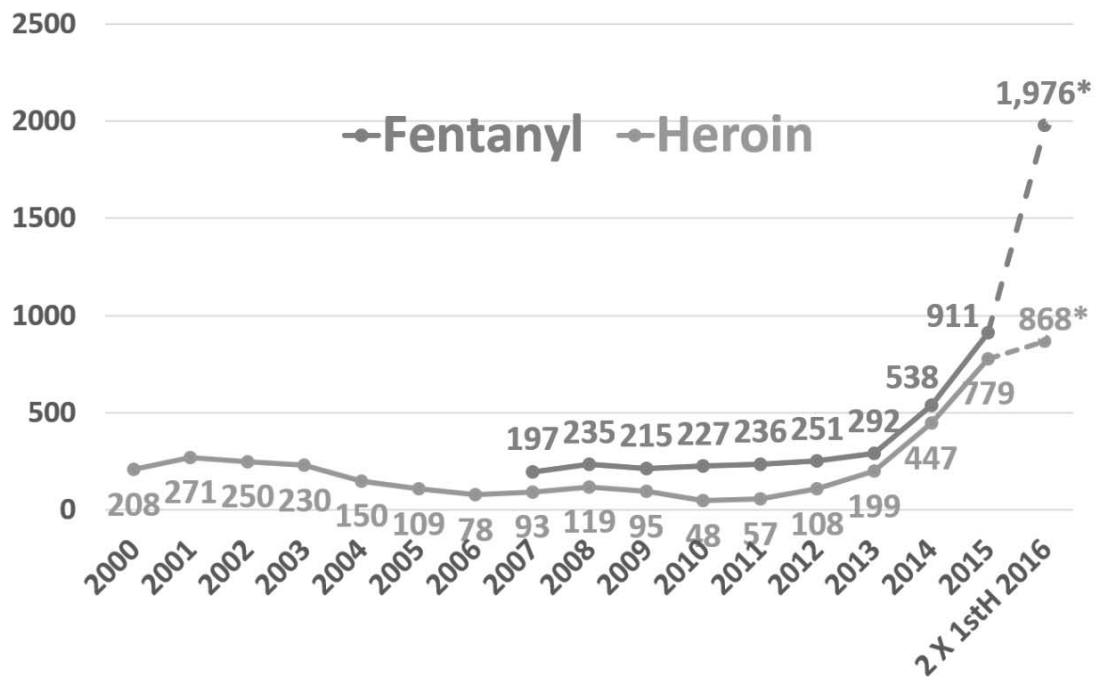


Note: Click the state tile to see the state-specific trend; To cancel, click a blank area on the tile grid map or press Esc.

- Heroin
- Methadone
- Natural and Semisynthetic Opioids
- Synthetic Opioids (other than methadone)

\*Calculate Rates Per: 100,000 population  
 Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016.

## Number of Heroin and Fentanyl Related-Deaths in Florida: 2000 to 2016\*



## BUPRENORPHINE

- Can be administered in OBOT or OTP
- Can be used in detox—not the best results
- Best when used in comprehensive care
- Similar side effects to all narcotics:
  - Nausea, vomiting, and constipation,
  - Muscle aches and cramps,
  - Cravings,
  - Inability to sleep
  - Distress and irritability
  - Fever

# BUPRENORPHINE

- Typically low to moderate opiate addiction
- Patients should be in moderate withdrawal (COWS > 12) before taking
- Recommended 2-4mg initial dose (usually higher in practice)
- May repeat 2-4mg same day after 60-90 minutes and still having withdrawal symptoms
- May increase daily dose up to max of FDA approved 24mg
- Typically most patients are 8-16mg
- Depending on State law, when dispensed from OTP it doesn't have to follow the same take home guidelines as methadone

## Epidemic of Deaths

**USA – 146 deaths a day in 2016**

**Florida – 14 + deaths a day in 2016  
plus 27 non-fatal Overdoses**

**January – August 2017  
Death Rate still increasing**

# Medical cost of opioid use disorder

Illicit drug use in the United States is estimated to have cost the U.S. economy more than \$442 billion due to lost productivity at work, health care fees, and costs associated with the criminal justice system. (National Safety Council)

Only 5% of the cost is related to treatment

Medication-assisted treatment has been proven to significantly reduce these costs.

## Buprenorphine

- Schedule III narcotic
- Partial mu-opioid agonist
- Will displace full mu agonists
- Half-life is around 37 hours
- Ceiling effect/less risk of overdose
- Often combined with naloxone to deter IV use

<b>Rx PRESCRIPTION DRUG COUPON</b>	NEVER EXPIRES	
<b>BUPRENORPHINE</b>		
Member ID: Enter Year & Time <small>(Example: Year 2015, Time 9:14, Enter ID 20150914)</small>		
PCN: 7777	RxBIN: 610709	RxGRP: RXPNTHC
<b>Pharmacy Instructions:</b> Submit a primary claim using the following pharmacy processing information. For processing questions and comments please call the Pharmacy Helpline.	Pharmacy Helpline: 800-223-2146 Customer Service: 877-321-6755	<b>THIS IS NOT INSURANCE</b>

## Maintenance to Abstinence Pathway

- Some patients may need very long term medication treatment
- After more stability/structure may be able to eventually taper off
- Transition to Buprenorphine or Naltrexone

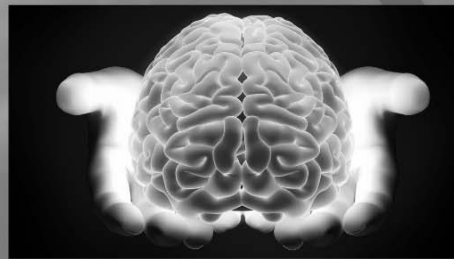
After decades of research it is now thought that addiction is a disease of the BRAIN.

Definition: Primary, chronic disease of brain reward, motivation, memory and related circuitry

There is a dysfunction of the circuitry and individuals pathologically pursue rewards and/or relief by substance use or other behaviors.

Like other chronic diseases, addiction often involves cycles of relapse and remission.

Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



# Addiction as a Medical Disorder

- Addiction is a disease of both BRAIN and BEHAVIOR
- Just like other medical disorders, it can be treated effectively with medication
- Similar to other chronic relapsing diseases like asthma, hypertension and diabetes:  
Best Outcomes: BEHAVIORAL CHANGE + MEDICATION
- Genetics and environmental factors also play a role
- Like the other chronic diseases, no reliable cure
- The longer a patient adheres to the treatment plan the better the results

## Methadone Maintenance

Most successful when used long term

Very structured and regulated clinics

- Patients must come everyday to get dosed
- Take home privileges must be earned
- Nurses, doctors, APCs
- Psychosocial needs assessment
- Supportive counseling
- Family support resources
- Referrals to community services

## Methadone dosing considerations

- “Start low and go slow”
- Must be individualized
- 10-30mg initial dose
- Peak level in 2-4 hours
- Important to know how patient feels at peak to determine changes in dose
- Typically 4-5 half-lives (days) to achieve steady-state
- Goal--24 hours without craving/withdrawals

## Addiction like other medical disorders

The better the patient’s personal stability (family support, employment, etc), the better the outcome—the same with other chronic diseases

Predictable: 80% of patients that leave MAT under 1 year relapse (needs to be treated as chronic not acute disease)

Managing disease decreases the associated sequelae

DM control = less PVD, renal failure

MAT = less HIV, Hepatitis



# UNDERSTANDING ADDICTION

WHY DO PEOPLE TAKE DRUGS?

- TO FEEL GOOD—EUPHORIA



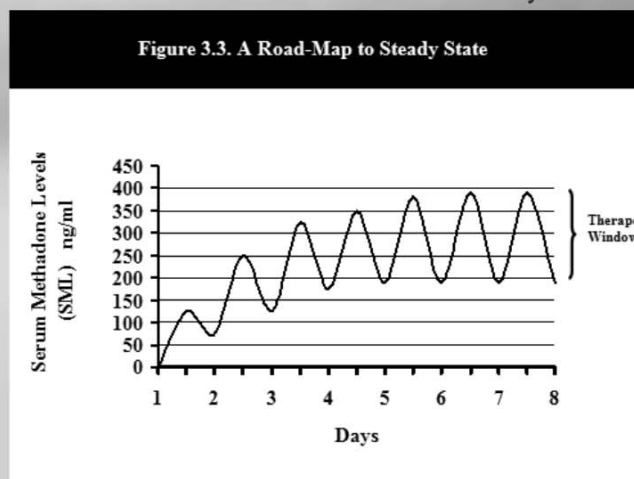
- TO FEEL BETTER—RELIEVE STRESS OR ESCAPE



## METHADONE INDUCTION

- Most dangerous time is the beginning of medication induction
- Lipid saturation at day 4—if still increasing the dose, may overshoot effect and cause unintended OD around day 5

Figure 3.3. A Road-Map to Steady State



- OD more common in children
- Drug-drug interaction—especially with benzodiazepines

# METHADONE

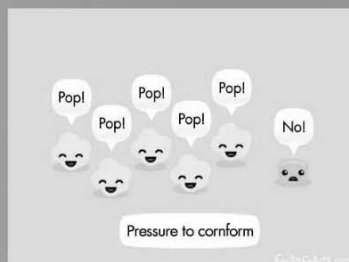
- Schedule II narcotic
- Mu receptor Full agonist
- Long half life (24-36 hours on average)
- 80-95% bioavailable (oral Morphine only 30%)
- Stored extensively in the liver, lipophilic

## UNDERSTANDING ADDICTION

TO DO BETTER—INCREASED  
ENERGY, STRENGTH



PEER PRESSURE—EVERYONE IS DOING IT



# DEVELOPING ADDICTION

- INITIALLY THIS MAY BE A VOLUNTARY DECISION
- CONTINUED USE—IMPAIRED SELF-CONTROL
- PHYSICAL CHANGES IN THE BRAIN EFFECTING:
  - JUDGEMENT
  - DECISION MAKING
  - LEARNING AND MEMORY
  - BEHAVIOR CONTROL

## MEDICATION ASSISTED TREATMENT

- Achieve full prevention of both signs and symptoms of withdrawal for 24 hours
- The dose should reduce or eliminate drug hunger or craving
- Block reinforcing effects of illicit opiates: should see significant decrease of opiate positive UDS
- Tolerance to any sedative effects of MAT

