



7/31/2017

Drug Epidemiology Network Report

Duval County



Community Coalition Alliance

COLLABORATION: LUTHERAN SERVICES FLORIDA, DRUG FREE
DUVAL, NACDAC, AND DUVAL DEN MEMBERS

COMMUNITY COALITION ALLIANCE



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

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MISSION:

To serve as the collective voice of community coalitions in the State of Florida while valuing the unique identity of each member of the alliance.

VISION:

A state that is transformed community by community that provides all our residents a healthy, safe environment in which they can thrive.

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Acknowledgements

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- Drug Free Duval
- Jacksonville Fire and Rescue Department
- UF Health Jacksonville
- Baptist Medical
- St. Vincent's Healthcare
- Medical Examiner (District 4)
- Center for Health Equality and Quality Research UF College of Medicine at Jacksonville
- Duval County Public Schools
- Department of Health
- Center for Applied Research on Substance Use and Health Disparities Nova Southeastern University
- Poison
- NACDAC

A special thank you to Lutheran Services Florida (LSF) Health Systems for supporting the efforts of the CCA coalitions and believing in our ability to reduce and prevent alcohol and other drug use in our communities.

Thank you to LSF funded treatment providers for providing critical information surrounding treatment services for the Northeast Region to demonstrate need of services.

Lastly, thank you to the Florida Department of Children and Families for your support of prevention efforts in the Northeast Region and across the State of Florida.

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ABOUT US

In Florida, the Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) program office, allocates funding to sub-state Regions who manage contracts for behavioral health services at the regional level. Lutheran Services Florida (LSF) Health Systems oversees and contracts for behavioral health services across the Northeast Region reaching Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia.

LSF Health Systems (LSFHS) is one of seven Managing Entities who work in partnership with the Florida Department of Children and Families in managing behavioral health care for people facing poverty who do not have health insurance.

State-funded behavioral health services help people and families who don't have insurance gain access to much-needed mental health care services. Through this system-wide approach, people at risk for or diagnosed with mental health and/or substance abuse disorders who do not have the financial resources to seek care are able to find the help they need. Services provided through contracted behavioral health care providers include prevention, intervention, treatment and care coordination to support optimal recovery.

In 2008, the Community Coalition Alliance (CCA) was developed in response to a request from a Federal Project Officer to meet as a group and provide mentoring to one another. CCA provides a forum for partnerships, community involvement and participation, and interagency cooperation and collaboration by focusing on the issues with data-driven decision-making, evidence-based strategies, and the risk and protective factors of youth. The group is comprised of members of community coalitions, who are made up of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who mobilize at the local level to make their communities safer, healthier, and drug-free.

Recognized locally and nationally as a prevention coalition (consortium), CCA has an established infrastructure using the Strategic Prevention Framework (SPF) process. This 5-step process, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides CCA with the framework for their method of work. SPF is an on-going process of community assessment (needs and resources), capacity building, planning, implementation, and evaluation, all based on data, while considering cultural differences and sustainability. Florida began implementing the SPF process in 2004, under the Substance Abuse Response Guide (SARG) grant.

Currently, CCA is comprised of members from 17 of the 23 counties served by LSF in the Northeast Region. Below are the 17 counties and the prevention coalitions representing them:

Alachua County: Health Promotion and Wellness Coalition

https://www.facebook.com/pages/Alachua-County-Health-Promotion-and-Wellness-Coalition/397741736932781?ref=br_tf

Baker County: Baker Prevention Coalition, Inc.

Bradford County: Bradford Community Coalition

Citrus County: Anti-Drug Coalition of Citrus County, Inc. <http://www.substancefreecitrus.org>

Clay County: Clay Action Coalition <http://clayactioncoalition.org/>

Dixie County: Dixie County Anti-Drug Coalition
<https://www.facebook.com/pages/Dixie-County-Anti-Drug-Coalition/140135282730666>

Duval County: Safe and Healthy Duval Coalition Inc <http://www.drugfreeduval.org/>

Flagler County: Focus on Flagler <http://www.focusonflagler.org/>

Hamilton County: Hamilton County Alcohol and other Drug Prevention Coalition
<http://www.saynohamco.org/>

Hernando County: Hernando County Community Anti Drug Coalition
www.hernandocommunitycoalition.org

Lake County: Safe Climate Coalition <http://safeclimatecoalition.org>

Levy County: Levy County Prevention Coalition www.levyprevention.org

Marion County: Marion County Children's Alliance <http://www.mcchildrensalliance.org/>

Nassau County: Nassau Alcohol Crime Drug Abatement Coalition <http://nacdac.org/>

Putnam County: Putnam County Anti Drug Coalition
<http://classsites.putnamschools.org/antidrug/Putnam.html>

St. Johns County: PACT Prevention Coalitin <http://www.pactprevention.org/>

Sumter County: Sumter Community Action Partnership

Volusia County: One Voice for Volusia <http://www.onevoiceforvolusia.org/>

For information on the CCA, please visit the website at www.ccafl.org or contact:

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Key Takeaways

The information included within this report is the initial assessment for the Duval Drug Epidemiology Network and provides a baseline for what the opioid problem looks like within Duval County. It is the intention of this DEN to use the information provided here to identify data gaps and needs as well as additional local data to provide the context for *why* and *how* the opioid issue is growing in Duval County. As data was collected and reviewed, it was decided to also compare Duval not only to the State, but the Region as a whole. For this reason, Regional data and neighboring counties are also included. Additionally, it is critical to include a full picture of what substance misuse across a number of substances looks like.

- While youth misuse of prescription pain relievers is down, it is still greater than the State rate.
- In the Northeast Region 1,165 individuals died with one or more prescription drugs in their system.
 - Nearly a third of these are from Duval County
- 553 individuals died with at least one prescription drug in their system identified as the cause of death.
 - A quarter of these deaths occurred within 2 counties Duval County (16%) and Volusia County (9%).
- In 2015, 79 individuals died with heroin present in their system, an increase from 20 reported in 2012.
 - 356% increase in cause of deaths by heroin from the 2012-2015 Medical Examiner Report (reported deaths in 2012:16, reported deaths in 2015:73)
 - 75% of these occurrences were documented in two specific counties including Duval County (51%) and Volusia County (25%).
- In 2015, of inpatients discharged with Neonatal Abstinence Syndrome (NAS) conditions 44% were from Duval County and another 20% from Volusia County. In 2016, of inpatients discharged with NAS conditions were from 43% of Duval County and another 11% from Volusia County.
- The number of individuals receiving treatment for an opioid addiction has more than doubled from 2015 (962) to 2016 (2132).

EXECUTIVE SUMMARY

The Community Coalition Alliance (CCA) was awarded funds through a current contract with Lutheran Services Florida (LSF) Health Systems to establish and coordinate a local Drug Epidemiology Network (DEN) to address the Opioid Crisis faced in Duval County, Florida. These funds were provided as a result of an initiative coordinated by the Department of Children and Families (DCF) through the Partnership for Success (PFS) grant. This grant is centered on addressing prescription drug misuse and abuse among those ages 12-25 as well as nonmedical opioid use and its consequences for those 26 years of age and older.

Eight communities were identified as focal sites with 5 urban communities (Broward, Duval, Manatee, Hillsborough, and Palm Beach) and 3 rural communities (Franklin, Walton, and Washington). The DEN within each of these communities is tasked with gathering and analyzing data related to consumption, consequence, and contributing factors for opioid misuse and abuse. This surveillance group brings together experts in the field and key stakeholders within a community that have access to these key data point.

