Florida's State Opioid Response Grant (SOR-2)

Annual Performance Progress Report

September 30, 2021-September 29, 2022

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SOR-2 Year 2 Annual Performance Progress Report Florida's State Opioid Response Project (SOR)	
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SECTION I: REPORTING PERIOD SUMMARY

OVERVIEW

The State of Florida has been awarded a two-year grant (9/30/20 – 9/29/22) under Funding Opportunity Announcement (FOA) No. TI-20-012 – State Opioid Response (SOR), funded by the U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR Project is administered through the Office of Substance Abuse and Mental Health (SAMH) within the Florida Department of Children and Families (DCF) and has built upon and expanded work implemented under the SAMHSA-funded State Targeted Response Grant (STR) as well as the State Opioid Response (SOR) 1 grant. This program aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder, including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs. This program also supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine. Florida's two-year grant award totals $100,170,437 per year. As required by SAMHSA, this annual report covers the project period, September 30, 2021 – September 29, 2022. Florida's SOR Project is multifaceted and utilizes funds for:

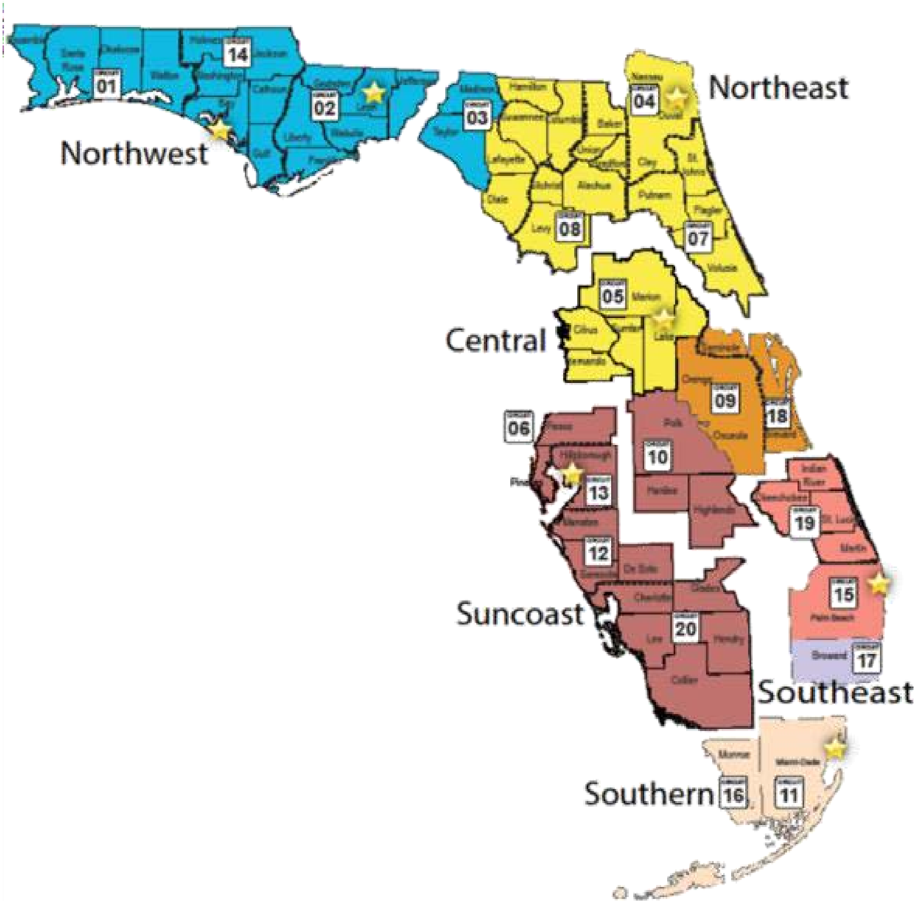
- Prevention programs primarily targeted at youth as a deterrent from an opioid and/or stimulant addiction.

- Overdose prevention programs to purchase and distribute naloxone, the life-saving medication that reverses opioid overdoses, and facilitates trainings on the use of naloxone.
- Treatment programs to include individual and group counseling, and Medication – Assisted Treatment (MAT) to help individuals experiencing withdrawal symptoms and hopefully remain in recovery longer.
- Recovery services including the establishment of recovery residences using the Oxford House Model, and the development of Recovery Community Organizations (RCO).
- Behavioral Health Consultants (BHCs) to support child protective investigators to assist parents with substance use disorders, specifically parents with an opioid and/or stimulant use disorder.
- Recovery-Oriented Quality Improvement Specialists (ROQIS) to promote the recovery – oriented system of care (ROSC) which is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of substance misuse.
- A mobile buprenorphine unit to provide Miami's "hard to reach" clients with MAT, treatment and recovery support services.

MANAGING ENTITIES

As the map below illustrates, Florida has six (6) regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. There are seven (7) Managing Entities (MEs) across those regions: Northwest Florida Health Network (NWFHN, formerly known as Big Bend Community Based Care-BBCBC), Broward Behavioral Health Coalition (BBHC), Central Florida Behavioral Health Network (CFBHN), Central Florida Cares Health System (CFCHS), Lutheran Services Florida (LSF), South Florida Behavioral Health Network (SFBHN) dba Thriving Mind South Florida, and Southeast Florida Behavioral Health Network (SEFBHN). The Department contracts with the seven (7) MEs for the administration and management of regional behavioral health services and supports, including core SOR funded services. MEs are private, non-profit organizations responsible for overseeing contracts with local network service providers for prevention, treatment and recovery support services in each respective region. The Department's regional SAMH office manages the ME contracts with support from the SAMH headquarters office. Most of Florida's SOR funds are allocated to the MEs. SOR implementation and administration are managed through correlation with regional staff, MEs and local service providers. Using a formula similar to SAMHSA's formula-based allocations to the states which used two equally weighted elements (the state's proportion of people with an opioid use disorder who have not received treatment, and the state's proportion of drug poisoning deaths). The map below details the regional location and counties served by each ME.

Map of Florida regions and Managing Entities



- **Northwest FL Health Network** (formerly known as Big Bend Community Based Care): Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
- **Broward Behavioral Health Coalition**: Broward
- **Central Florida Behavioral Health Network**: Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota
- **Central FL Cares Health System**: Brevard, Orange, Osceola, and Seminole
- **Lutheran Services FL**: 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
- **South FL Behavioral Health Network d/b/a Thriving Mind South FL**: Miami-Dade and Monroe
- **Southeast FL Behavioral Health Network**: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

The Florida Department of Children and Families' Office of Substance Abuse and Mental Health was awarded a No Cost Extension (NCE) on August 24, 2022, that will extend the SOR-2 project for twelve (12) additional months. See Table 1.1 for the status of project goals for this reporting period.

Table 1.1 Project Goals Status Year 2 Reporting Period	
Goal 1: Reduce numbers and rates of opioid-related deaths.	
Objective 1a.	Distribute at least 80,000 naloxone kits to community providers per year.
Status	175,295 naloxone kits have been distributed throughout the state during this reporting period.
Objective 1b.	Train at least 750 individuals on overdose prevention and naloxone per year.
Status	There have been 18,673 individuals trained on overdose prevention during the reporting period.
Goal 2: Prevent opioid and stimulant misuse among young people.	
Objective 2a.	Serve at least 20,000 youth per year through primary prevention programs.
Status	There have been 732,146 youth served through evidence-based prevention programs, of which 731,296 received Universal Direct prevention services, 798 received Selective prevention, and 52 received Indicated prevention services. The number of individuals served under Universal Direct is inflated as a result of a provider entering media campaign data under the wrong IOM category. The data entry error will be fixed.
Objective 2b.	Generate at least 1,250,000 impressions per year through media impressions.
Status	There have been 9,962,097 impressions generated through media campaigns during the reporting period. The "Use as Directed" was the selected campaign approved for providers to use for prevention.
Goal 3: Increase access to the most effective treatments for opioid and stimulant use disorders.	
Objective 3a.	Increase new admissions to buprenorphine or methadone maintenance treatment by 10,000 per year.
Status	There have been 5,204 new admissions into medication assisted treatment (MAT) programs during this project period. Our target to complete this objective was 10,000 unduplicated individuals per year of the project period. Currenting that goal is 62.7% complete. Additional efforts are needed to increase the number of individuals receiving MAT services. Reporting methods are also being addressed to ensure data is being collected correctly.
Objective 3b	Increase the number of programs implementing community reinforcement model (CRM) for stimulant use disorders.
Status	Providers reporting the implementation of contingency management (CM) have increased throughout the state. In 2021, 5% of providers reported implementation of CM. Reports from providers in 2022 illustrated an increase to 30% of providers implementing CM with treatment of stimulant use disorders.

Goal 4: Expand access to recovery support services.	
Objective 4a.	Increase the number of individuals engaged in recovery support by 10% per year.
Status	In Year 1 of SOR 2, 6,312 individuals received recovery support services. In Year 2, 11,278 individuals were engaged in recovery support services. Recovery support services increased by 79%.
Objective 4.b	Establish 60 additional Oxford Houses.
Status	There has been a total of 35 new Oxford Houses opened in the state during this reporting period bringing the total to 63 new houses for the project period.

SECTION II: PREVENTION

PRIMARY PREVENTION

SOR funds allocated for prevention are intended to be used for evidence-based programs (EBPs) that are effective at preventing opioid and stimulant use, misuse, and/or death. Managing Entities received funding to work with local prevention coalitions and service providers to implement and/or expand primary prevention services in each respective area. The Department has selected and approved 12 EBPs for Managing Entities to utilize throughout the state, with SOR funds, based on several factors, including SAMHSA's Center for Application of Prevention Technologies (CAPT) review of studies regarding a broad array of relevant prevention programs and strategies. Controlled trials of Botvin Life Skills Training (LST) for example, demonstrated significant reductions in prescription opioid misuse. The Department also looked for statistically significant reductions in opioid misuse (or the use of other illicit drugs), relative to comparison or control groups, as documented in peer-reviewed publications reporting on experimental or quasi-experimental program evaluation designs. Since the most effective prevention programs tend to demonstrate effects across multiple substances and not just opioids and prescription drugs, the Department authorized the use of SOR funds for the following prevention programs that have evidence of effectiveness at preventing any illicit drug use:

1. Strengthening Families Program - for Parents and Youth 10-14 (if completed in combination with Botvin Life Skills Training):This program helps parents/caregivers learn nurturing skills that support their children, teaches parents/caregivers how to effectively discipline and guide their youth, gives youth a healthy future orientation and an increased appreciation of their parents/caregivers, and teaches youth skills for dealing with stress and peer pressure.