*METHADONE*

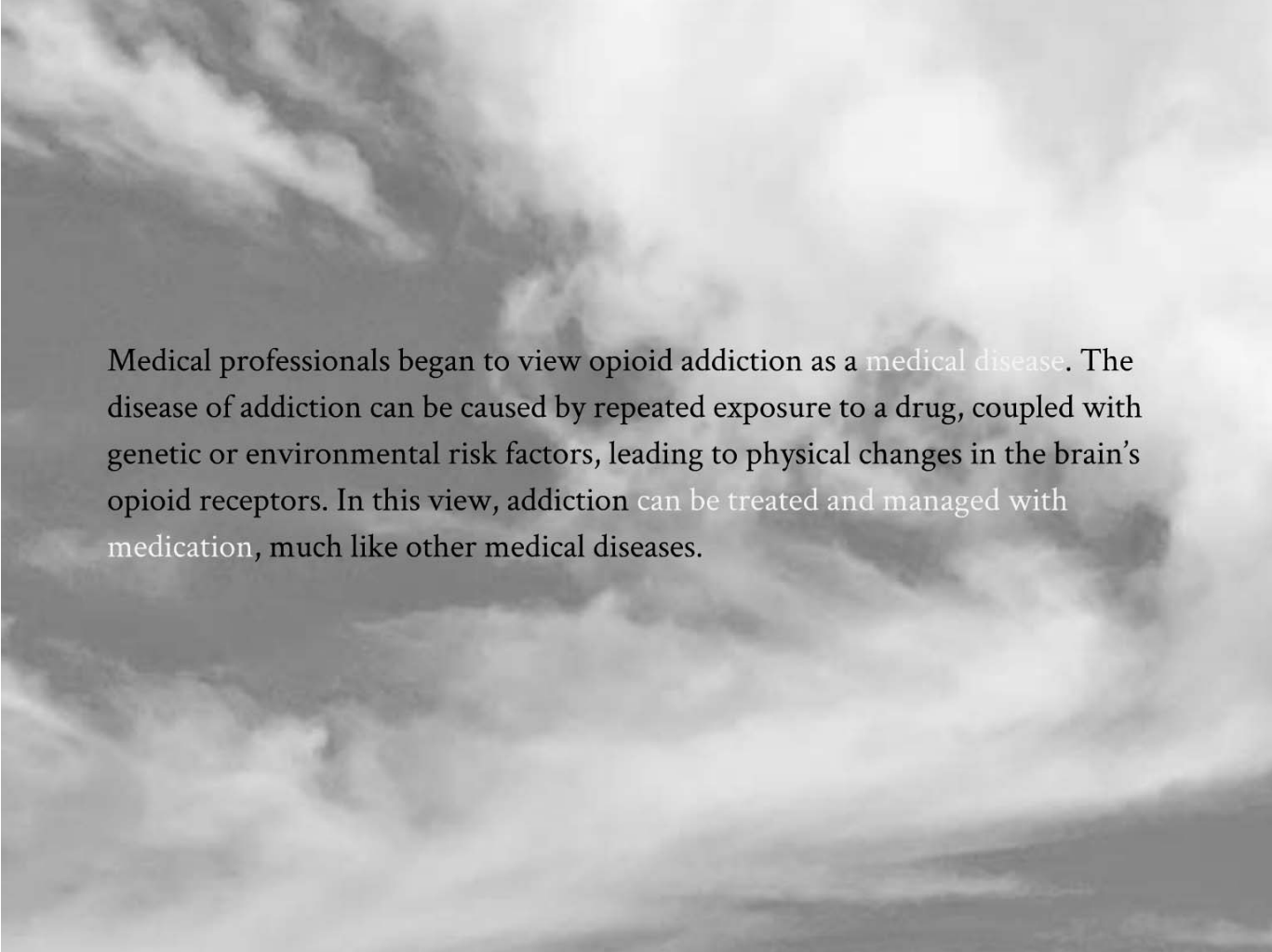


*BUPRENORPHINE*



*NALTREXONE*





Medical professionals began to view opioid addiction as a medical disease. The disease of addiction can be caused by repeated exposure to a drug, coupled with genetic or environmental risk factors, leading to physical changes in the brain's opioid receptors. In this view, addiction can be treated and managed with medication, much like other medical diseases.



## DEVELOPING ADDICTION

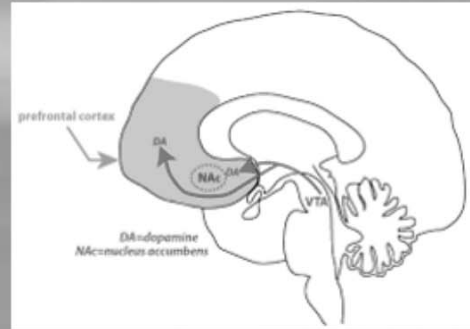
- AT FIRST POSITIVE FEELINGS AND PERSON FEELS LIKE THEY CAN CONTROL IT
- SOON IT TAKES OVER A PERSON'S LIFE
- FORMER PLEASURABLE THINGS NOT AS PLEASURABLE AS TAKING THE DRUG
- TAKING DRUG BECOMES NECESSARY TO FEEL "NORMAL", AND THEY NEED MORE THAN BEFORE
- COMPULSIVELY SEEK AND TAKE DRUGS DESPITE TREMENDOUS CONSEQUENCES

# REWARD PATHWAY

The frontal cortex (reasoning) protects us from making bad choices

Drugs of abuse activate the limbic system (VTA and NAc)--PLEASURE

Prefrontal cortex remembers this pleasure  
More drug=positive reinforcement to repeat  
experience



## RECIRCUITRY

Limbic system part of primitive brain—can override cortex in controlling  
behavior—choosing to do something despite negative consequences

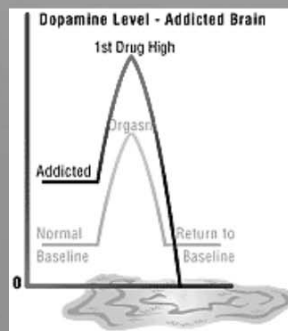
# RELAPSE TRIGGERS

- RE-EXPOSURE TO **DRUG**—OFTEN ACUTE RELAPSE (PREFRONTAL CORTEX INITIATES MEMORY AND STIMULATES REWARD CENTER)
- EXPOSURE TO **STRESS**—CORTICOTROPIN RELEASING FACTOR (CRF) IS PRIMARY NEUROTRANSMITTER
- EXPOSURE TO **CUES**—SIGHTS, SMELLS, SOUNDS—GLUTAMATE IS THE PRIMARY NEUROTRANSMITTER (AMYGDALA STIMULATION)



# CRAVING

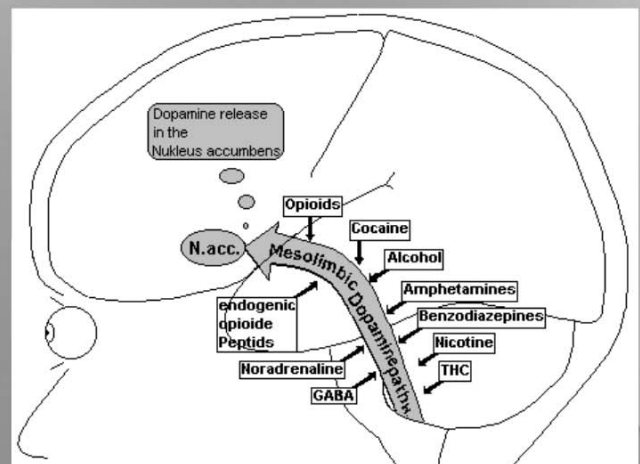
- BASELINE DOPAMINE LEVELS ARE PATHOLOGICALLY DEPLETED—  
"PLEASURE DEFICIENCY STATE"
- NOW USER IS TAKING DRUG JUST TO GET THEIR DOPAMINE LEVELS  
BACK TO NORMAL AGAIN AND AVOID THIS DECREASED HEDONIC  
STATE



# DRUGS OF ABUSE

- VIRTUALLY ALL ADDICTIVE DRUGS ARE DOPAMINE AGONISTS
- INCREASED DOPAMINE AT THE NEURONAL SYNAPSE BY INCREASED DOPAMINE RELEASE OR  
DECREASED UPTAKE "FLOODING THE REWARD CIRCUIT WITH DOPAMINE"
- INITIALLY EUPHORIA WHICH STRONGLY REINFORCES REPEAT USE.
- WITH SUCCESSIVE USE THE REWARD DIMINISHES  
AND TOLERANCE DEVELOPS

- DOPAMINE RECEPTORS DECREASED  
IN NUMBER AT THE N. ACC
- OPIOID RECEPTORS BECOME LESS EFFICIENT  
IN ACTIVATING ASSOCIATED CELLULAR PROCESSES AND THEREFORE REDUCES OPIOID EFFECT



## Peer Mentor Services

The OSCA and DCF Peer Mentor Program is available to all participating and interested providers to engage and train physician peer mentors and medical staff, and provide technical assistance to providers administering medication-assisted treatment involving Vivitrol. Technical assistance services via phone or email are paid for by the Florida Alcohol and Drug Abuse Association.