The information included within this report is the initial assessment for this initiative and provides a baseline for what the opioid problem looks like within Duval County. It is the intention of this DEN to use the information provided here to identify data gaps and needs as well as additional local data to provide the context for *why* and *how* the opioid issue is growing in Duval County. It is important to note here that the information related to law enforcement and naloxone is not included. Duval County has made the decision based on available data and collaboration between the Duval County Sherriff's Office, Emergency Medical Services, and the Jacksonville Fire and Rescue Department that at this time law enforcement will not carry naloxone.

The information below outlines the activities completed to date and the data gathered by the Duval DEN in collaboration with LSF, Drug Free Duval, and Nassau Alcohol Crime Drug Abatement Coalition (NACDAC).

AREA DESCRIPTION

According to the US Census Bureau, Florida is the fourth most populous state in the nation, and the diversity of its population creates unique challenges. The state is fairly evenly split between males and females, and has a large youth and elder population. There is linguistic diversity with large numbers of Spanish speaking and Haitian Creole speaking populations, which tend to cluster regionally. The Northeast Region is comprised of 23 counties:

- Circuit 4: Clay, Duval and Nassau Counties
- Circuit 3: Hamilton, Suwannee, Columbia, Lafayette, and Dixie Counties
- Circuit 8: Levy, Gilchrist, Alachua, Baker, Bradford, and Union Counties
- Circuit 5: Marion, Citrus, Lake, Sumter and Hernando Counties
- Circuit 7: Volusia, Flagler, Putnam and St. John’s Counties

In 2016, the population for the region was 3,784,868 residents. Duval County makes up nearly a quarter of the total population for the entire region (23 counties). The tables below provide a breakdown of the population within the County.

Table 1: Population Demographics for Race/Ethnicity

	Total Population	Ethnicity			Sex	
		White	Black/Other	Hispanic	Male	Female
STATE	20,209,604	16,151,713	4,057,891	5,796,589	9,911,716	10,297,888
Northeast	3,784,868	3,037,036	747,832	493,340	1,852,605	1,932,263
Duval	922,006	587,964	334,042	117,171	450,048	471,958

Table 2: Population Demographics: Age and Income

	Age							Below Poverty Line	Median Income
	0-14	15-19	20-24	25-34	35-44	45-64	65+		
STATE	3,489,026	1,227,228	1,330,840	2,591,437	2,444,395	5,327,827	3,798,851	12.0	\$47,507.00
Northeast	638,339	225,982	249,935	453,306	427,610	1,001,242	788,454	13.9	\$43,271.48
Duval	179,782	58,148	64,034	143,286	119,940	235,240	121,576	13.4	\$47,690.00

DUVAL DRUG EPIDEMIOLOGY NETWORK (DEN)

The Community Coalition Alliance (CCA) was awarded funds through a current contract with Lutheran Services Florida (LSF) Health Systems to establish and coordinate a local Drug Epidemiology Network (DEN) to address the Opioid Crisis faced. These funds were provided as a result of an initiative coordinated by the Department of Children and Families (DCF) through the Partnership for Success (PFS) grant. The grant is centered on addressing prescription drug misuse and abuse among those ages 12-25 as well as nonmedical opioid use and its consequences for those 26 years of age and older. The Duval DEN includes experts in the field and key stakeholders that have access to these key data point as well as an understanding of substance abuse and its impact on the community.

As a surveillance team, the Duval DEN was brought together to assess drug abuse patterns and trends, not only at the county level but in comparison to the region as well as the State. The data indicators reviewed were compiled from a variety of health and drug abuse sources including:

- Self-reported prevalence data – middle and high school
- Admissions to drug abuse treatment programs by primary substance of abuse or primary reason for treatment admission reported by clients at admission
- Drug-involved emergency department (ED) reports
- Drug Seizure and related data obtained from the Drug Enforcement Agency (DEA)
- Drug-related deaths reported by medical examiner (ME)
- Surveys of drug use
- Poison control center data

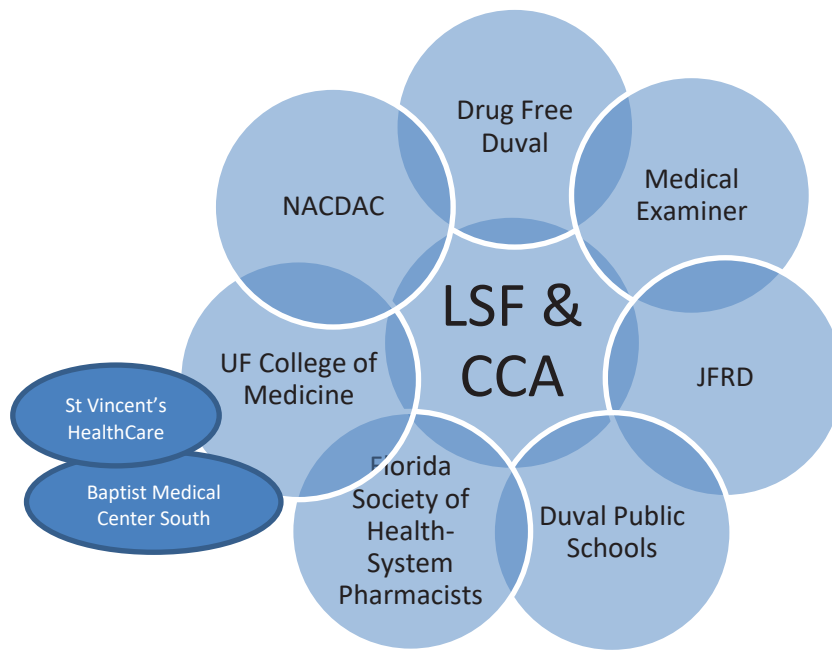
As this is the baseline data report, the Duval DEN intends to look at additional qualitative data such as key informant interviews, focus groups with medical practitioners, law enforcement, and emergency management staff, and other sources unique to local area to provide a deeper understanding for *why* and *how* the Opioid Crisis is growing in Duval County.

Membership

To ensure the Duval DEN included an array of different perspectives, CCA collaborated with LSF, Drug Free Duval, and NACDAC to identify current partners in working with opioid-related substance abuse treatment and prevention services. Additionally, a number of members of the North Florida Opioid Task Force were invited to participate as a way to leverage efforts and avoid silos within the community.

It was decided that this surveillance group would be a smaller group in order to be able to have more hands-on discussions with regards to the data. Additionally, with the Opioid Crisis getting the attention of the community, many are already involved either with the Task Force or current community initiatives. Having a smaller working group would allow for greater focus and swifter responses. The diagram below provides a visual of which key partners are involved with the Duval DEN. (See roster in APPENDIX B)

Figure 1: Duval DEN Partnerships



Duval DEN Activities

The Duval DEN kick-off meeting began with an all-day training provided by Jim Hall, the State's Lead Analyst. This training provided an overview of epidemiology, the goals of PFS, the charge of the local DENs, and opportunity for questions and answers. Following this training, CCA established a meeting schedule for members along with the set expectations of the work the group would be engaging in. To-date, the Duval DEN has met three times since the initial training and is scheduled for another additional five meetings. It is anticipated that the group will

DEN Meetings

Completed: (See Appendix B for PPT)

- May 24th at 11am
- June 21st at 11am
- July 26th at 11am

Upcoming:

- August 23rd at 11am
- September 27th at 11am
- October 25th at 11am
- November 29th at 11am
- December 20th at 11am

RECENT SUBSTANCE USE

The following section provides a brief overview of the Florida Youth Substance Abuse Survey (FYSAS) and the reported prevalence rates across a number of substances.