2. Caring School Community: Caring School Community is a comprehensive, research-based social and emotional learning (SEL) program that builds school-wide community, develops students' social skills and SEL competencies, and enables a transformative stance on discipline.

3. Guiding Good Choices: Guiding Good Choices (GGC) is a family competency training program for parents of children in middle school that gives parents the skills needed to reduce their children's risk for using alcohol and other drugs.

4. InShape Prevention Plus Wellness: InShape Prevention Plus Wellness is an easy to use, single session substance uses prevention program designed to increase fitness, health, and performance – enhancing behaviors like physical activity, exercise, healthy eating, getting adequate sleep, and practicing stress control while avoiding harmful substance use for young adults.

5. PAX Good Behavior Game: PAX is a set of strategies to help students learn important self-management skills while collaborating to make their classroom a peaceful and productive learning environment.

6. Positive Action: Positive Action embeds academic content in lessons designed to develop an intrinsic interest in learning & promote pro-social behavior.

7. Project SUCCESS: All program components are designed and proven to help students gain confidence and resilience in creative thinking, decision making, goal setting, and resourcefulness while developing the skills and generating the support to plan their futures.

8. Project Towards No Drug Abuse: At the completion of the program, students will be able to: stop or reduce the use of cigarettes, alcohol, marijuana, and hard drugs (i.e., cocaine, hallucinogens, depressants, amphetamines, etc.); stop or reduce weapon carrying and victimization; state accurate information about the consequences of drug use and abuse, including environmental, social, physiological, and emotional consequences; demonstrate behavioral and cognitive coping skills; and make a personal commitment regarding drug use.

9. SPORT Prevention Plus Wellness: SPORT PPW is founded on the behavior – image model, a marketing – related framework that targets naturally motivating positive peer and desired future images to increase motivation for change and multiple health behavior goal setting which in turn increases self-regulation skills.

10. Teen Intervene: Teen Intervene is designed to provide a brief intervention to teenagers who have experienced mild to moderate problems associated with alcohol or drug use and work one-to-one with an addiction treatment counselor to identify and, ultimately, change their choices and behaviors.

11. Drug Deactivation Packets: Packets to safely dispose and permanently destroy prescription and over the counter medications.

12. Botvin Life Skills Training (LST): LST is a school-based program *solely dedicated to helping youth avoid the misuse of opioids and prescription drugs* as well as, preventing alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences.

Table 2.1 displays the numbers served or media impressions (Universal Indirect) with all EBPs by Institute of Medicine (IOM) targets. Universal Direct is much higher than previous reports. The variance is attributed to one provider entering data for a media campaign (Use Only as Directed) and its 6 related activities, totaling 3.78 million served/impressions. The data was inaccurately classified and will be reclassified under Universal Indirect for future reports.

Table 2.1 Individuals Served/Impressions (09/30/2021-09/29/2022)

IOM Targets	Youth	Adults	Total
Universal Indirect (impressions)	1,549,432	5,550,040	7,099,472
Universal Direct	731,296	3,162,250	3,893,546
Selective	798	94	892
Indicated	52	1	53
Total	2,281,578	8,712,385	10,993,963

MEDIA CAMPAIGN

The SOR Funding Opportunity Announcement (FOA) also called for states to implement "evidence-based strategic messaging" as part of community-based prevention efforts. The Center for the Application of Prevention Technologies (CAPT) summarized evaluation findings from a selection of media campaigns designed to prevent prescription drug misuse. The only study that measured SOR-related outcomes was an evaluation of *Use Only as Directed: Utah Prescription Pain Medication Program*. According to SAMHSA's summary, during campaign implementation, the number of unintentional prescription drug-related overdose deaths decreased. Additionally, about half of participants said they were less likely to share their prescriptions than before seeing the campaign. About half also stated they were less likely to use prescription drugs not prescribed to them.

The only other CAPT resource on media campaigns to prevent prescription opioid misuse is a list of campaigns without any evaluation findings. For these reasons, SOR prevention funds in Florida are being used for the *Use Only as Directed* media campaign. This media campaign provides information and strategies for safely using, storing, and disposing of prescription painkillers. The program offers video, audio, and print ads that communities can use to inform the public and begin conversations about prescription pain medication misuse and abuse. Prevention providers report impressions (the number of people who have seen or heard the campaign). During the reporting period, an estimated 9,962,097 impressions have been reported. This number includes Use Only as Directed activities in both Universal Indirect and Universal Direct as indicated in the table above. See the breakdown of media campaign data in Table 2.2.

Table 2.2 Evidence-Based Prevention Media Campaign (09/30/2021 – 09/29/2022)

Media Campaign	Youth	Adults	Total
Use Only as Directed	2,022,626	7,939,471	9,962,097

OVERDOSE PREVENTION PROGRAM

The Department's Overdose Prevention Program (OPP) conducts overdose prevention, naloxone distribution, and harm reduction training for provider organizations interested in enrolling in the OPP to receive and distribute free naloxone. A diverse variety of organizations have enrolled to distribute naloxone, including but not limited to:

- Substance use and mental health treatment providers
- Shelters
- Harm reduction programs
- Hospital emergency departments
- Maternity units
- Federally qualified health centers
- Street outreach teams
- Syringe service programs
- Peer networks
- Recovery community organizations
- Faith-based ministries
- Other community-based organizations

Enrolled organizations have connections and relationships with people at risk of witnessing or experiencing an overdose. Once trained, the distributing provider organization facilitates overdose prevention training to individuals in their community. The Department's OPP training includes the following:

- Education on current drug trends in the community being contaminated with fentanyl
- The signs of an overdose
- How to recognize and respond to an overdose
- How to administer naloxone to an individual experiencing an overdose
- Best practices for naloxone distribution
- How to enroll in the Overdose Prevention Program.

There were **18,673** individuals across a diverse population of both laymen and professionals trained on overdose prevention and naloxone during the reporting period. See Table 2.3 for a description of the training attendance by profession.

Table 2.3 OPP Training Attendance by Profession

Community Role	Attendance	Community Role	Attendance
Physicians	560	Prevention Personnel	578
Physician Assistants	47	Administrative Personnel	584
Nurse Practitioners	194	Community Members	9654
Nurses (RN, LPN)	769	Organizational Leadership (CCO, CFO, COO)	284
Social Workers	625	DCF Employees	119
Addiction Counselors	805	Department of Health Employees	349
Peer Specialist/Peer Mentors	602	Other*	3503
			Total: 18,673

**Others to be noted includes but does not represent a complete list: Emergency Medical Technician, Law Enforcement, Medical Students, Nursing Students, Pharmacy Technician, Recovery Home Staff, Students and Hotel Personnel.*

NALOXONE DISTRIBUTION

The Overdose Prevention staff have worked diligently to pursue enrollment of Hospital obstetrician and emergency departments throughout the state while working collaboratively with the Florida Hospital Association to build distribution capacities. Other crucial partnerships have been cultivated to build strong networks across the state. The Department of Health is working to ensure first responders are equipped with naloxone. Recovery Community Organizations have been instrumental with strategic distribution in high-risk areas, specifically targeting hotels, convenience stores, restaurants, and the food service industry. There has been integral collaboration with the Office of State Court Administration to train circuit champions on overdose education in efforts to increase naloxone distribution throughout the state. There have been **175,295** naloxone kits distributed during this reporting period. See Chart 2.1 for the percentage of naloxone distribution for this reporting period by Managing Entity (ME). There have been 11,226 overdose reversals reported across the seven (7) MEs. Table 2.4 illustrates where those reversals have been documented by ME. There are currently 307 naloxone distributors.

Chart 2.1 Percentage of Naloxone Distribution per ME

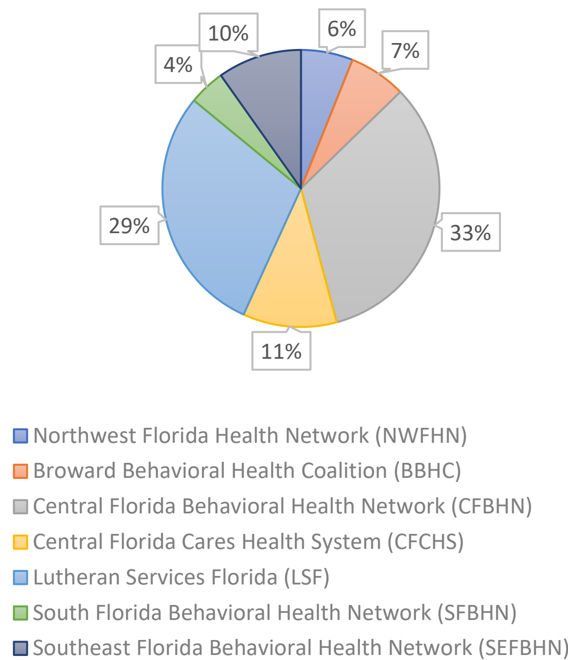
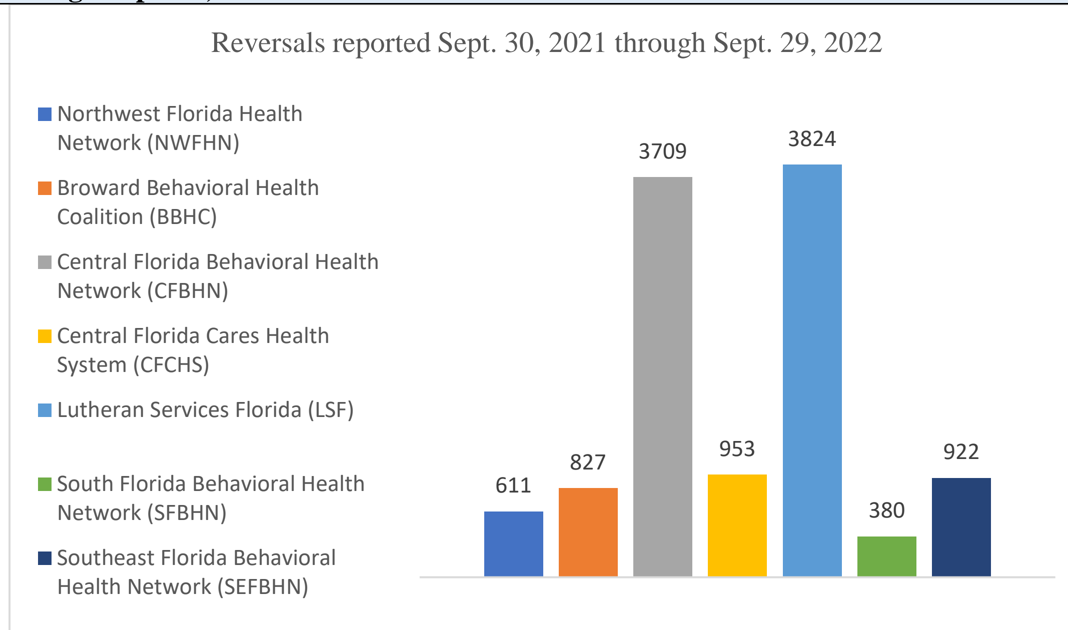