**David Gastfriend, MD**  
Director, Peer Mentor Program  
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### FADAA/DCF Vivitrol® Program

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**Valerie Westhead, MD**  
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## FDA-Approved Medications for Substance Use Disorders

Medication Generic Name	Use	Trade Name	How it works	Abuse Potential	Administration Method	Length of Effects	Appropriate for People:	Special License or Credential	Criteria	Year Approved by FDA	Physician Training Required
Naltrexone	Alcohol and Opioids	ReVia®	Antagonist - By blocking opioid receptors, it blocks cue-triggered craving and decreases the euphoric effects of alcohol.	No	Oral, tablet 1 x day	Oral – 24 to 36 hours.	Motivated to be opioid-free and willing to undergo detox.	No	Detox required before use – 3 to 5 days free of alcohol; 7 to 10 days free of opioids or rapidly detoxed.  Screen out if significant liver issues identified through labwork.  Cannot be used with pregnant women.	1994 – naltrexone; VIVITROL® - for alcohol 2006, opioids 2010	No
		Depade®			VIVITROL® - Injection taken every 30 days	Injection – 30 days.	Leaving rehab or jail/prison opioid-free.  Monitored by judicial or other system that does not allow agonist treatment.  Shorter duration opioid addiction.  Structure and social supports in place.				
Buprenorphine	Opioids	Suboxone®	Partial Agonist - A long-acting partial opioid, it relieves withdrawal, decreases craving, and prevents euphoria if other opioids are used. Combined with Naloxone prevents IV abuse of buprenorphine (Suboxone/Zubsolv).	Yes	Oral, tablet sublingually or sublingual film once daily.	Oral – 24 to 36 hours.	Able to adhere to treatment plan w/daily contact or supervision.	Varies by state	Can be used in detox.  Induction and maintenance done via prescription lasting few days to few weeks.	2002	Yes – 8 hours of training for physicians; 24 hours of training for ARNPs and PAs (DEA-X No. required)
		Zubsolv®			Transdermal.	Transdermal – 7-day skin patch.	Has structure in daily life and strong support system.				
		Butrans®			Implant.	Implant – 6 months.	Adequate stress management skills.				
		Probuphine®			Injectable.	Injection – 30 days.	Individuals with cardiac concerns.				
Methadone	Opioids	Methadone	Agonist - A long-acting "full" opioid that relieves withdrawal, blocks craving, and prevents euphoria if other opioids are used.	Yes	Oral, liquid solution, 1-2x day	Oral – 24 to 36 hours.	Long history of opioid use of one year or more.	Yes – certification by state and feds	Can be used in detox.  Induction and maintenance done via daily "on-site" dosing at specialty clinics meeting federal and state guidelines only. Take-home dosing only after extensive, successful time in maintenance treatment.	1947	No
							IV route of drug administration.  Individuals needing daily contact/supervision.  Chronic pain problems.  Pregnant women.  Can handle or needs long-term dosing.				