The table below provides a breakdown for prevalence rates from FYSAS for Duval County compared to the State for middle and high school responders. Overall, Duval County reports a higher prevalence with the exception of cigarettes, vaporizing, and binge drinking. All of the other substances reported are at a higher prevalence.

Table 3: Past 30-day Use

(2016) 30 Day Youth Consumption	6th-8th %	9th-12th %	County %	State %
Any Alcohol	12.4	24.4	19.3	18.3
Binge	4.0	7.1	5.8	7.7
Cigarettes	1.4	3.9	2.8	3.4
Vaporizer/E-Cigarette	5.6	8.8	7.4	9.6
Marijuana or Hashish	3.6	16.6	11.0	11.2
Any Illicit Except Marijuana	8.0	8.2	8.1	6.8
Alcohol or any Illicit Drug	17.1	33.4	26.3	24.3
Inhalants	2.9	2.0	2.4	1.6
Pain Relievers	2.0	2.1	2.1	1.8
Depressants	1.2	2.9	2.2	1.8
Over-the-Counter Drugs	3.3	2.2	2.7	2.0

Looking at the self-reported prevalence rates for past 30-day alcohol use, the table below shows that while the high school aged youth show a lower prevalence rate, the middle school youth have a much higher past 30-day use reported.

Table 4: Past 30-day Alcohol Use by Youth

	State	Northeast	Duval
Middle Schoolers	8.3	9.1	12.4
High Schoolers	25.5	26.7	24.4

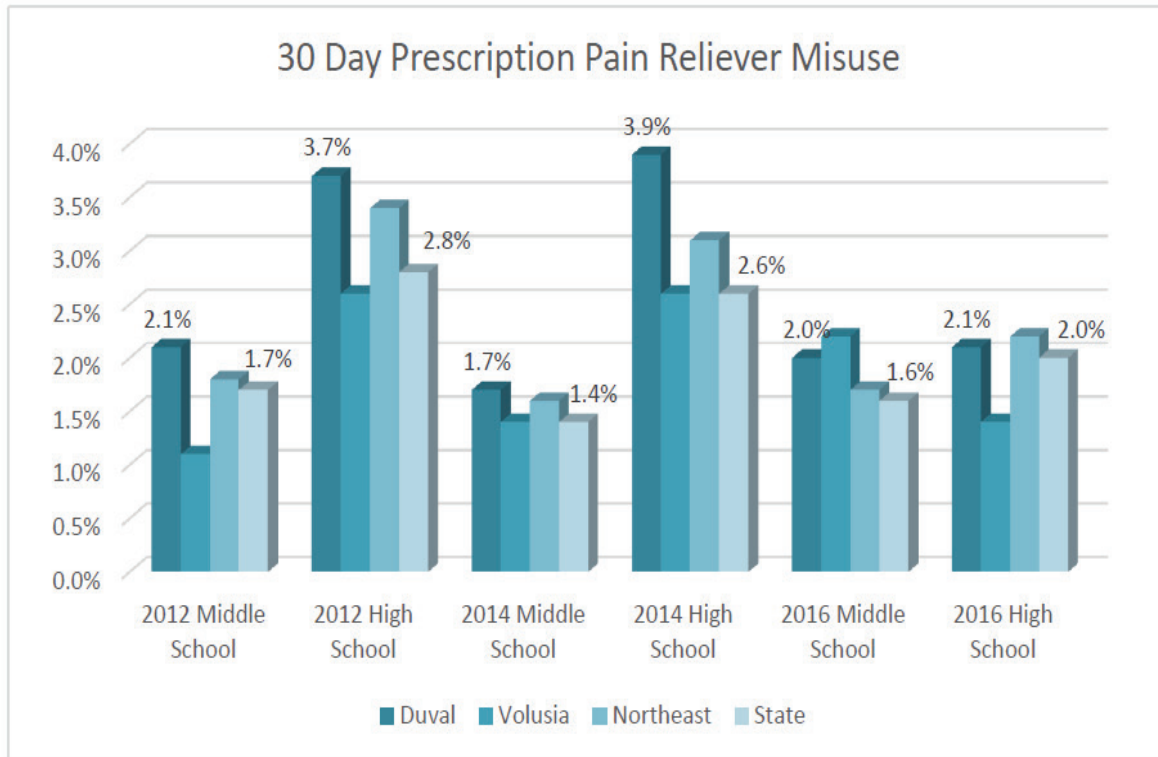
For the past 30-day prescription drug pain reliever use, Duval County youth report a higher prevalence than the State as seen in the table below.

Table 5: Past 30-day Rx Pain Relievers

	State	Northeast	Duval
Middle Schoolers	1.6	1.7	2
High Schoolers	2	2.2	2.1

The graph below provides some trend data from 2012 through 2016. While prescription pain reliever use by middle and high school students has gone down since 2012, use by youth in Duval and the Northeast Region remains higher compared to Florida Statewide averages.

Figure 2: 30-day Prescription Pain Reliever



DUVAL COUNTY SCHOOL DATA

The section below provides school reported data for suspension based on alcohol and drug incidents for ages 12 - 20. What is interesting to note from the data below is that Duval County accounts for 16% of the alcohol-related suspensions and over a quarter of the drug-related school suspensions for the Northeast Region, a region that consists of 23 counties.

Table 6: Alcohol and Drug Related Suspensions 2016

	State	Northeast	Duval
Alcohol	1,137	287	46
Drugs	5,965	1,560	405

Figure 3: Alcohol Related Suspensions 2016

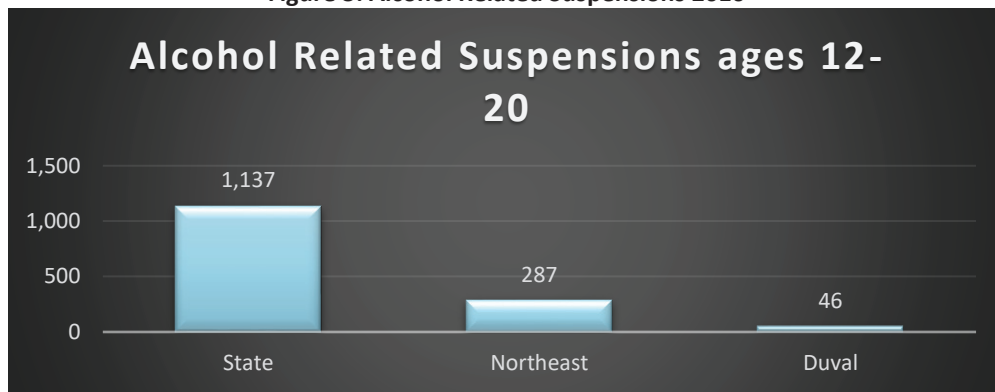
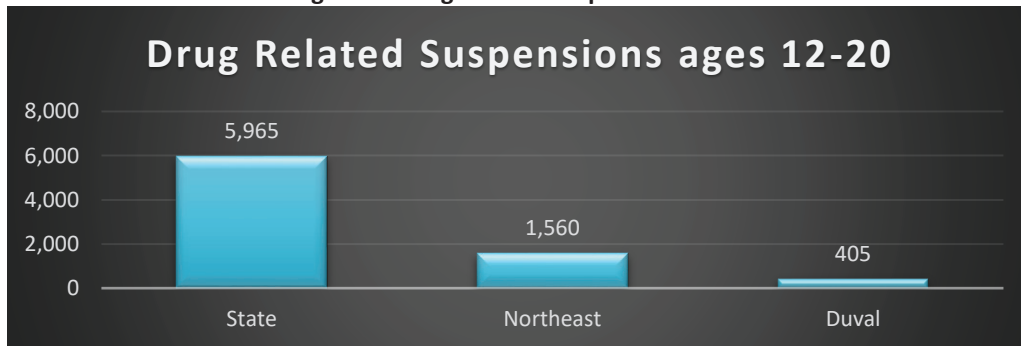


Figure 4: Drug Related Suspensions 2016



HOSPITALIZATION DATA

The section below provides data reported by the Agency for Healthcare Administration (AHCA). The available data includes 2015 as well as the first two quarters of 2016. The Duval DEN is still awaiting the data for the second two quarters of 2016.