Table 2.4 Number of Overdose Reversals Reported by Community Sept. 30, 2021, through Sept. 29, 2022



Initially, all naloxone was shipped directly to Florida State Hospital, repackaged, and then delivered to the pharmacies throughout Florida for pick-up by enrolled naloxone distributors. Currently, all pharmacies have been moved over to the new system, Minnesota Multistate Contracting Alliance for Pharmacy Group Purchasing (MMCAP Infuse). As naloxone distribution continues, each new pharmacy is added directly into MMCAP, and an account is created at which point the pharmacy is then actively enrolled. There are currently 220 pharmacies enrolled that work with the 307 enrolled distributors.

SECTION III: INTAKE & TREATMENT

GPRA COMPLIANCE

The SOR grant requires each individual receiving treatment services and/or recovery supports funded with grant dollars must complete three (3) GPRAs over the course of treatment: intake, 6-month follow-up, and discharge. The Department requires two (2) additional GPRAs at three (3) and six (6) months post-discharge. Table 3.1 illustrates the number of completed GPRAs for the reporting period, September 30, 2021 through September 29, 2022.

Table 3.1 Completed GPRAs	
Intake	5752
6-Month Follow Up	4478
Discharge	1157
3-Month Post Discharge	347
6-Month Post Discharge	260

Each Managing Entity (ME) is responsible for ensuring service providers in their network complete the GPRA during the appropriate timeframe. Table 3.2 illustrates the compliance rate for completing the 6-month follow up GPRA by ME.

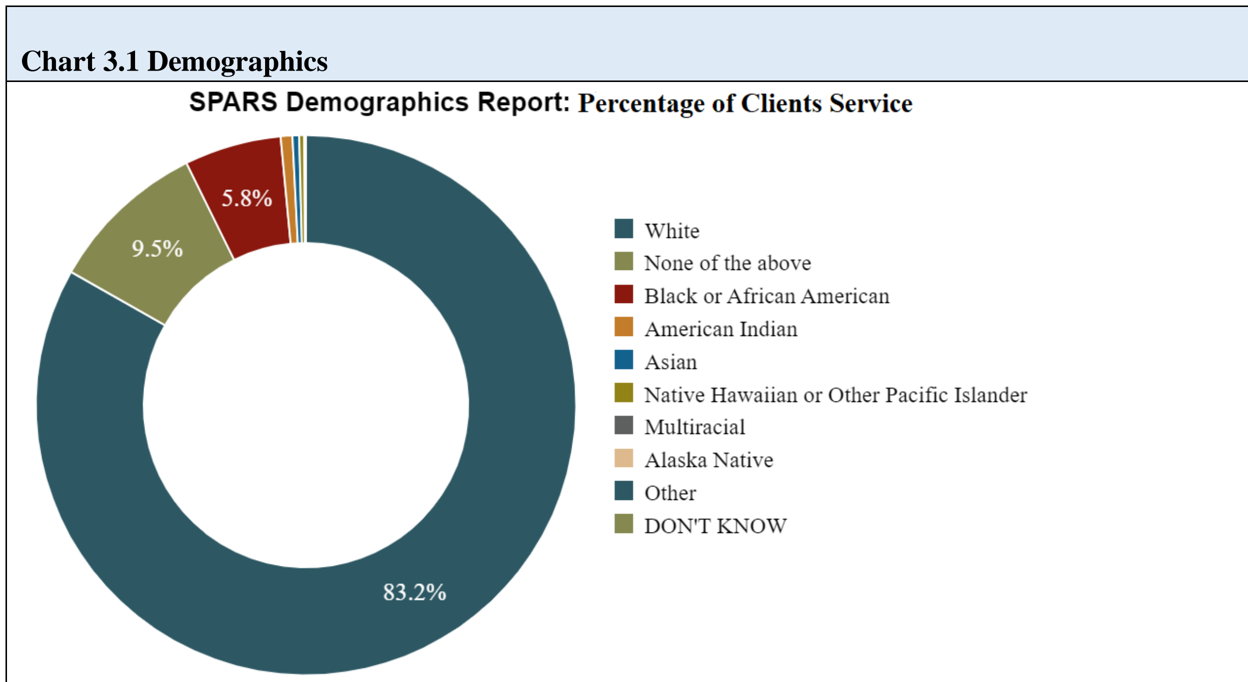
Table 3.2 ME Compliance Rate	
Northwest Florida Health Network	46%
Lutheran Services Florida	68%
Central Florida Behavioral Health Network	76%
Central Florida Cares Health System	20%
Southeast Florida Behavioral Health	69%
Broward Behavioral Health Coalition	36%
Thriving Mind South Florida	66%

As of September 29, 2022, the six-month follow-up GPRA compliance rate is 56.8% via SPARS. The Department continues to host monthly statewide meetings with all Managing Entities. Additional meetings are held with the MEs and/or providers as needed based on low compliance rates. During the statewide compliance meeting, providers with successful client engagement have been encouraged to present on the strategies they have employed with the goal of assisting other providers in finding more successful engagement methods.

DEMOGRAPHICS

The majority of clients identify as white at 83.4%, with the second largest identity not being accounted for in the list of race options presented in the GPRA. Black or African American clients make up 5.7%, the third largest racial makeup, of clients.

Chart 3.1 Demographics



As seen in Chart 3.2, slightly under 15% of clients report an ethnic identity of Hispanic.

Chart 3.2 Hispanic Population

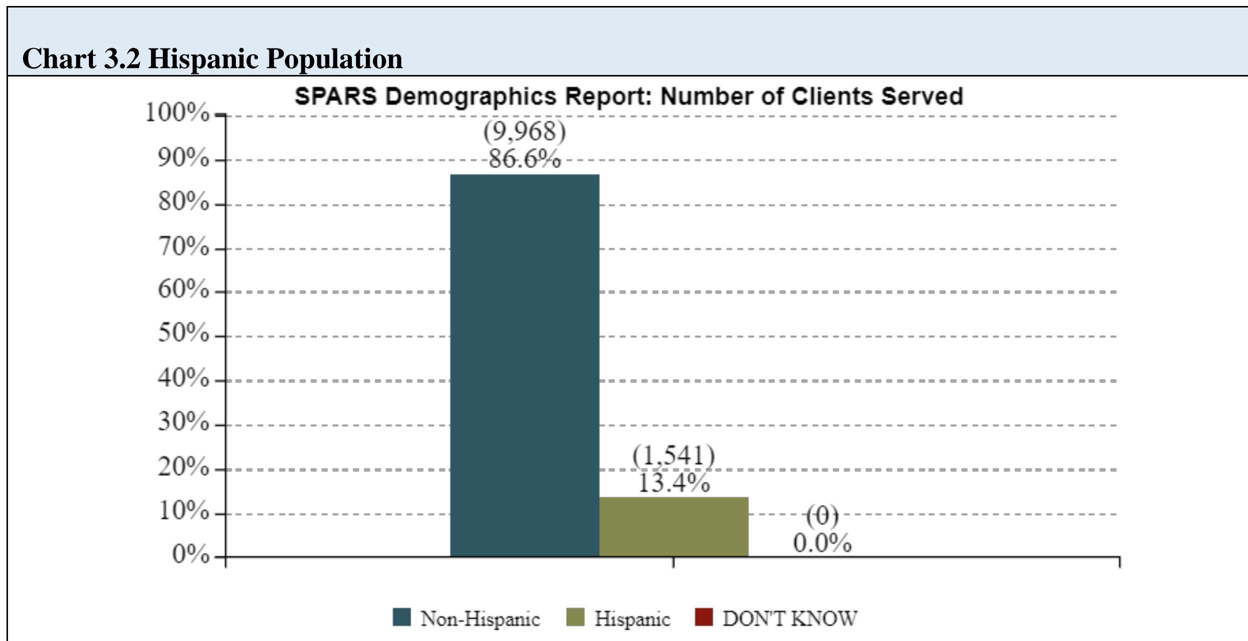


Chart 3.3 illustrates the demographic breakdown between gender is approximately 57% male to 43% female, with less than .1% of clients served identifying as transgender or another gender identify.