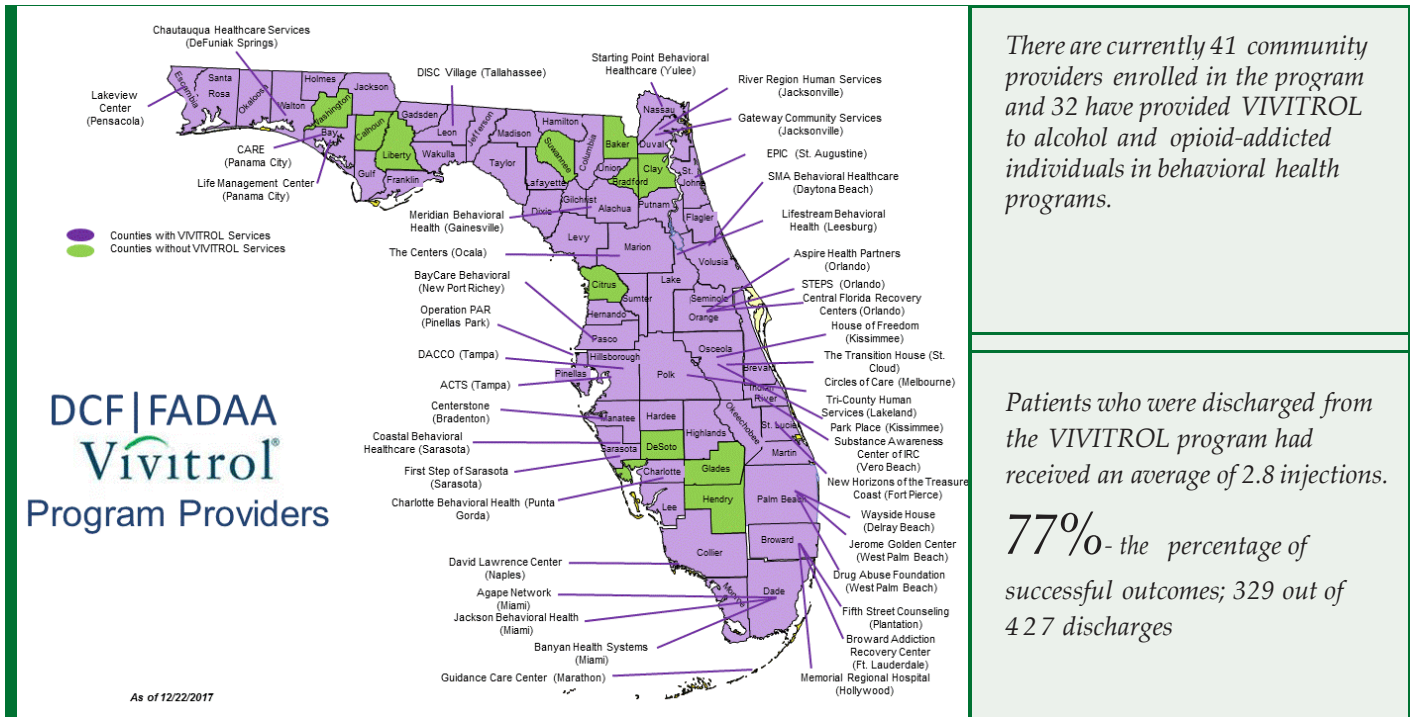


# SUPPORT FUNDING TO STOP THE OPIOID CRISIS IN FLORIDA

# DCF EXTENDED-RELEASE INJECTABLE NALTREXONE PROGRAM

**ADMINISTERED BY FADAA**

The 2017 Florida Legislature appropriated \$6.3 million in recurring general revenue for the Florida Department of Children and Families (DCF) to provide extended-release injectable Naltrexone (VIVITROL) to treat alcohol and opioid dependent individuals that are eligible for publicly funded behavioral health services. The DCF contracted with the Florida Alcohol and Drug Abuse Association (FADAA) to manage reimbursement of VIVITROL services to substance abuse treatment providers. The reimbursements cover the cost of client screenings, medical assessments, administration of the medication, and medical support and monitoring.



*There are currently 41 community providers enrolled in the program and 32 have provided VIVITROL to alcohol and opioid-addicted individuals in behavioral health programs.*

*Patients who were discharged from the VIVITROL program had received an average of 2.8 injections.*

**77%** - the percentage of successful outcomes; 329 out of 427 discharges

## DCF VIVITROL PROGRAM STATISTICS Nov. 1, 2015 – Nov. 30, 2017

## OF THE 1,056 PATIENTS WHO RECEIVED ONE OR MORE INJECTIONS:

- 2,053 people have been screened
- 1,269 people received medical assessments/labs (61.8% follow through rate from screenings)
- 1,056 patients received 1 or more injections (83.2% follow through rate from medical assessments/labs to injection protocol)
- 2,930 injections have been administered

### **Demographics:**

49.1% female, 50.9% male, 85.5% Caucasian, 88.4% Non-Hispanic. The average age of the patients is 40.11.

### **Drugs of Abuse:**

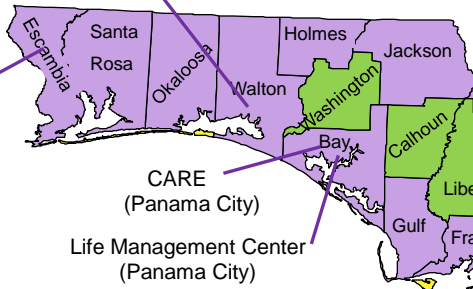
- Alcohol (47.6%)
- Opioids (40.1%)
- Combination Alcohol/Opioids (12.3%)

For More Information Please Contact:

850-878-2196 or [www.fadaa.org](http://www.fadaa.org)

Chautauqua Healthcare Services  
(DeFuniak Springs)

Lakeview  
Center  
(Pensacola)



CARE  
(Panama City)  
Life Management Center  
(Panama City)

DISC Village (Tallahassee)

Starting Point Behavioral  
Healthcare (Yulee)

River Region Human Services  
(Jacksonville)

Gateway Community Services  
(Jacksonville)

EPIC (St. Augustine)

SMA Behavioral Healthcare  
(Daytona Beach)

Lifestream Behavioral  
Health (Leesburg)

Aspire Health Partners  
(Orlando)

STEPS (Orlando)

Central Florida Recovery  
Centers (Orlando)

House of Freedom  
(Kissimmee)

The Transition House (St.  
Cloud)

Circles of Care (Melbourne)

Tri-County Human  
Services (Lakeland)

Park Place (Kissimmee)

Substance Awareness  
Center of IRC  
(Vero Beach)

New Horizons of the Treasure  
Coast (Fort Pierce)

Wayside House  
(Delray Beach)

Jerome Golden Center  
(West Palm Beach)

Drug Abuse Foundation  
(West Palm Beach)

Fifth Street Counseling  
(Plantation)

Broward Addiction  
Recovery Center  
(Ft. Lauderdale)

Memorial Regional Hospital  
(Hollywood)

Meridian Behavioral  
Health (Gainesville)

The Centers (Ocala)

BayCare Behavioral  
(New Port Richey)

Operation PAR  
(Pinellas Park)

DACCO (Tampa)

ACTS (Tampa)

Centerstone  
(Bradenton)

Coastal Behavioral  
Healthcare (Sarasota)

First Step of Sarasota  
(Sarasota)

Charlotte Behavioral Health (Punta  
Gorda)

David Lawrence Center  
(Naples)

Agape Network  
(Miami)

Jackson Behavioral Health  
(Miami)

Banyan Health Systems  
(Miami)

Guidance Care Center (Marathon)