Looking at the data for emergency room visits for an opioid overdose, it can be seen that Duval County accounts for 42% of the opioid overdoses seen through the emergency room for the Northeast Region.

Figure 5: ER Opioid Overdoses Q1&2 2016

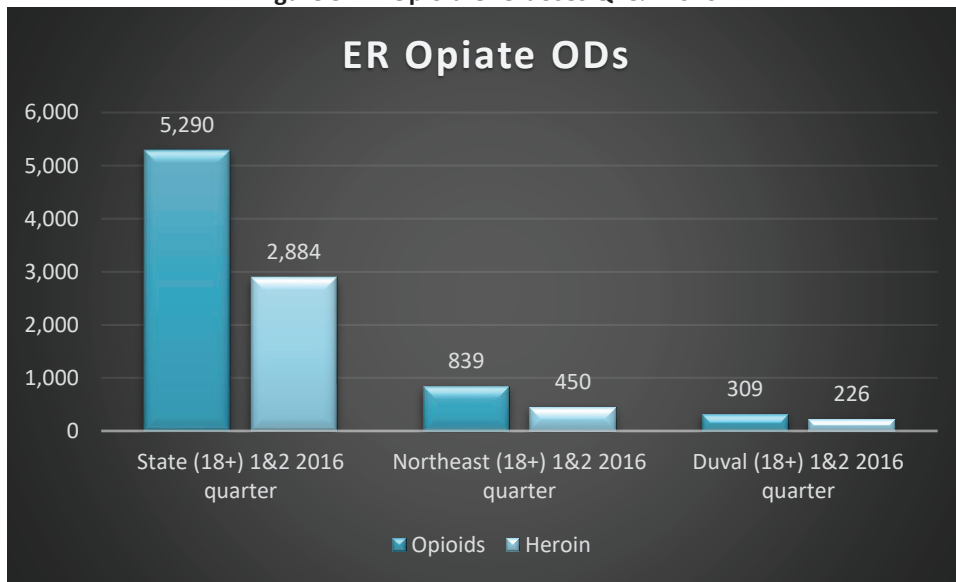


Table 7: ER Opioid Overdoses Q1&2 2016

	State (18+) 1&2 2016 quarter	Northeast (18+) 1&2 2016 quarter	Duval (18+) 1&2 2016 quarter
Opioids	5,290	839	309
Heroin	2,884	450	226

The table below provides a breakdown of total number of individuals discharged with an opioid dependence across the counties in the Northeast Region.

Table 8: Discharged with Opioid Dependence

Age Groups	0 -17 years	18+ years	Inpatient Discharges
2015 Statewide Total	120	37,293	37,413
Alachua	18	1,395	1,413
Baker	*	*	*
Bradford	*	36	36
Citrus	*	102	102
Clay	*	783	783
Columbia	*	86	86
Duval	7	3,136	3,143
Flagler	*	34	34
Hernando	*	438	438
Lake	*	455	455
Levy	*	*	*
Marion	*	729	729
Nassau	*	59	59
Putnam	*	41	41
St. Johns	*	183	183
Sumter	*	46	46
Volusia	*	636	637

The table below provides the number of opioid related emergency room visits seen for 2015 and the first two quarters of 2016. What can be seen here is that the number of opioid related emergency room visits has more than doubled during the first two quarters of 2016 than the entire 2015 year.

Table 9: Opioid Related Emergency Department Visits

Facility County	2015 AGE 0-17 ED VISITS	2015 AGE 18+ ED VISITS	2015 TOTAL ED VISITS		2016 QTR12 AGE 0-17 ED VISITS	2016 QTR12 AGE 18+ ED VISITS	2016 QTR12 TOTAL ED VISITS
Alachua		*	*			*	*
Baker		*	*				
Citrus		*	*			*	*
Clay	*	33	34			101	101
Duval	*	97	98			226	226
Flagler		*	*				
Lake		15	15			15	15
Marion		30	30			66	66
Nassau		*	*				
Putnam		*	*			*	*
St. Johns						*	*
Sumter		*	*			*	*
Volusia		42	42			26	26
Total	*	231	233			450	450

The tables below show the cases of Neonatal Abstinence Syndrome affecting Duval County for 2015 as well as the first two quarters of 2016. Looking at the data below, it can be seen that the number of cases seen in Duval County has already doubled in the first two quarters of 2016 than was the case for the entire 2015 year.

**Table 10: NAS AHCA
2015 – Broken Out by Gender**

County Name	SEX	<i>Drug Withdrawal Syndrome in Newborn Counts ICD-9-CM 779.5(2005 Q1 - 2015 Q3) & ICD-10-CM P96.1 & P96.2(2015 Q4)</i>	<i>Noxious influences affecting fetus or newborn via placenta or breast milk, Narcotics Counts ICD-9-CM 760.72 (2005Q1 - 2015 Q3) & ICD-10-CM P04.49 (2015 Q4)</i>	<i>Drug withdrawal syndrome in newborn & Noxious influences affecting fetus or newborn via placenta or breast milk, Narcotics Counts (Represents records with two conditions coded)</i>	<i>Total number of Inpatient Discharges with NAS Conditions</i>
Duval	Female	81	39	5	125
Duval	Male	77	45	8	130
	TOTALS	512	217	24	753

**Table 11: NAS AHCA
2016 – Broken Out by Gender**

County Name	SEX	<i>Drug Withdrawal Syndrome in Newborn Counts ICD-10-CM P96.1 & P96.2(2016)</i>	<i>Noxious influences affecting fetus or newborn via placenta or breast milk, Narcotics Counts ICD-10-CM P04.49 (2016)</i>	<i>Drug withdrawal syndrome in newborn & Noxious influences affecting fetus or newborn via placenta or breast milk, Narcotics Counts (Represents records with two conditions coded)</i>	<i>Total number of Inpatient Discharges with NAS Conditions</i>
Duval	Female	57	64	*	121
Duval	Male	35	73	*	108
	TOTALS	234	295	10	539

MORTALITY DATA

Table 12: Opioid Prescription Pain Reliever Tracked by Medical Examiners during Toxicology Reports at Time of Death- 2015

	Oxycodone Cause	Oxycodone Present	Hydrocodone Cause	Hydrocodone Present	Methadone Cause	Methadone Present	Morphine Cause	Morphine Present
Florida	565	516	236	442	290	163	893	587
Northeast	117	89	53	117	67	40	142	95
Duval	31	32	14	43	15	11	58	23

Cause: Determined as the reason for death at time of death.