Chart 3.3 Gender

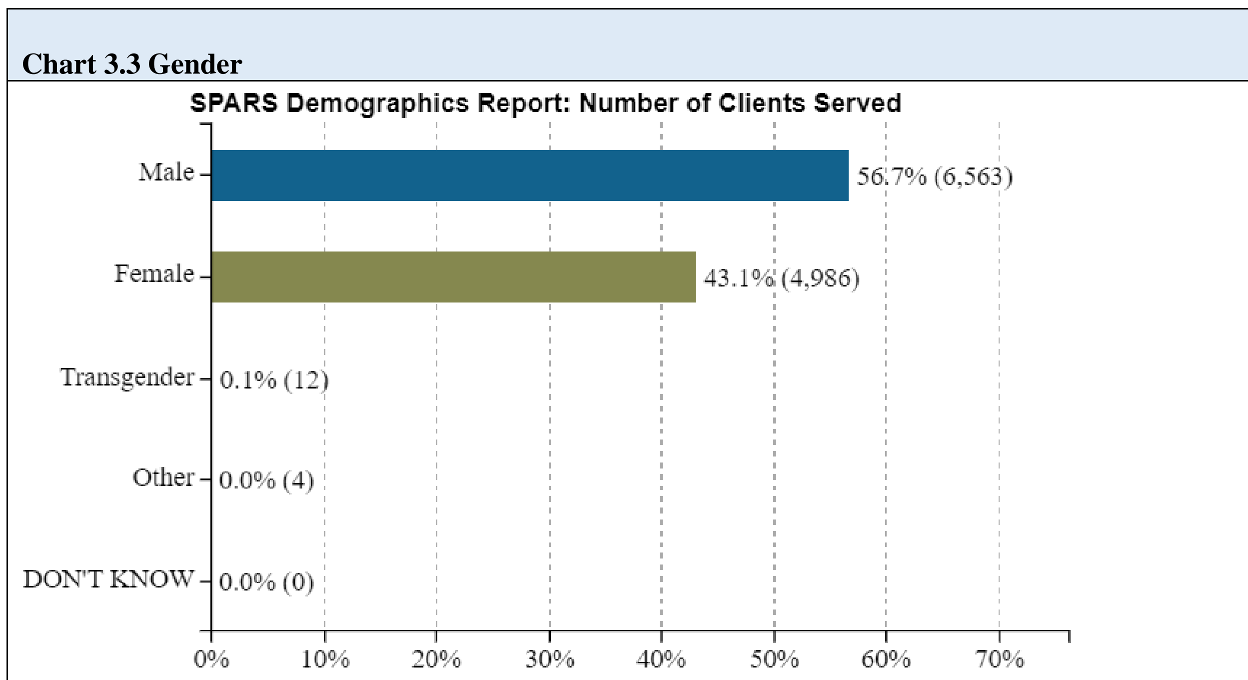


Chart 3.4 shows that the majority of all clients range between the age brackets of 25-34 (33.2%) and 35-44 (37.3%), the remaining 30% largely cluster around middle-age and older adulthood, with the 45-54 age range seeing the greatest remaining proportion of variance (16.9%).

Chart 3.4 Age

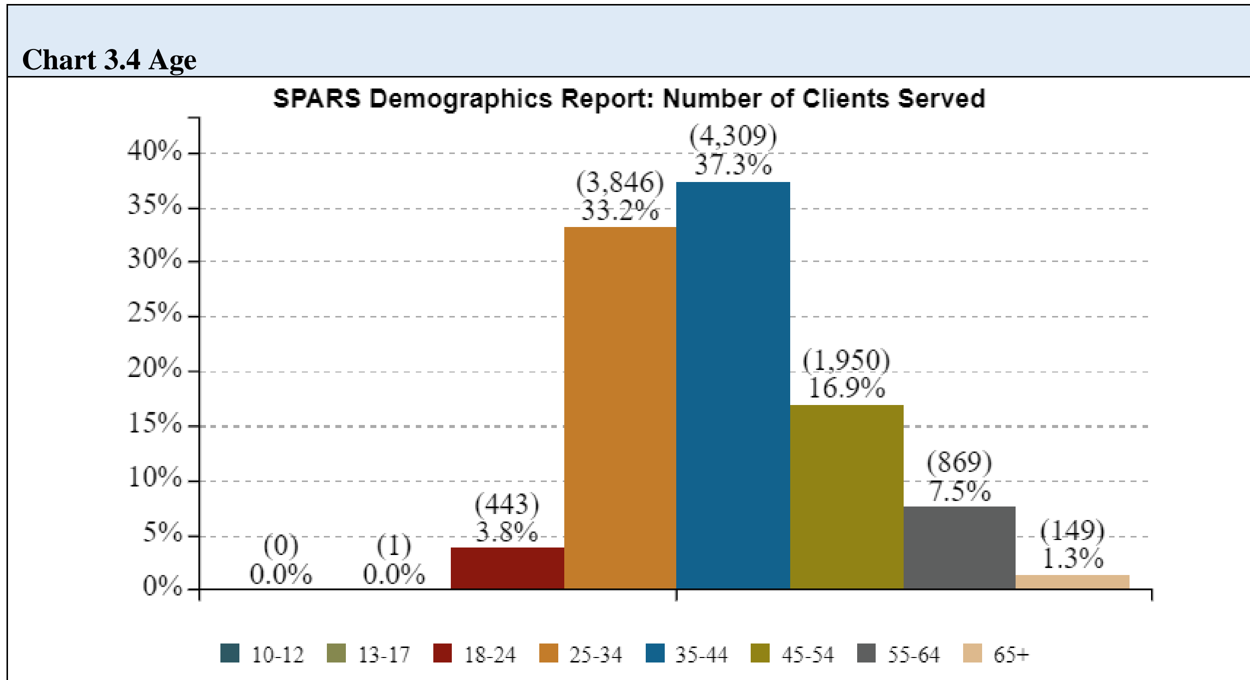
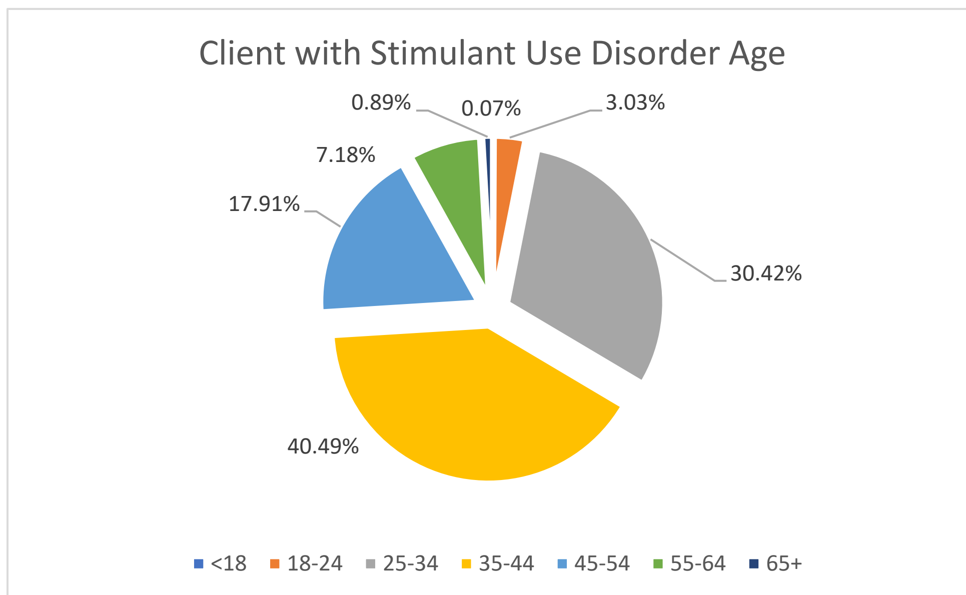


Chart 3.5 illustrates the age of individuals with a stimulant use disorder diagnosis.

Chart 3.5 Age of Individuals with Stimulant Use Disorder



TREATMENT AND RECOVERY SUPPORTS

Table 3.3 Individuals Served/Planned Treatment and Recovery Support Reporting Period-09/30/2021-09/29/2022	
A. Number of unduplicated clients who have received treatment services for OUD	11,187
a. Of those unduplicated individuals, how may received:	
i. Methadone	3,059
ii. Buprenorphine	5,457
iii. Injectable Naltrexone	329
B. Number of unduplicated clients who have received treatment services for stimulant use disorder	1,142
C. Number of unduplicated clients who have received recovery support services	11,278
a. Of those unduplicated individuals, how may received:	
i. Recovery Housing	1,496
ii. Recovery Coaching or Peer Coaching	4,909
iii. Employment Support	1,617

RETENTION

Regarding client retention, the average length of stay (in days) of clients who have been discharged is provided. Retention is split among clients with an opioid use disorder diagnosis, and clients with a stimulant use disorder diagnosis both of which have received at least one treatment service. Clients in treatment for opioid misuse have higher rates of retention than their counterparts with stimulant use disorders[1]. Table 3.4 illustrates engagement length of individuals receiving treatment and support services as well as their families, length of stay in treatment for opioid use disorder and stimulant use disorder and number of individuals that accessed recovery supports (FASAMS, 10/19/2022).

Table 3.4 Average Stay Across All Admissions		
Average Length of Stay		**Days**
All Admission Dates	All Clients	323
	Clients With OUD Diagnosis receiving Treatment Services	353
	Clients With Stimulant Use Disorder Diagnosis receiving Treatment Services	274

MOBILE BUPRENORPHINE PROGRAM (BRITE)

Through the SOR grant, the Department collaborates with the University of Miami to provide buprenorphine to individuals with an Opioid Use Disorder (OUD) through a mobile outreach unit. Individuals that receive this service are homeless or participate in syringe exchange programs. The

[1] *Source: FASAMS, Pulled 10/19/2022*

Bup**R**enorphine **I**nitiation and **T**reatment **E**xperience (BRITE) program was started in February 2021.

As an effort to facilitate a low barrier to MAT access, The IDEA program (2022) began implementing *Tele-Harm Reduction (THR);* connecting persons who inject drugs to same-day visits with a medical provider and psychologist via an onsite peer specialist through telehealth and implementing robust wraparound support services were used including storage of medications onsite at the syringe services program (SSP) as well as peer-facilitated medication deliveries and telehealth follow-ups.