Counties with VIVITROL Services  
Counties without VIVITROL Services

DCF | FADAA  
Vivitrol®

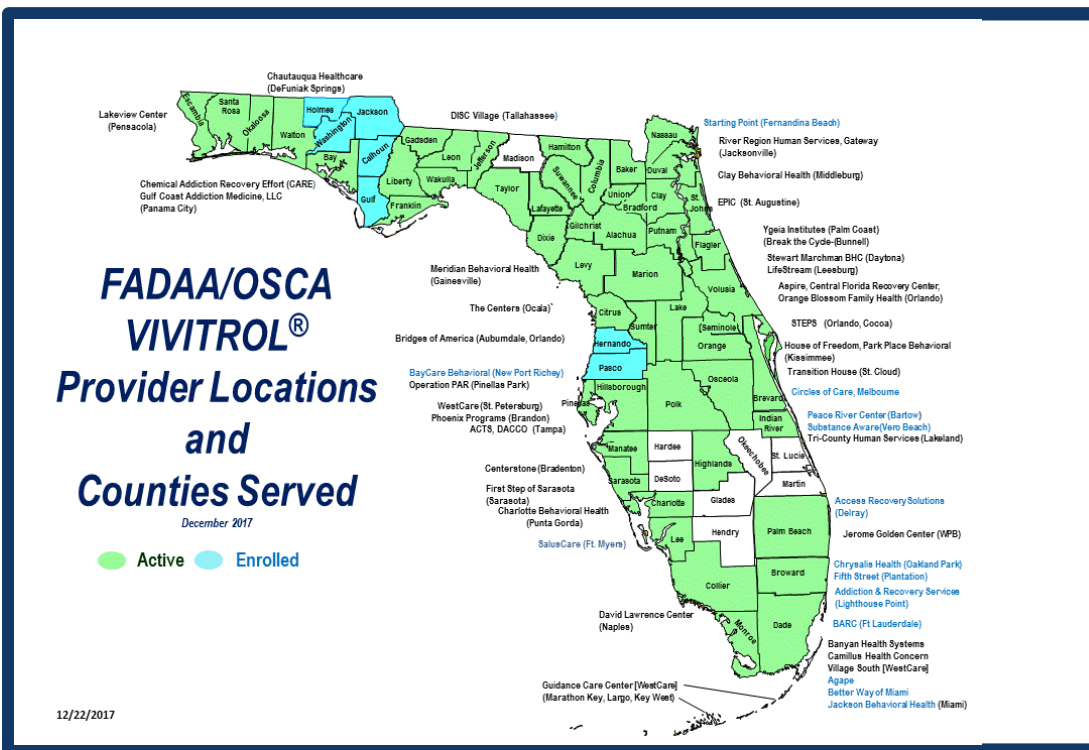
Program Providers

# SUPPORT FUNDING TO STOP THE OPIOID CRISIS IN FLORIDA

# OSCA EXTENDED-RELEASE INJECTABLE NALTREXONE PROGRAM

## ADMINISTERED BY FADAA

The 2014 Florida Legislature appropriated \$1 million in recurring General Revenue funds and \$2 million in non-recurring funds to provide extended-release injectable naltrexone (VIVITROL®) to treat alcohol and opioid addicted offenders in community-based drug treatment programs. For FY 17-18 the Legislature appropriated \$5 million recurring and \$2.5 million non-recurring for this program. These funds were appropriated to the Office of the State Court Administrator (OSCA) who has contracted with the Florida Alcohol and Drug Abuse Association (FADAA) to establish a program enabling providers to access this medication. Providers are reimbursed for screening and assessing individuals for the appropriateness of administering VIVITROL®, for administration of the medication, and for medical support and monitoring. These dedicated resources made available by the Legislature enable providers to expand their clinical and medical treatment protocols and make more treatment options available to the courts.



There are currently 48 community providers enrolled in the program and 35 are regularly providing VIVITROL to alcohol and opioid addicted individuals in the criminal justice system.

Patients who were discharged from the VIVITROL program had received an average of 3.46 injections.