Present: Found in the body at the time of death, though not the sole cause of death.

Source: 2015 Florida Medical Examiners Commissioners Report

Table 13: Heroin Cases Identified by the Medical Examiners during Toxicology Reports at Time of Death- 2015

	Heroin Cause	Heroin Present
Florida	732	46
Northeast	73	6
Duval	36	4

Cause: Determined as the reason for death at time of death.

Present: Found in the body at the time of death, though not the sole cause of death.

Source: 2015 Florida Medical Examiners Commissioners Report

Table 14: Total Opioid Prescription Drug Deaths Identified in Toxicology Reports by the 2015 Medical Examiners

	Prescription Drugs
Florida	6506
Northeast	1165
Duval	374

Note: These individuals died with one or more prescription drugs in their system. The drugs were identified as either the cause of death or merely present in the decedent. These drugs may have also been mixed with illicit drugs and/or alcohol.

Source: 2015 Florida Medical Examiners Commissioners Report

To look at a visual representation of the extent of the opioid-related consequence data, the Duval DEN utilized the FROST system. This system provides county-level information on drug-related and drug-caused deaths in Florida. This allowed the DEN to not only see the rate of opioid-related deaths, but also how it fares in comparison to the neighboring counties. Below, Figures 6-7 display the rate for both Heroin caused and related deaths as well as that of Fentanyl.

Figure 6: Heroin Caused and Related Deaths

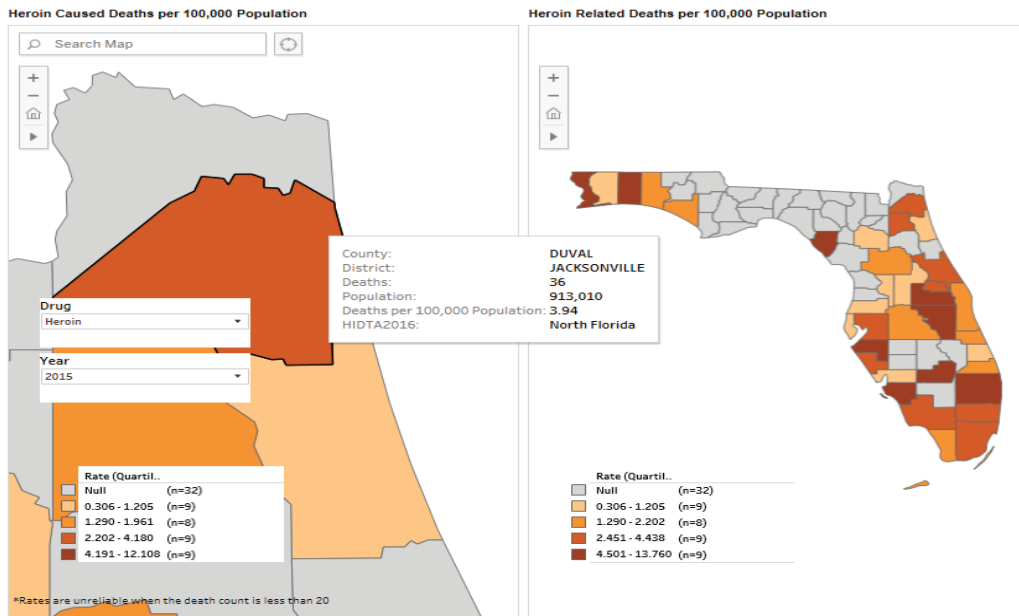
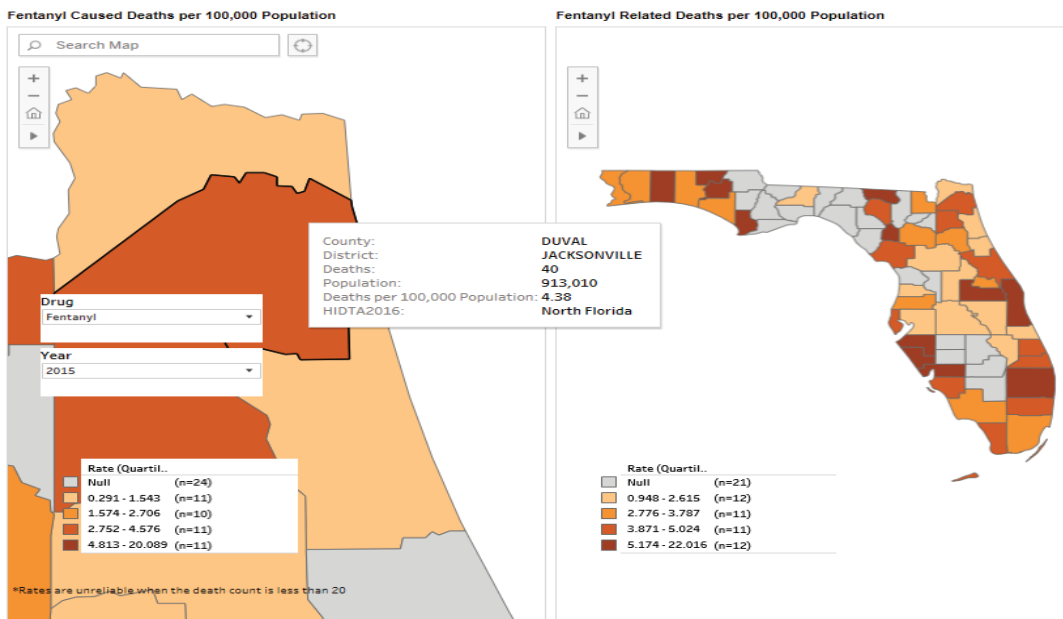


Figure 7: Fentanyl Caused and Related Deaths



The following section includes the initial data obtained for the first two quarters of 2016 from the Medical Examiners Commission. From the initial review, it was seen that there were more females affected by the Opioid Crisis. Additional data analysis is required to get a better understanding on this and how these two quarters resembled the first two quarters of 2015.

Figure 8: Fentanyl Deaths 2016.