A total of 109 participants received the adapted *THR* intervention. Three-month retention rate on buprenorphine was 58.7%. In the multivariable logistic regression model, after adjusting for age, sex, race/ethnicity, insurance status at enrollment, and housing status at enrollment, seeing a provider via telehealth at any follow up visit had a higher adjusted odd of retention at 3 months (aOR=7.53, 95% CI: [2.36, 23.98]). Participants who received an escalating dose of buprenorphine after baseline visit also had a higher adjusted odd of retention at 3 months (aOR=8.09, 95% CI: [1.83, 35.87]). Participants who self-reported or tested positive for a stimulant (methamphetamine, amphetamine or cocaine) had a lower adjusted odds of retention on buprenorphine at 3 months (aOR=0.29, 95% CI: [0.09, 0.93]).

The study concludes that harm reduction settings, by definition informal environments, can adapt dynamically to the needs of people who inject drugs in provision of critical lifesaving buprenorphine in a truly destigmatizing approach. Their study suggests that an SSP may be an optimal venue for delivery of *THR* to increase uptake of buprenorphine by people who inject drugs and promote retention in care[2].

EMPLOYMENT STATUS & CRIMINAL JUSTICE INVOLVEMENT

Social facilitators and deterrents of health capturing Florida data indicate that self-reported abstinence (defined as did not use alcohol or illegal drugs) at the 6-month follow up mark exceed 80% in comparison to approximately 63% at intake. Few individuals report justice involvement in the past 30 days at both intake and follow up (exceeding 98% of clients). In comparison to intake, there is an 11 percentage point increase in individuals currently employed or attending school, potentially suggesting that the individuals who receive a 6-month follow up are those that have achieved a greater stability over the course of their treatment episode. Further, in over 92% of cases, at 6-month follow up, individuals are endorsing no health/ behavioral/ or social consequences occurring parallel with alcohol or drug-related precursors. However, interestingly, the endorsement of social connection remains roughly uniform from intake to 6-month follow up,

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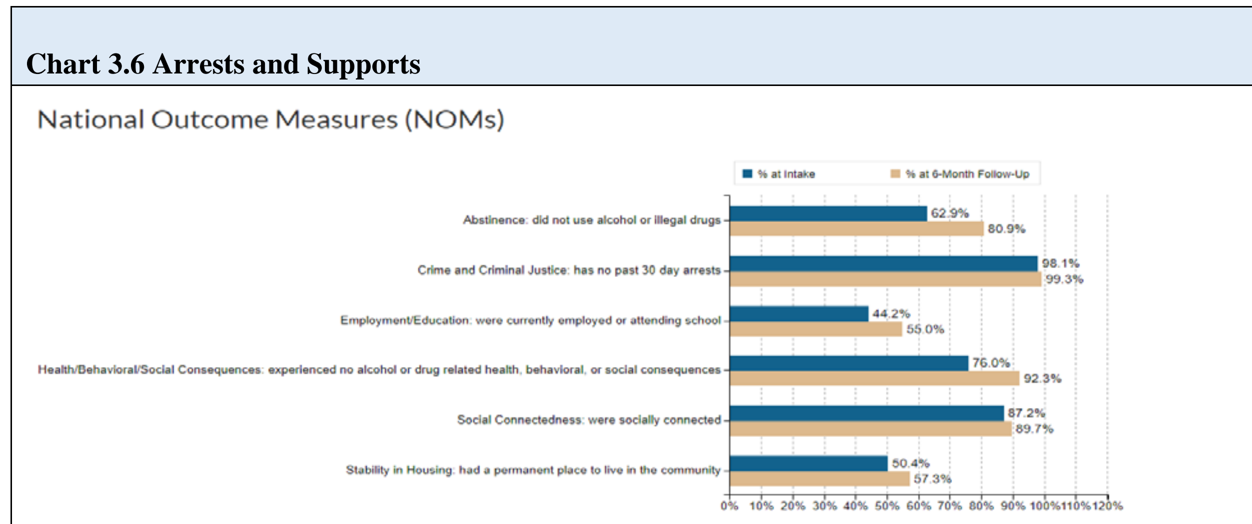
[2] University of Miami, IDEA Syringe Exchange. (2022). *Adaptation of the Tele-Harm Reduction intervention to promote initiation and retention in buprenorphine treatment among people who inject drugs: intervention design and pilot outcomes.*

slightly below 90%. While an increase in housing is seen from intake to 6-month follow up, the percentage of individuals without a permanent place to live in the community still remains over 40%. See Chart 3.6 to illustrate shared features across arrests and individuals with supports in place.

Chart 3.6 Arrests and Supports



SECTION IV: RECOVERY SUPPORTS

RECOVERY COMMUNITY ORGANIZATIONS

Recovery Community Organizations (RCOs) work to support individuals in long-term recovery from drug and alcohol use disorders and their family members, friends, and allies in a variety of ways. An RCO is an independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations facilitate recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services. RCOs are being implemented to work closely with community treatment providers and other stakeholders to provide outreach services, information and referrals, wellness recovery centers, harm reduction services, and other recovery support services. Managing Entities currently contract with 15 RCOs at different stages of development to increase recovery services in their area.

The Department initially began dispersing funds to establish RCOs utilizing SOR-1 funding. Funds have been allocated to Managing Entities to subcontract in efforts to expand and maximize recovery support services throughout the entire state. There are currently three (3) accredited RCOs in Florida, five (5) SOR funded RCOs are actively in the accreditation process and an additional RCO has applied to begin the process through the Council on Accredited Peer Recovery Support Services (CAPRSS) during this reporting period. Table 4.1 illustrates a breakdown of current RCOs status.

Table 4.1 RCO Status per ME		
Managing Entity	**#RCOs**	**Current Status**
Northwest Florida Health Network (NWFHN- formerly Big Bend Community Based Care)	0	• No current RCO subcontracts
Broward Behavioral Health Coalition (BBHC)	2	• South Florida Wellness Network • Fellowship for Living
Central Florida Behavioral Health Network (CFBHN)	1	• Recovery Epicenter RCO
Central Florida Cares Health Systems (CFCHS)	2	• Recovery Connections of Central Florida • Florida RASE Project
Lutheran Services Florida (LSF)	7	• Marion – Zero Hour Life • Duval – First Coast Recovery Advocates • Flagler – Flagler Open Arms Recovery Services (OARS) • Putnam – Shining Light Peer Services • Volusia – Volusia Recovery Alliance (VRA) • Rise up for Recovery • Recovery Point Palatka
Southeast Florida Behavioral Health Network (SEFBHN)	2	• Rebel Recovery • Rite Life Services
South Florida Behavioral Health Network/Thriving Mind (SFBHN)	1	• Miami Recovery Project

FACES & VOICES OF RECOVERY

Faces and Voices of Recovery (F&V) is an accredited RCO that provides services including capacity building in support of the national recovery movement, fighting the stigma of addiction and creating recovery messaging trainings. F&V assists entities with becoming accredited through the Council on Accreditation of Peer Recovery Support Services (CAPRSS) to increase recovery services throughout the state of Florida. In the beginning of 2019, the Department contracted with F&V to provide training and technical assistance to help establish and implement recovery community organizations and recovery support services as well as, assist RCOs with achieving national accreditation. Since then, technical assistance, training, consultation, and mentoring regarding all aspects of organizational development and sustainable infrastructure have been provided. This also includes phone, email, web-based and in-person technical assistance to assist RCO leaders and engaging participants and stakeholders. New and emerging RCOs participate in virtual learning communities to identify and implement best practices based on national standards for the delivery of peer recovery support services. See Table 4.2 for stages of development and a breakdown of individuals/organizations in each stage.

Table 4.2 RCO Stages of Development				
Early Interest[1]	**Early Development[2]**	**Emerging[3]**	**Existing[4]**	**Total**
6	3	10	15	**34**

[1] Early Interest: An individual interested in starting an RCO.
[2] Early Development: Community organizing is taking place and there is momentum in working towards gaining 501c3 status and putting a Board of Directors in place.
[3] Emerging: 5013c and Board of Directors are in place and working on securing funding and executing services and supports.
[4] Existing: RCO is operational and providing services and supports.

<u>Accomplishments</u>

Faces & Voices of Recovery have consistently coordinated and facilitated connections between individual, community stakeholders and RCOs while continuing to assess for mentorship and development needs. F&V works closely with RCOs and grant staff to discuss planning and implementation of supports needed to move recovery organizations forward. They provided technical assistance (TA) to support RCOs at every development stage including Association of Recovery Community Organizations (ARCO) membership and Council on Accreditation of Peer Recovery Support Services (CAPRSS) accreditation. Through this TA, F&V have also reached out to individual RCOs to learn more about the work currently being implemented within their communities.

F&V coordinated a meeting that included all RCOs, Managing Entities, stakeholders, and peers from across the state to discuss strategies on sustaining RCOs. This meeting has generated in-depth conversations surrounding the needs of each region on how to work toward sustainability. Discussions have also focused on what has worked and identified barriers for additional support.

Faces & Voices coordinated and scheduled a series of virtual and in-person meetings to collaborate and strategize with the Department and Floridians for Recovery (FFR). The Florida monthly stakeholder meeting merged with FFR's Recovery Leadership Council to further strengthen the relationship between F&V and the statewide RCO. During this reporting period, Faces & Voices held the first Florida Recovery Community Impact meeting, virtually as well as the first ever Faces & Voices of Recovery Advocacy Pop-up in Miami to create and strengthen recovery communities and supports within south Florida. F&V provided a CAPRSS education workshop at the Behavioral Health Summit in August. See Table 4.3 for a full list of virtual trainings facilitated during this reporting period.