## 76.5%

-the percentage of successful outcomes; 746 out of 975 discharges

### FADAA/OSCA VIVITROL PROGRAM STATISTICS FEB 1, 2015 - Nov 30, 2017

### OF THE 2,099 PATIENTS WHO RECEIVED ONE OR MORE INJECTIONS:

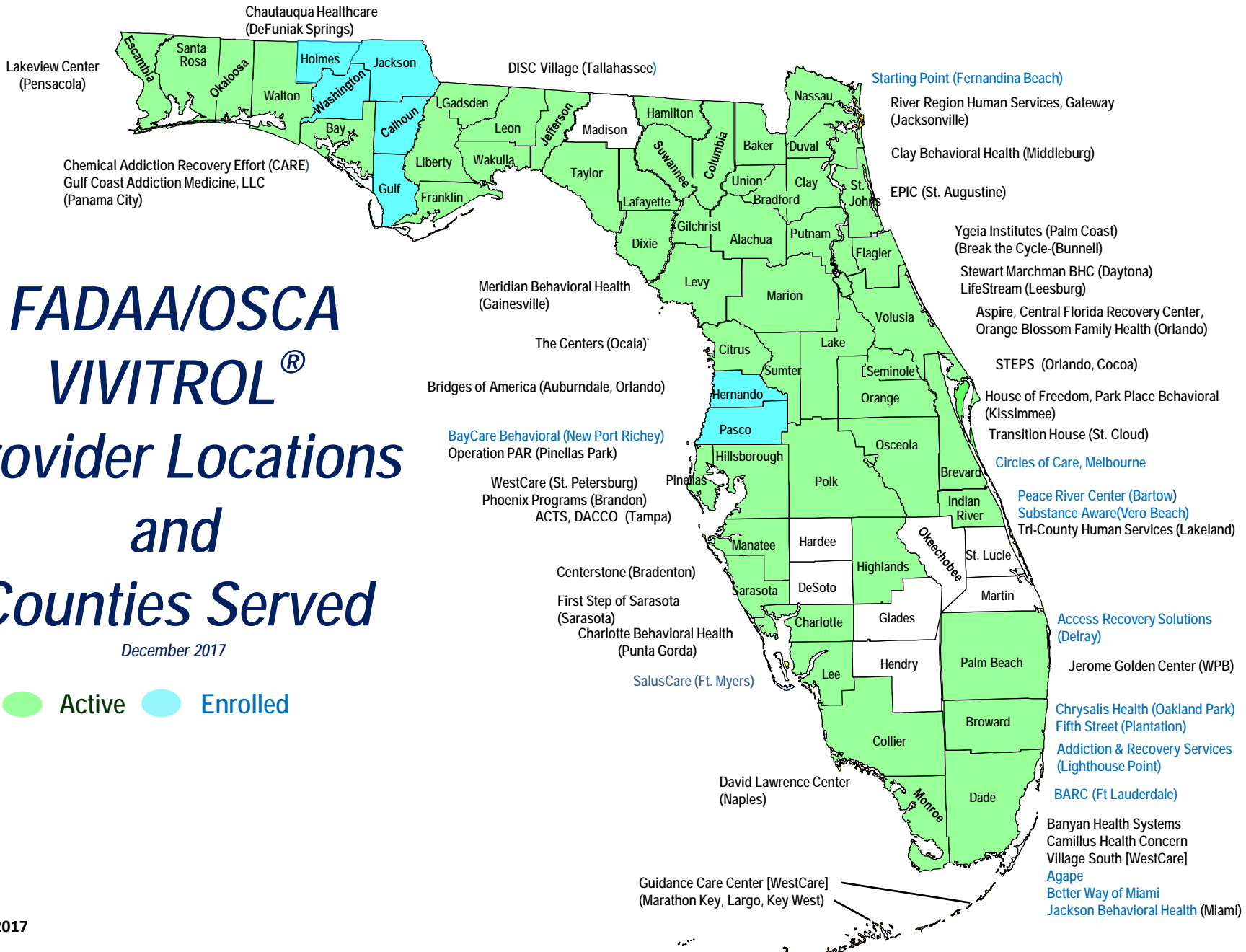
<ul style="list-style-type: none"> <li>• 4,355 people have been screened</li> <li>• 2,883 people received medical assessments/labs (66.2% follow through rate from screenings)</li> <li>• 2,099 patients received 1 or more injections (72.8% follow through rate from medical assessments/labs to injection protocol)</li> <li>• 7,269 injections have been administered</li> </ul>	<p>Demographics:</p> <ul style="list-style-type: none"> <li>• Average age of patients is 38.68</li> <li>• 56.4% male, 87.4% Caucasian, 85.1% Non-Hispanic</li> </ul> <p>Drugs of Abuse:</p> <p>Opioids 51.3%, Alcohol 34.8%, Both 13.9%</p> <p>Referral Sources:</p> <ul style="list-style-type: none"> <li>• 597 Criminal Court (28.4%)</li> <li>• 316 Drug Court (15.1%)</li> <li>• 1,148 At-Risk for Court/CJ Involvement (54.7%)</li> <li>• 32 Mental Health Court (1.5%)</li> <li>• 6 Veterans Court (0.3%)</li> </ul>
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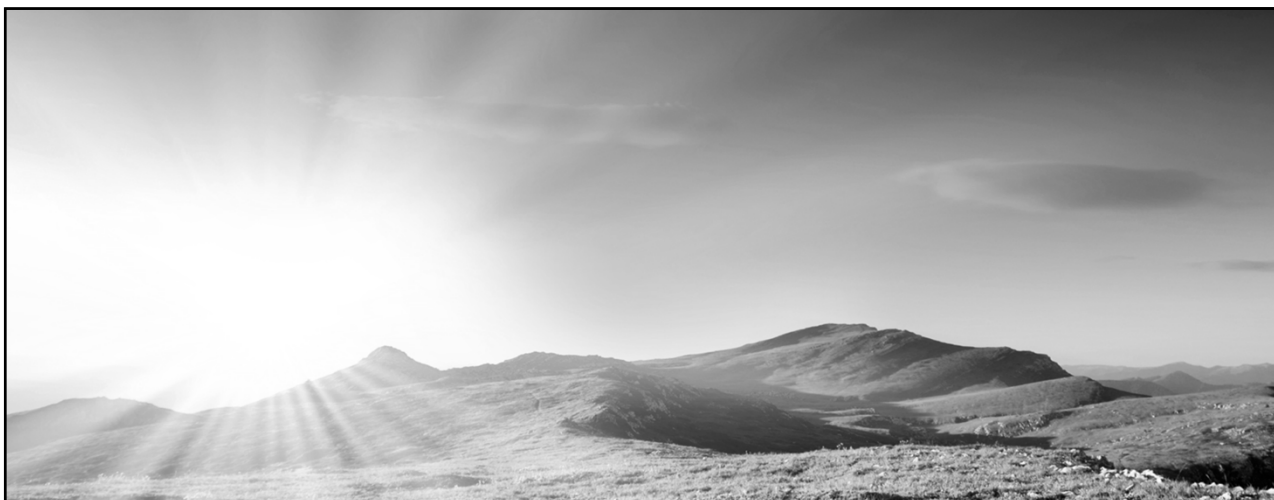
For More Information Please Contact:  
Florida Alcohol and Drug Abuse Association  
850-878-2196 or [www.fadaa.org](http://www.fadaa.org)  
apply at: <https://portal.fadaa.org/>

# FADAA/OSCA VIVITROL<sup>®</sup> Provider Locations and Counties Served

December 2017

● Active ● Enrolled





## WestCare / Village South

### REACH Opiate Program

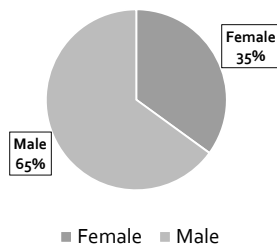
REACH , which stands for Recovery and Extended Addiction Counseling in-Home, is an outpatient treatment program that consists of a 3 phase comprehensive approach designed specifically for the treatment of opioid addictions.

The program offers weekly clinical sessions, peer support services and medical services. In addition, Co-occurring disorders are identified and treated. Linkages to community support groups are made along with housing and vocational assistance. This all-encompassing approach ensures a stable, recovery oriented support system.

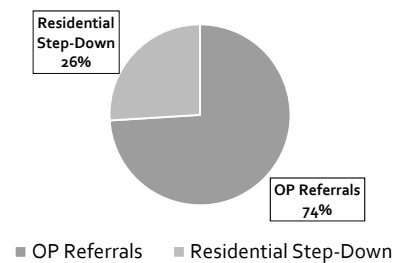
## Whom We Serve:

- Referral sources include Needle Exchange Program, Dependency Court, Drug Court, Self-Referrals, SFBHN Waitlist and Residential Treatment Programs.
- The average age is 31.8 years old, ranging from 18 to 57 years. The majority of the clients served are between 25-35 years old.
- The average client admitted to the REACH program presented with an extensive multi-year history of substance use, with ages of first use ranging from 11 years old to 47 years old with an average length of use of 12 years.