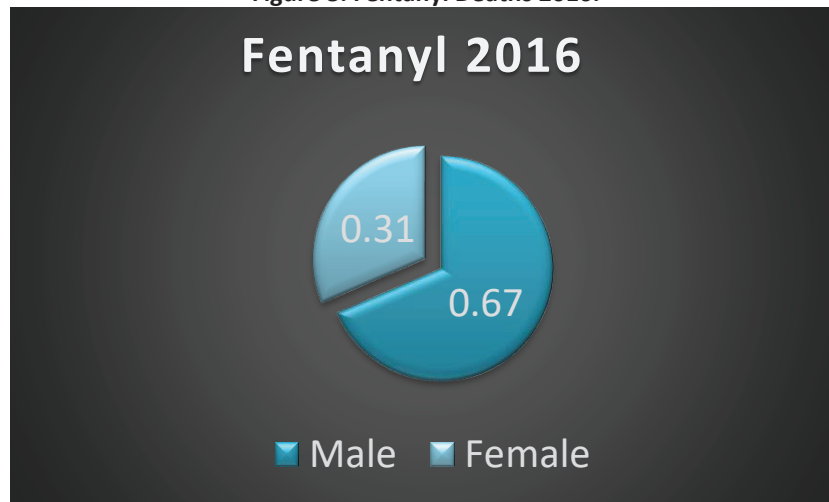
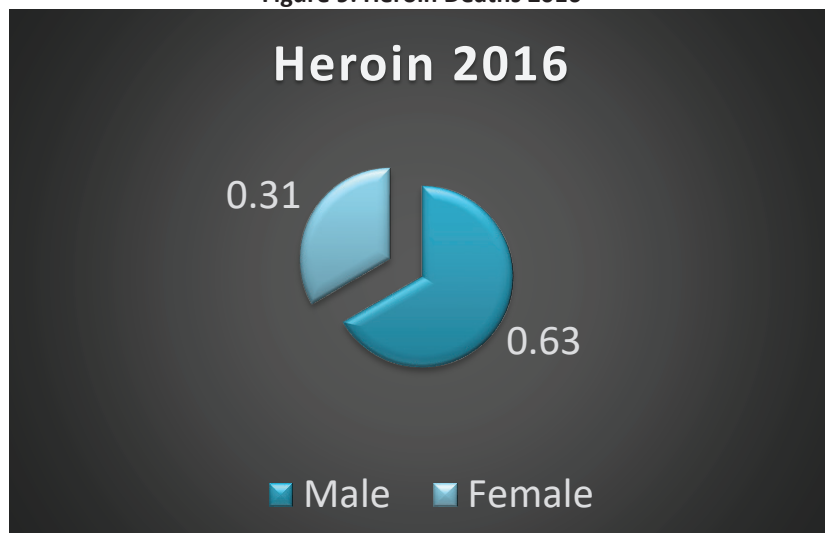


Figure 9: Heroin Deaths 2016



ADDITIONAL OVERDOSE DATA

Narcan Administration

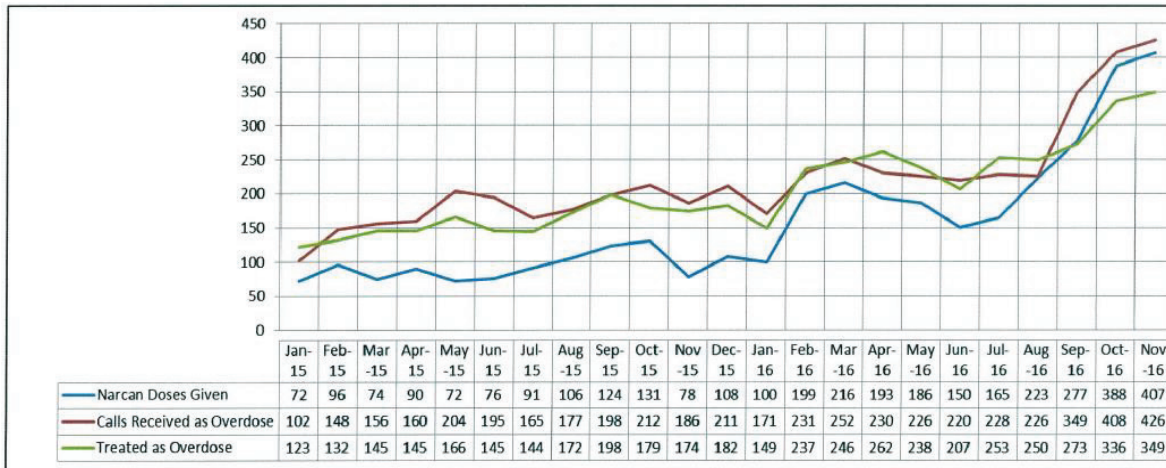
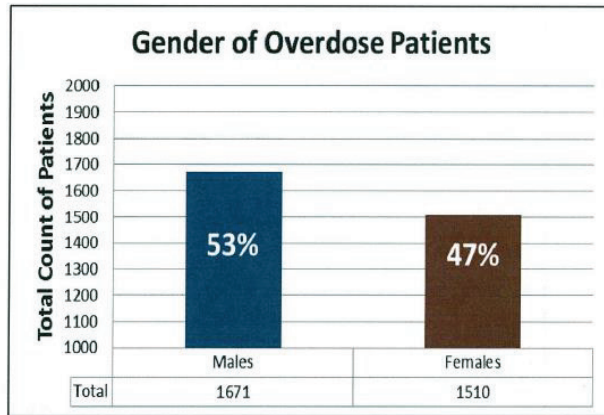
The information listed below was received by the Jacksonville Fire and Rescue. In reviewing the number of treated overdoses as well as calls received and Narcan provided, the DEN was able to see a significant increase starting around June of 2016. As a next step, the Duval DEN will review the 2017 data to-date to examine the changes seen over time along with the data from the Medical Examiner’s Office.

Figure 10: Responses to Overdoses and Use of Narcan 2016



DISCLAIMER: The following data is as reported and queried from 9-1-1 CAD data and from information received from patient EMS reports. A response to a reported overdose and/or the administration of Narcan does not necessarily confirm opioid use.

Source: Jacksonville Fire and Rescue Department, EPRO Reporting and CAD data tables. Date Range: October 1, 2015 – Nov 30, 2016.



Poison Control

Table 15: Opioid Exposures as Reported to Poison Control

	2015	2016	2017 through 6/15
District 4: Clay, Duval, Nassau	151	179	91
District 7: Volusia	98	100	35
District 8: Alachua and Baker	46	47	19

All opioid exposures, including street (heroin) and prescription medications (hydrocodone, oxycontin, fentanyl, morphine, among many others).
 Accidentally took the wrong dose, intentional misuse, intentional overdose, & suspected suicide.

PHARMACY DATA

The Section below provides a listing of the Pharmacies within Duval County. This is a section that the local DEN is still working to gather additional information on number of pharmacies that carry Naloxone onsite and for those that do not, what is the wait-time.

Table 16: List of Duval County Pharmacy's

Walgreens (38 stores)	Winn Dixie (25 stores)	Publix (24 stores)
CVS (25 stores)	Baptist (7 stores)	Walmart (13 stores)
Target (8 stores)	Kmart (2 stores)	Sams (3 stores)
Costco	Duval Pharmacy (2 stores)	AHF
Owens	Seton (2 stores)	Baygreen
Caremax	Lane Ave	Premier
Carepoint Partners	Roberts' South Bank	All Peoples Pharm
Jax Pharm (2 stores)	Panama Pharm	Rite-Mart Pharm
dBeaches Pharm	Blanding Health Mart Pharm (2 stores)	Carters Ortega Pharm
Dennis Pharm	Lake Pharm	Park and King Pharm
Prime Pharm	Ricker Pharm	Arlington Pharm
Preston Pharm	Town & Country Pharm	Hallidays & Koivistos Pharm
Med Match	Medimix Specialty	The Apothecary at Memorial
Quality Specialty Pharm of Jax	Marietta Pharm	Wellhealth Rx Pharm
Mayo Pharm	Smart Pharm (2 stores)	Choice Pharm
Choice Pharm	Monument Pharm	All Well Pharm
Medsmart Pharm	Osteons Pharm	Pathstone Health
Coastal Rx Pharm	FLA Specialty Pharm	Guardian Pharm of Jax
Ossis Apothecary	Pharmerica	Hospice Northeast Pharm
Rxpert Comm Pharm	Welcome Pharm Co	Durbin Pharm
River Garden Hebrew Home	Cure Pharm	Family Care Partnerts Pt Pharm
Pharmacy Plue, Inc	North Beaches Pharm	Advance Rx & Compounding Pharm