Table 4.3 Trainings Facilitated by Faces & Voices of Recovery	
Training Name	**Attendance**
Leadership Development VLC	2
RCO Bootcamp	34

Workforce Multiplier Series 1.1: Compassion Fatigue	7
Organizational Wellness	7
Workforce Multiplier Series 1.2: Peer Ethics	1
Workforce Multiplier Series 1.3: Group Facilitation Skills	57
Workforce Multiplier Series 2.1: Compassion Fatigue	4
Workforce Multiplier Series 1.4: Peer Supervision	26
Workforce Multiplier Series 2.2: Peer Ethics	6
Our Stories Have Power: Recovery Messaging	30
Sustainability	26
Workforce Multiplier Series 2.3: Group Facilitation Skills	1
Organizational Development #2	3
RCO Bootcamp #2	10
Our Stories Have Power: Recovery Messaging #2	9
Workforce Multiplier 2.4: Peer Supervision	3
Total	**226**

OXFORD HOUSE

Oxford Houses are rented family houses where groups of recovering individuals live together in an environment supportive to recovery from addiction. Each house is self-run and financially self-supported following a standardized system of democratic operation. Each group obtains a Charter from Oxford House Inc., which is the umbrella organization for the international network of individual Oxford Houses. Oxford House offers homes for men and women as well as homes for men with children and women with children. For this reporting period Oxford House established 35 new houses across the state. For the project period they have opened 63 new houses. There is currently a total of 106 Oxford Houses in FL offering 941 beds to meet the individual needs of those in recovery. See Chart 4.1 to for a regional overview on home locations. Table 4.4 illustrates the total capacity by county. While Table 4.5 reflects capacity across men, women, men with children, and women with children.

Chart 4.1 Oxford House Locations by Region

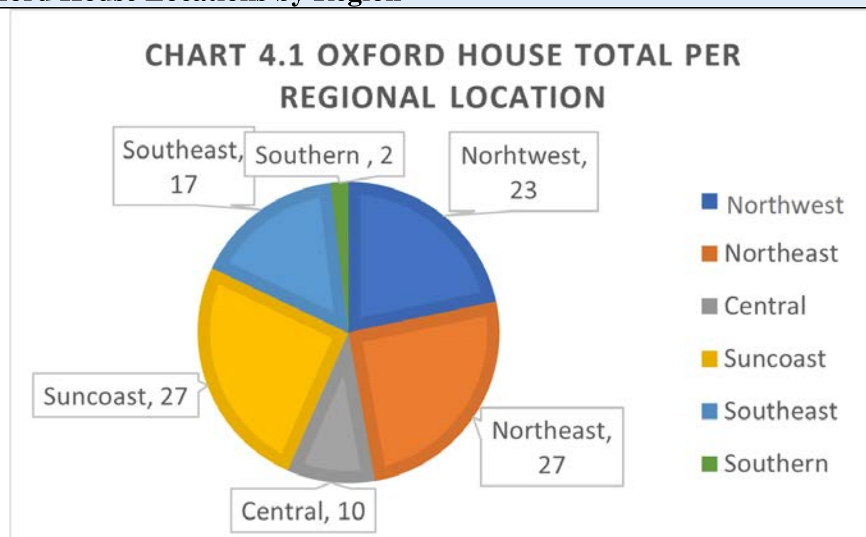


Table 4.4 Oxford House per Florida County					
County	**# of Houses**	**Total Capacity**	**County**	**# of Houses**	**Total Capacity**
Alachua	5	48	Marion	4	34
Bay	5	47	Miami Dade	2	19
Broward	3	29	Orange	3	26
Clay	1	10	Palm Beach	6	53
Duval	9	77	Pasco	1	7
Escambia	9	79	Pinellas	7	61
Flagler	3	30	Polk	3	26
Hillsborough	7	56	Seminole	7	69
Indian Rive	2	12	St. John's	4	36
Lee	11	90	St. Lucie	7	62
Leon	9	84	Volusia	2	21
Manatee	2	19			

Table 4.5 Oxford House Capacity Per Population		
Population	# of houses	Capacity
Men	65	586
Women	21	174
Women with Children	19	173
Men with Children	1	8
Total	**106**	**941**

Section V Project Initiatives

RECOVERY ORIENTED QUALITY IMPROVEMENT SPECIALISTS

The Recovery Oriented Quality Improvement Specialist (ROQIS) position is designed for an individual in recovery with lived experience in the behavioral health system of care. The ROQIS serves in an administrative capacity, conducting their duties through the lens of their lived experience in recovery and navigating the behavioral health system. ROQIS serve as a key person in recovery-oriented system of care (ROSC) related activities that include but are not limited to on-going quality assurance and improvement activities; training and technical assistance (TA); the implementation, integration, and enhancement of recovery management approaches and services within the local system of care; and promotion of effective engagement, community inclusion, and care coordination strategies. In addition, this position will provide TA and consultation to promote the expansion of medicated assisted treatment (MAT), care coordination services, and the effective engagement of persons into services and supports. The duties and responsibilities of ROQIS are to support an increase of access to recovery support service by 10%, including implementation and technical support to Recovery Community Organizations.

The Department created six Recovery Oriented Quality Improvement Specialists positions within regional SAMH offices, who are funded through the SOR grant.

The Department contracted with the Florida Certification Board to develop standardized tools used by the ROQIS for use during on-site quality reviews with service providers to assess their level of recovery orientation. The Department has since rolled this tool out in which the seven MEs are making progress towards regional implementation of a recovery-oriented framework. They have also established ROSC-focused networks to increase community and stakeholder education on recovery practices and have seen an increase in key community provider buy-in for implementation. The complete blueprint can be found as an attachment to this annual submission. Furthermore, the 8 levels of recovery categories are listed below.

Table 5.1 Recovery – Oriented Quality Improvement Rubric
Meeting Basic Needs
Comprehensive Services
Medication Assisted Treatment (if applicable)
Strengths-Based Approach
Customization and Choice
Opportunity to Engage in Self-Determination
Network Supports/Community Integration
Recovery Focus

Table 5.2 illustrates the total of additional activities performed by the ROQISs during the reporting year.

Table 5.2 Cumulative Totals for Reporting Period	
Trainings Facilitated by ROQISs	100
Cumulative Site Visits	56
Cumulative TA	1,015

<u>Additional activities performed by ROQIS include:</u>

- As of July, Florida peer capacity expanded to 875 Certified Recovery Peers Specialists. ROQIS provide TA to support peer workforce, including recovery capital, supervision trainings and other workforce development skillset enhancements.
- Working collaboratively with Managing Entity partners to provide support to RCOs.
- Partnering with communities to distribute and increase access to NARCAN and educating on other harm reduction activities.

- Continuing to consult and actively participate in statewide efforts to establish a ROSC framework for Florida's behavioral health system.
- Collaborating with the Substance Exposed Newborn Care Coordinators on recovery management for pregnant, parenting women with substance use disorder.
- Collaborative Recovery-Oriented Monitoring's to align with Guidance Document 35.
- Statewide Strengths-based presentation on documentation.
- Collaborative Statewide Peer Specialists Helping Others Heal virtual trainings.
- Working to increase the expansion of Oxford Houses within their regions.
- Completed cross-systems trainings, included but not limited to training the FBI, Child Welfare and more.

Table 5.3 for an overview of professionals in attendance of the 100 trainings facilitated by the ROQISs.

Table 5.3 Attendance by Profession

Profession	Total	Profession	Total
Physicians	2	Social Workers	51
Physician Assistants	1	Addiction Counselors	45
Nurse Practitioners	25	Peer Recovery Support	602
Nurse (RN, LPN)	20	Prevention	7
Others (describe): Medical Students, Child Protection Investigators, FBI, and Community Members			579

BEHAVIORAL HEALTH CONSULTANTS

To support families involved in the child welfare system in accessing treatment and support services, Behavioral Health Consultants (BHCs) are co-located with Child Protective Investigators (CPIs). BHCs are licensed or certified behavioral health professionals who provide technical assistance (TA) and consultation to CPIs and dependency case managers on the identification of behavioral health conditions, their effects on parenting capacity, and engagement techniques. Consultants also assist investigative staff and dependency case managers in understanding the signs and symptoms of opioid and stimulant use disorders and the best practices to engage and treat, including the use of MAT; provide clinical expertise; and assist with the identification of parents with opioid and stimulant use disorders in the child welfare system. The BHC's role includes ensuring care coordination by developing contacts, facilitating referrals, and assisting investigative staff with engaging clients in recommended services and improving timely access to treatment. There were ten (10) additional BHC positions added to the grant budget during this reporting period bringing the total of 28 BHC positions with two additional BHCs contracted to the Thriving Mind of South Florida Managing Entity. Regional SAMH offices often receive feedback from child welfare staff regarding the knowledge, flexibility and support they received

from the BHCs and how much access to the subject matter experts helps them with decisions in their cases and helps families obtain the services they need to be successful in retaining custody of their children.

During this reporting period, BHCs assisted CPIs with 13,066 investigations completing the following services:

- 8,311 consultations
- 1,969 joint visits with both the CPI and BHC
- 1,321 brief assessments
- 3,933 other ancillary support services provided (e.g., case staffing, training)

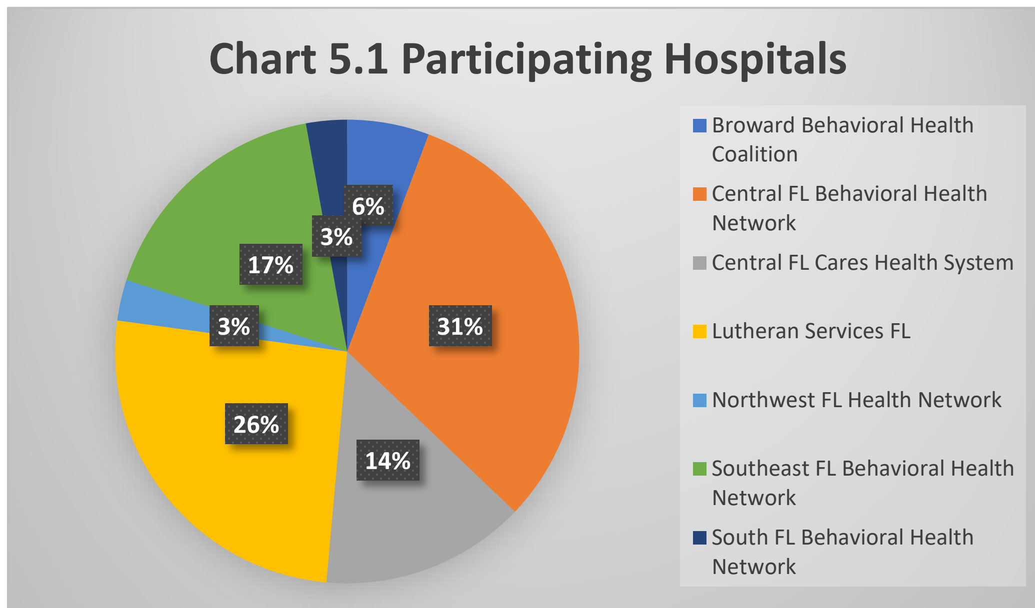
BHCs reported 9,474 cases involved substance use. Opioids were reported as the primary substance of choice in 1,392 cases. There were 9,485 cases with children under the age of five in the household; of which, 3,917 cases involved substance exposed infants (children under the age of one year old prenatally exposed to substances). The following table includes data for the reporting period and grant period.