Gender Composition



Referral Sources

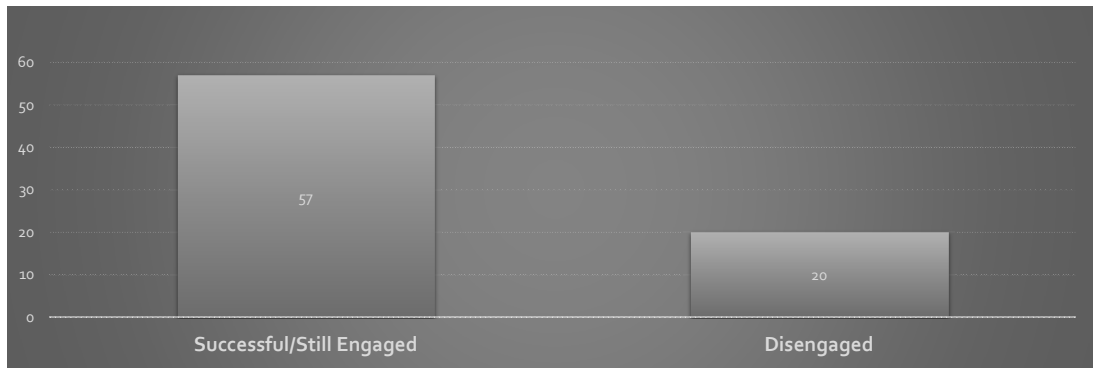


## Engagement Outcomes

- While in the REACH MAT Program the consumers will receive an array of services including: Individual therapy, case management, peer support services, urinalysis, transportation and medical services among others.
- **Total Served YTD- 80**
- 37 total discharges
- 21 (Assessed but never engaged)
- 14 Successful
- 2 Unsuccessful
- **Success Rate of 86%**

## Impact on Drug Use / Outcomes

- In FY 2016-2017 (71%) of the clients enrolled in the program are currently compliant or successfully discharged.



## Implementation/ Program Structure

PHASE I – Duration: 90 days - Admission- 3 months "Treatment"

### Admissions

- SA/MH Assessment- Detox
- Psychiatric Evaluation
- Lab Work
- HIV Test
- HEP C Test
- Pregnancy Test
- Treatment

### Treatment

- 2 hours p/week Clinical Services
- 2 hours p/week Case Management
- 4 hours p/week Peer Services
- 4 Urinalysis per week
- Weekly Medical Services with Medication provided



## **Implementation/ Program Structure**

PHASE II – Duration: 90 days - Month 3-6 “Continuing Care”

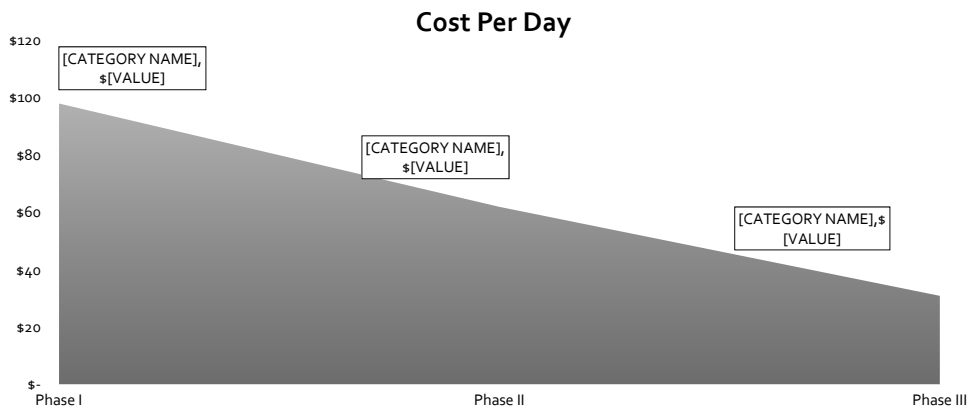
- Continuing Care
  - 2 hours p/month Clinical Services
  - 2 hours p/month Case Management
  - 12 hours p/month Peer Services
  - 2 Urinalysis per week
  - Bi-Weekly Medical Services with Medication provided

## **Implementation/ Program Structure**

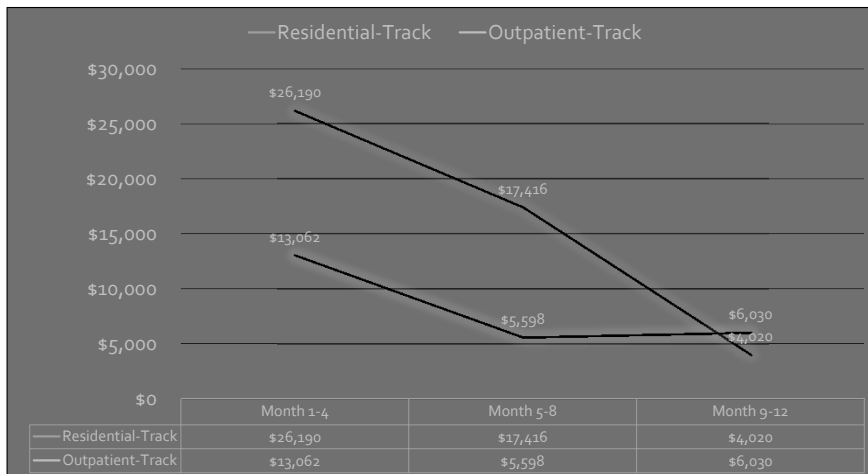
PHASE III – Duration 6 Months “Maintenance”

- Maintenance
  - 2 hours p/month Case Management
  - 4 hours p/month Peer Services
  - 1 Urinalysis per week
  - Monthly Medical Services with Medication provided

## Cost Analysis



## Cost Comparison Per Client



Annualized Total Cost Per Client	
Residential	\$ 47,626
Outpatient	\$ 24,690

**ROI Per Client                      \$ 22,936**



Uplifting the Human Spirit



## Engagement Strategies

### PROGRAMS USING MAT

- Statewide SAMHSA Opioid Grant (STR) funded through DCF
- OSCA Funded Vivitrol Program
- Medicaid Funded Suboxone
- City of Jacksonville Opioid Pilot

### INTERESTING DATA

- 75 individuals: 71 Buprenorphine; 4 Vivitrol
- 7 did not return after 1st visit (9%)
- 4 unsuccessful (5%)
- One (1) OD death after leaving treatment (0.01%)
- Zero (0) OD deaths while in program (100%)
- Current census of individuals being served:
  - Suboxone: approximately 30
  - Vivitrol: 52
  - City of Jacksonville Grant: 35 Through December

### OBSTACLES TO ENGAGEMENT

- Hesitancy committing to treatment
- Transportation
- Safe housing
- Provider criteria for mat
- Times offered for clinical services

### ENGAGEMENT STRATEGIES

- Care Coordinator (CC)
- Peer Specialists
- Electronic Communication
- Clinical TX Phobic Individuals-Counselor In MAT
- Meet with Peer Specialists Individually
- Frequent Contact with Peer Specialists/CC
- Providing Transportation Assistance
- Family Education Group – Peer Specialist Led
- Family Support Group