TREATMENT DATA – NORTHEAST REGION

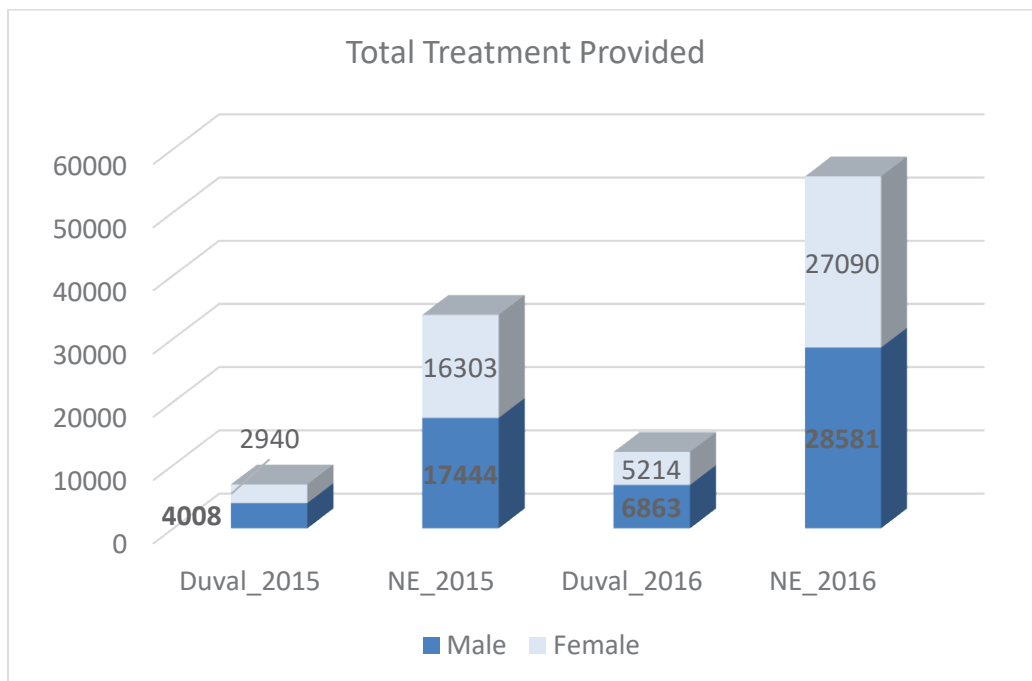
The following information has been compiled from data collected by LSF from each of its funded providers. This information has been broken out to include primary substance of admission as well as male/female breakdown.

Table 17: Treatment Provided (LSF Funded Services)

	Total Received TxT					Alcohol	Opioid	Marijuana	Other
	Male	Female	Total	%M	%F	Primary	Primary	Primary	Primary
Duval_2015	4008	2940	6948	57.69%	42.31%	823	962	885	938
NE_2015	17444	16303	33747	51.69%	48.31%	3496	3317	2956	5485
Duval_2016	6863	5214	12077	56.83%	43.17%	1628	2132	1538	2280
NE_2016	28581	27090	55671	51.34%	48.66%	5887	6947	5268	9243

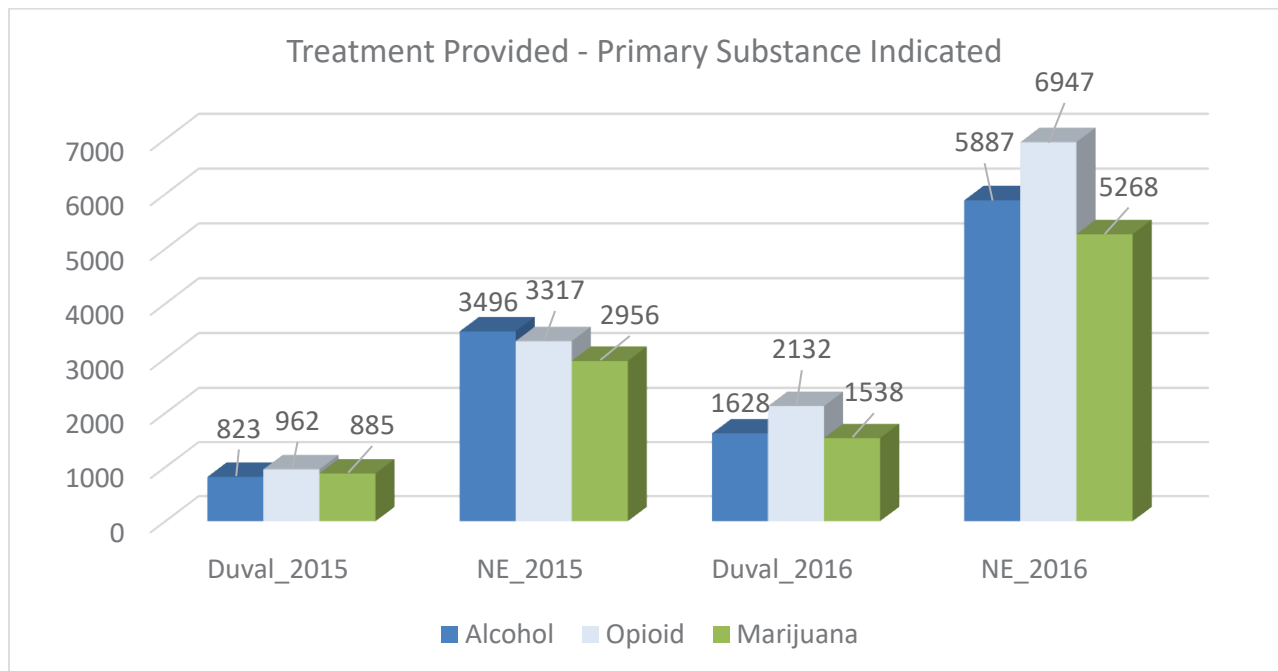
Looking at the data collected, one of the things that stands out most is the increase in numbers of individuals treated from 2015 compared to 2016. For individuals treated for an opioid addiction, the numbers served has more than double between the two years. This along with the increase in deaths noted earlier in the report shows the devastating need for strategies to be implemented to address this Opioid Crisis. The graph below provides an additional visual of the treatment data.

Figure 11: Treatment Provided – Gender Breakout



The graph below provides an overview for treatment services provided to individuals across the top three substances (primary substance) of focus. When examining the differences between the number of individuals treated for alcohol, opioid, and marijuana, it can be seen that for Duval County, there is a greater number of individuals being treated for an opioid addiction than the other two listed substances for both 2015 and 2016. Additionally, for both Duval County and the Northeast Region, the number of individuals being treated for an opioid addiction is quite a bit higher than the other two substances.

Figure 12: Treatment Provided by Primary Substance



Treatment Options

There are a number of treatment options available for individuals addicted to Opiate/Opioids. Treatment options include the identification and retention of eligible individuals and priority populations along with initiatives to engage hospitalized individuals, and Medication Assisted Treatment (MAT).

Identification and Retention of Eligible Individuals and Priority Populations by Identified Network Service Providers

Network Service Providers identified as MAT Providers would identify, recruit and retain eligible individuals through use of a dedicated community case manager. These individuals would identify and engage consumers in high risk services, such as detoxification and crisis stabilization units, emergency departments and the county jails. The dedicated community case manager would establish relationships with the community resources and directly make contact with the high priority populations to identify consumers in need of opioid education and engagement into additional services.