Table 5.4 Behavioral Health Consultants Investigation Activity		
Investigations	**9/30/21-09/29/2022**	**9/30/2018-09/29/2022**
Total number of investigations for which BHCs assisted a CPI	13,066	48,041
Cases with children 5 years old or younger in the household	9,485	33,074
Activity Types		
Consultation	8,311	26,480
Joint Visit	1,969	8,558
Brief Assessment	1,321	3,629
Other Ancillary Support	3,933	9,139
Substance Use		
Cases with reported substance use	9,474	35,583
Cases with an opioid reported as primary substance of choice	1,392	5,606
Cases that involved a substance exposed infant	3,917	14,738
Note: BHCs switched from reporting data quarterly to monthly.		

HOSPITAL BRIDGE PROGRAM

The Hospital Bridge Programs identify individuals with opioid use disorders that have overdosed or experienced other medical problems due to opioid misuse. The goal is to utilize the time spent in the hospital to engage the individual in treatment and if possible, immediately begin buprenorphine induction, and provide access to maintenance treatment and recovery support services to keep the individual from experiencing withdrawal symptoms upon release. These programs use peer specialists to assist with engagement, provide linkage to the maintenance provider and other community support resources. There are currently 35 hospitals participating in the Hospital Bridge Program across six (6) regions and between seven (7) managing entities (MEs) throughout Florida. See Chart 5.1 for number of hospital participation per ME.

Chart 5.1 Percentage of Participating Hospitals by ME



Data is submitted by the MEs each month to report the number of individuals assessed for MAT, inducted with medication, referred to MAT providers and enrolled in MAT services. During this reporting period there were **11,064** individuals screened in the emergency department, **622** individuals were inducted with medication at the hospital setting, **8,585** individuals were referred to local outpatient MAT providers, and **4,414** individuals enrolled in MAT services. See Table 5.5 for an illustration of the data across the seven (7) Managing Entities (ME).

Table 5.5 Hospital Bridge

ME	Screened	Inducted	Referred	Linked
Broward Behavioral Health Coalition	2,531	296	2,420	1,097
Central FL Behavioral Health Network	6,071	188	4,088	1,620
Central FL Cares Health System	345	31	300	281

Lutheran Services FL	2,032	66	1,700	1,349
Northwest FL Health Network*	0	0	0	0
Southeast FL Behavioral Health Network	66	25	48	48
South FL Behavioral Health Network	19	16	29	19
Total	**11,064**	**622**	**8,585**	**4,414**

**Northwest FL Health Network is new to the program and has no available data at the time of this report.*

SECTION VI: TRAINING & TECHNICAL ASSISTANCE

CENTER FOR OPTIMAL LIVING (CFOL)

Center for Optimal Living (CFOL) provides Integrative Harm Reduction Psychotherapy (IHRP) training. IHRP is training for clinicians to learn how to help individuals impacted by the spectrum of addictive and risky behavior, trauma, and other mental health issues. It incorporates psychodynamic, cognitive- behavioral, mindfulness, and body-oriented practices. This training moves away from the disease model toward a psycho-biosocial process model for understanding addiction and shifts from an abstinence-only to an Integrative Harm Reduction approach. Participants learn the Seven Therapeutic Tasks of IHRP along with specific skills to facilitate positive change.

During this reporting period, CFOL conducted four (4) 3-day training sessions via Zoom. There was a total of 162 unduplicated individuals in attendance. See Table 6.1 for a detailed illustration of the professional population in attendance.

Table 6.1 Harm Reduction Training Attendance by Profession

Profession	**Attendance Total**
Nurse Practitioners	2
Marriage and Family Therapists	4
Social Workers	74
Addiction Counselors	7
Prevention (Program Managers)	18
Others (describe): Program Director/Administrators	14
Others (describe): Mental Health Counselors (LMHC)	9
Others (describe): Educator & Community Activists	19
Peer Supports	15
Total	**162**

FLORIDA COURTS OPIOIDS & STIMULANTS RESPONSE (FCOSR)

The Department contracted with the Office of the Florida State Court Administrator (OSCA) to provide training and technical assistance to judges and court staff regarding substance use disorders, and opioid and stimulant use specifically, including its impacts on their clients, to assist with determining sentencing and selecting treatments. Since a significant number of individuals who are involved in the court system have substance use disorders, the court system judges and staff are important partners in helping to facilitate access to treatment and support services for people who have an opioid or stimulant use disorder or opioid or stimulant misuse. Highlights for the reporting period include the following:

Training Series: OSCA continued its training series in this reporting period to educate and bring awareness to the opioid crisis. Research of options and planning began in late 2021, and the first spring webinar for statewide court audiences and other associated participants was held March 4, 2022, titled *Behavioral Health: Achieving Lasting Addiction* RECOVERY. This webinar had 346 registrants, including 183 live attendees. On a scale of 1-5, 93% of participants rated this webinar as a 4 or 5. A second webinar, *Medications for Opioid Use Disorder in Drug Courts, and the Criminal Justice System: Enhancing Utilization and Addressing Service Barriers* was conducted on March 25, 2022, with guest speaker Douglas B. Marlowe, Ph.D., a lawyer and clinical psychologist and Senior Scientific Consultant for the National Association of Drug Professionals (NADCP). This session was attended by 220 registrants, including 116 live attendees. Participant feedback on this presenter was overwhelmingly positive, with 97% rating as a 4 or 5 on a scale of 1-5. A replay of this presentation, as well as slides and handouts, can be found here:

https://www.flcourts.org/Resources-Services/Office-of-Problem-Solving-Courts/Opioid-Stimulants-Initiative/Event-Replays.

Table 6.2 Training Attendance

Type of Training	Name of Training	Date of Training	Number of Attendees
OSCA Webinar	Behavioral Health: Achieving Lasting Addiction RECOVERY	March 4, 2022	346
OSCA Webinar	Medications for Opioid Use Disorder in Drug Courts and the Criminal Justice System:	March 25, 2022	220
Scholarship	National Association of Drug Court Professionals	July 25-28, 2022	8
Scholarship	Rx Drug Abuse & Heroin Summit	April 18-21, 2022	14
Scholarship	Cocaine & Stimulants Summit	October 14-16, 2021	39

Training Scholarships: OSCA and FCOSR offered scholarship opportunities for Champions and other court staff to attend large scale events that provide up-to-date information on opioid and

stimulant trends and treatment. *Events involving out-of-state travel must be approved by the Chief Justice and are done so on a limited basis.* Judges, problem-solving court managers, and other key court officials are informed of such events and invited to apply for scholarships. Applicants are evaluated based on criteria and requests for scholarship events are approved in advance by DCF. In applying, prospective attendees must describe how they and their court will benefit from their attendance. Attendees are also asked to take part in a post-event evaluation. The events are hosted by major national organizations with strong track records of providing cutting-edge information on substance use and abuse topics.

Fourteen participants were able to attend the Rx Drug Abuse & Heroin Summit from April 18-21, 2022, in Atlanta with scholarships provided by OSCA. The Rx Drug Abuse & Heroin Summit is the largest national collaboration of professionals impacted by prescription drug abuse and heroin use and the largest annual gathering for stakeholders to discuss what is working in prevention and treatment. Topics included harm reduction, youth-driven prevention messages, neuroscience-based treatment for opioid misuse, virtual delivery of substance use disorder services in rural communities, and tribal opioid overdose prevention. Eleven participants completed evaluations, and 10 of those rated the event as a 4 or 5 on a scale of 1-5.

Eight scholarship recipients, including judges and key staff from around the state, attended the NADCP annual conference July 25-28, 2022, in Nashville. This conference was attended by a broad range of professionals, such as judicial, mental health and substance use treatment providers, peers in and allies of recovery, child welfare, law enforcement, and veterans.

Awareness Month: To raise awareness of opioids, stimulants, and the treatment of related substance use disorders, Florida Supreme Court Chief Justice Carlos G. Muniz issued a proclamation for September 2022 to be known within the State Courts System as Opioid and Stimulants Disorder Awareness Month. Key OSCA activities included media releases, notice to all statewide court Public Information Officers for circuit-level promotions, weekly e-bulletins to Champions throughout Awareness Month, development of promotional awareness literature, and creation of an Awareness Month web page (https://www.flcourts.org/Resources-Services/Office-of-Problem-Solving-Courts/Opioids-Stimulants-Initiative/Awareness-Month).

CourtsConnect App: FCOSR (formerly the Florida Courts Opioid Initiative) developed the concept for a free app for judges and court staff statewide to provide regular messaging to increase awareness and effectiveness of addressing opioid and stimulant issues and concerns. CourtsConnect, available by computer or phone, launched in October 2021 with Enfoglobe, LLC as the vendor providing maintenance and technical support. Messages are posted by OSCA and FCOSR through the app portal on a regular basis after conducting research to identify timely news and resources, such as events and breaking news. Details about CourtsConnect can be found at courtsconnectfl.com.