Additional tactics utilized to identify, recruit and retain eligible individuals, specifically priority populations, include outreach to primary care offices, OB/GYN offices for pregnant and postpartum women, religious organization, and the psychiatric hospital. Network Service Providers also perform outreach activities with the homeless population and child welfare populations and all outreach staff are trained to be knowledgeable of the language, beliefs, norms, values and socioeconomic factors specific to those consumers they are trying to engage. Proper cultural competency training and consumer identification positively correlates to retention of these individuals throughout recommended treatment.

Network Service Providers not identified as Medication Assisted Treatment (MAT) Providers are also valuable in addressing the opioid crisis in the Northeast Region for a multitude of reasons. Many Network Service Providers offer

prevention services, and additional monies could allow these existing programs to include opioid education. Existing prevention providers with strong community connections could also target areas seeing the greatest impact with specialized services like young adult outreach and education, parenting classes, and family groups. Based on the data included, young adults aged 18-35 would benefit from these specialized groups and prevention education to prevent the opioid epidemic from continuing to propagate.

Current Initiatives to Engage Hospitalized Individuals

Network Service Providers within the Northeast Region are partnering with community hospitals to transfer consumers into a supportive therapeutic environment once they have medically stabilized. Network Service Provider staff share information with Consumers about detoxification programs in a less threatening environment, while also getting accustomed to staff and counselors who will work with them through the recovery process. These relationships are enormously important as the Network Service Providers can monitor program success and consumers can begin to feel comfortable moving into the next stage of recovery, while also being a less costly for the system of care.

As an example, LifeStream Behavioral Health Center has several initiatives that attempt to engage individuals described above into drug treatment and recovery support services. LifeStream's MAT program involves the use of Vivitrol, and is one of the largest within the state of Florida. LifeStream also utilizes an Access to Care initiative, which includes case managers and peer specialists who work with individuals to avoid further hospitalizations. A unique aspect to LifeStream's services is their integrated primary care model with psychiatric care, which lends itself to better drug treatment and recovery support, and often expensive trips to the hospital emergency rooms are avoided.

Medication Assisted Treatment

The MAT program is a four-phased, highly structured program, depending upon your own personal commitment to your recovery. Each phase consists of specific treatment objectives and requirements for advancement into the next phase. YOU are responsible for your own progress and advancement to each phase.

Phase One – "Induction" is no more than 30 days and includes: individual therapy sessions bi-weekly, group therapy three times per week, medication management sessions weekly, participation in AA/NA once a week minimum, random urinalysis, and developing a prevention plan.

Phase Two – "Stabilization" is 30-90 days and includes: individual therapy sessions bi-weekly, group therapy three times per week, medication management sessions bi-weekly, participation in AA/NA once a week minimum, random urinalysis, having a sponsor, 60 consecutive days clean

Phase Three – "Maintenance" is 90-180 days and includes: individual therapy sessions once a month, decrease number of groups per week (taper by one group per month), medication management sessions once a month, participation in AA/NA once a week minimum, random urinalysis, having a sponsor, 120 consecutive days clean

Phase Four – "Discontinuation" is 180+ days and includes: therapy sessions once a month, medication management once a month, participation in AA/NA once a week minimum, random urinalysis

Cost

Through a recent information request, providers reported information related to estimated costs for individuals served under Medication Assisted Treatment (MAT) Programs. Starting Point, a funded treatment provider through LSF reported an estimated cost of \$7500 for a six (6) month treatment program with their facility. LifeStream reported that for MAT services only (not including treatment costs), their cost is approximately \$1700 per injection (up to 12 months), \$300 per lab (usually done 2x per year), \$150 per doctor visit (usually 1x per month) and outreach/education for \$400 per year.

Next Steps – Strengthening the System

Training Needs to Increase Access to Medicated Assisted Treatment (MAT)

Increasing access to Medication Assisted Treatment (MAT) will require the involvement of multiple levels of training and cooperation among behavioral health professionals, community stakeholders, and our community populations. It is imperative that the attitudes of both prescriber's and community members change regarding how pain management; both social norming and training programs will be required to achieve this change. An example would be the implementation of the [CDC: Guideline for Prescribing Opioids for Chronic Pain](#).

Workforce Development

Training needs for behavioral health professionals would include specific MAT training to increase the available workforce, which is also needed to increase capacity. In addition to specific MAT training, including a training element focused on the changing paradigm between staff and physicians to understand and accept MAT as a treatment would be beneficial. This need was specifically identified through focus groups conducted among Network Service Provider staff and individuals served.

Other beneficial training programs would include motivational interviewing and identification of special and priority populations as outlined below in greater detail.

Community Stakeholders

In addition to training behavioral health professionals, including community stakeholders in opioid education and prevention would be essential to reduce continued use. Including local school districts, law enforcement and community organizations in training and education would promote an understanding of the warning signs of opioid use. These types of programs and informational partnerships can prevent fatalities, overdoses and assist in the reduction of the opioid crisis in the Northeast Region overall.

Specific examples include Naloxone training and SBIRT – Screening Brief Intervention and Referral to Treatment.

Population-at-Large

Furthermore, including the general population and citizens of our local communities in general education and prevention methods will work to reduce stigma and promote wellness and ultimately assist in stabilization.

Examining the Context – Duval DEN

Duval DEN members will use this report as their guiding document to identify data gaps and needs. This will assist members to re-examine additional data collection approaches including key informant interviews and focus groups with medical professionals and law enforcement.

APPENDIX

APPENDIX A DATA SOURCES

Florida Youth Substance Abuse Survey (FYSAS)- The FYSAS is the statewide survey tool used to collect information on youth substance use and delinquent behaviors. The survey is completed by the Florida Department of Children and Families. Data was last released in 2016.

Location online: <http://www.dcf.state.fl.us/programs/samh/publications/fysas/>

Behavioral Risk Factor Surveillance System Data (BRFSS)- The BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The survey is conducted by the Center for Disease Control and Prevention.

Location online: <http://www.cdc.gov/brfss/>

Uniform Crime Report (UCR)- Department of Law Enforcement's UCR system allows standardized reports on crime statistics based on data gathered from across the state. Reports that provide both summary and detail information are issued semi-annually and annually.

Location online:

<http://www.fdle.state.fl.us/Content/getdoc/a324add7-5dd6-4201-9696-93bfd76bc36c/UCR-Home.aspx>

Florida Charts- The County Health Profile answers the questions, "*How healthy are our residents?*" and "*What does the health status of our community look like?*" The results of the report provide your community with an understanding of the community's health status and ensure that the community's priorities consider specific health status issues, such as high diabetes death rates or low immunization rates.

Location online: <http://www.floridacharts.com/charts/Qaspecial.aspx>

Medical Examiners Commissioners Report- The Medical Examiners Commission is a joint initiative to identify unidentified deceased cases in Florida. The Florida Department of Law Enforcement and the 24 medical examiner districts work together to provide accurate data on deaths in Florida.

Location online: <http://www.fdle.state.fl.us/Content/getdoc/0f1f79c0-d251-4904-97c0-2c6fd4cb3c9f/MEC-Publications-and-Forms.aspx>

US Census Data- Quick, easy access to facts about people, business, and geography. Quick facts are available on the city, county, and state level.

Location online: <http://www.census.gov/>

Agency for Healthcare Administration (AHCA) – health care data through the Florida Center for Health Information and Policy Analysis

Location online: <http://ahca.myflorida.com/>

APPENDIX B Duval DEN Roster

APPENDIX C DEN PowerPoint