Experts Connect: This pilot initiative was developed to connect small groups and individuals with key experts for tailored training and technical assistance focused on interests and needs of participants. The format is Q&A, and these sessions are on a smaller scale than the larger webinars to allow plenty of time for attendees to have their questions answered. This service began through FCOSR in the fall of 2021 on a pilot basis and featured seven small group sessions and two prominent national experts. Court representatives applied to attend with the expert of their choice. Following successful completion of the pilot, an additional session was held on May 17, 2022, featuring the renowned Doug Marlowe, JD, PhD, of NADCP. For 2022-23, FCOSR anticipates sessions with a minimum of two experts. Experts and content specialties will be chosen in consultation with the courts to ensure a focus on the greatest needs.

Learning Management System: An online education resource platform, funded through SOR, was launched in 2020 as a training and technical assistance resource for judges and court staff. The Learning Management System, or LMS, includes an assortment of valuable resources. Specifically, there are four e-Learning modules and three OSCA-designed videos, along with a library of reports, articles, and other publications, as well as links to informative websites. The e-Learning modules are comprised of animated videos, guest interviews, interactive games, and pre- and post-quizzes. For all videos, the option of viewing Closed Caption versions is provided. The LMS is accessible at CourtsLearn.com and hosted by a technology vendor (funded under the grant). E-learning modules are a form of "active learning" and qualify for continuing education credits. Continuing Judicial Education credits (CJE) and Continuing Legal Education credits (CLE) are applied for as new resources are added. On-demand recordings of FCOSR live events have also been added to the LMS along with downloadable certificates of completion for those who watch the video replays. CJE and CLE certificate forms are there as well for those who attended live events (CJEs and CLEs) and recorded programs (CLEs).

Results from National Drug Court Survey: Adult Drug Courts across the country were asked by the National Drug Court Institute to participate in a federally funded initiative that included a survey on Practices and Policies Relating to Medication-Assisted Treatment for Opioid Use Disorders. Since the national survey would not identify state-specific data, OSCA facilitated the national survey with an approach that allowed them to collect Florida-specific data and to gather responses to other questions from the Florida courts. Responses were received from all circuits with Adult Drug Courts (19 circuits and 35 counties). Some results from this survey include:

- 56% of respondents said that half, most, or all/nearly all court participants had a moderate to severe opioid use disorder.
- 70.8% of respondents reported that the primary type of opioid problem seen was illicit opioids, while another 18.75% said the primary type was pharmaceutical opioids without a prescription.
- The vast majority (91.49%) of respondents said that they refer clients or permit clients to receive some form of medication-assisted treatment for participants with opioid use disorder.

- 87.5% of respondents reported that their adult drug court had policies governing the use of MAT for OUD.
- 50% of adult drug courts said they keep naloxone (Narcan) available at the drug court for participants experiencing an overdose onsite.
- 31% of respondents reported that they provide training to participants on how to use naloxone to reverse an overdose.
- 62.5% of respondents do not provide naloxone/Narcan kits to court participants.
- The top factor selected that limits MAT use for OUD in adult drug courts was insufficient funding (54.17%).
- Florida respondents indicated that the effects of opioids on the adult drug court stayed “about the same” (56%), while 23% said “worse”, and 16.67% said “better”.

Circuit Champions: Circuit Champions are judges, magistrates, and key court staff who are appointed as subject matter leaders on opioids, stimulants, and their effects on the courts as well as to champion awareness and solutions. Champions remain informed about topics through training and self-study, promote awareness in the circuit, create a community of shared learning, and provide feedback to OSCA on draft initiatives before they are released statewide.

FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION (FADAA)

The Florida Department of Children and Families contracts with the Florida Alcohol and Drug Abuse Association (FADAA) to work with professionals of various fields across the state to help promote awareness of substance use disorders and medication-assisted treatment (MAT). FADAA identifies specialized training needs and works with community partners to develop and facilitate Medication Assisted Treatment training.

Peer Prescriber Mentoring and Training: FADAA recruits, engages, trains, and maintains a cohort of physicians with credentials and experience to provide prescriber mentoring and training to medical and behavioral health providers and other stakeholders providing treatment and recovery related services to people with opioid use disorders. The major goal is to provide expert consultation and technical assistance to potential prescribers of buprenorphine, methadone, naltrexone, and naloxone, and help them develop MAT programs and protocols. The Department executed a contract amendment in July 2021 to add funding and to add Prescriber Mentoring and Training service units for 11 months. FADAA maintains a webpage that describes the program, MAT resources, and contact information of the FADAA Training Project Director to arrange mentoring or training opportunities. The webpage is located at:

https://www.fadaa.org/page/MATPrescriberMentoring.

In October 2021, Dr. Suresh Rajpara held a virtual consultation with Charlotte Behavioral Health Care in Punta Gorda to provide guidance on their overdose prevention plan, MAT and coordination of future training for their leaders and MAT providers. Peer Prescribers held meetings, in coordination with Managing Entities, in October and November 2021. The October session

provided an MAT overview with Rebel Recovery in West Palm Beach. This in-person session was attended by 25 clinicians and prevention staff. The November meeting was a one-hour online MAT overview with the Clearwater Drug Court and was attended by 14 people, including one judge. In August 2022, one of the Prescriber Peer Mentors, Dr. Schlosser, presented MAT at the Southwest Florida Opioid Conference led by the Hendry, Okeechobee, and Glades Opioid Consortium.

MAT Training for Corrections and Jail Staff: The Department executed a contract amendment in July 2021 to add funding and to add MAT training for corrections and jail staff service units for 11 months. FADAA identifies the training needs of special populations and develops and provides MAT training. The target population this year included Department of Corrections (DOC) and jail staff throughout Florida. The major goal is to increase the knowledge of MAT of staff working in corrections and jail settings in Florida, with an emphasis on probation and reentry program staff.

- In October 2021, FADAA performed one series of MAT trainings with probation officers in Region 1 with DOC. Five trainings were held in the Panhandle area.
- In November 2021, three MAT trainings with probation officers were held in Region 2 with DOC in Daytona Beach.
- In December 2021, three MAT trainings with correctional institution officers and staff in regions 1 and 3 were held in Crawfordville and Orlando. There were 26 attendees in Orlando and 48 in Crawfordville.
- In January 2022, ten trainings across five days were conducted with probation officers in Sarasota, Tampa, Clearwater, Lake Wales, and Ocala.
- In February 2022, four trainings were held across two days with probation officers in Titusville and Orlando.
- In April 2022, five in-person MAT trainings with probation officers were held in Miami, Lauderdale Lakes, Fort Myers, West Palm Beach, and Fort Pierce.
- According to quarterly FADAA reports, a total of 1,598 individuals participated in MAT training from October 2021 through June 2022 (data for July-September 2022 was not received yet at the time of this report). FADAA began conversations with the DOC Human Resources Manager to share MAT training series, which was welcomed as part of future trainings inside correctional institutions.

Regional Behavioral Health Service Provider Meetings: FADAA identifies appropriate topics, develops training materials, and coordinates with all seven Managing Entities (ME) and the Prescriber Peer Mentors to create presentations. The goal is to have at least one training and technical assistance meeting per ME area.

- On October 11, 2021, FADAA held a Teams meeting with Southeast Behavioral Health Network to discuss training their drug courts.
- On November 3, 2021, an online MAT Overview training was held with ME Thriving Minds of South Florida, with 32 attendees.

- On November 17, 2021, an online MAT and Pregnancy training was held with ME of Northwest Florida, with 12 attendees.
- On November 17, 2021, Dr. Mark Stavros virtually attended the ME Central Florida Cares Health System monthly provider meeting to provide a MAT overview, with 40 attendees on the call.
- On November 18, 2021, an online MAT and Pregnancy training was held with ME Lutheran Services, with over 30 attendees.
- On December 1, 2021, an online MAT Overview session was held with Southeast Behavioral Health Network, with 11 attendees who were representatives of treatment providers in the ME area.
- On March 7, 2022, a MAT Overview Training was held with the ME South Florida Behavioral Health Network with the Palm Beach Drug Court, with 16 attendees.
- On March 21, 2022, a MAT Overview presentation was held for the ME Lutheran Services of Florida, with 51 attendees.

Behavioral Health Conference 2022: The Behavioral Health Conference was held from August 17-20, 2022, in Orlando. FADAA exhibited and disseminated materials throughout the conference. The materials about substance use disorder prevention treatment were very popular. This conference had over 1,000 attendees.

Stimulant Use Disorder Training: FADAA confirmed a three-part series regarding Stimulant Use Disorder (StUD) trainings with Dr. Richard Rawson of UCLA. The series has three one-hour sessions with current best practices, including Community Reinforcement Approach (CRA), and Dr. Rawson's own TRUST model to help combat StUD. The series will be repeated in northern, central, and southern Florida to allow the trainings to have a smaller audience and give Dr. Rawson the ability to hold conversations with the providers. In February 2022, FADAA submitted a training series description, plan, and PowerPoint presentations. The Department approved the series of three webinars: (1) *Stimulants 2021: Epidemiology, Effects, and Clinical Challenges*; (2) *Evidence-Based Treatments for Individuals with Methamphetamine Use Disorder*; and (3) *Treatment for Individuals who use Stimulants (TRUST): A 12-Week Protocol*. In March 2022, FADAA held the first of these Stimulant Use Disorder trainings. Six webinars were held in March 2022 with a total of 725 attendees. In April 2022, three Stimulant Use Disorder trainings were conducted with 238 attendees.

Training and Technical Assistance: FADAA researched qualified presenters and worked with the Department to develop 26 webinars and live workshops on topics including but not limited to: cultural differences, stigma surrounding substance use, unresolved childhood trauma, drug trends, risk factors and substance use, and recovery capitals. FADAA developed the presentation descriptions, objectives, and other items. There were 6,422 attendees across the 26 workshops and webinars.