### WELCOME to the Pinellas County Opioid Task Force Meeting Webinar

### We will begin shortly.





#### Pinellas County Opioid Task Force

March 18<sup>th</sup>, 2021 @ 2:00-4:00 pm

Location:	Go to Microsoft Teams: Join on your computer or mobile app <u>Click here to join the meeting</u> Or call in (audio only) <u>+1 850-792-1375,,636153940#</u> Phone Conference ID: 636 153 940#									
AGENDA										
Welcome & Intro	ductions	Marianne Dean; DOH								
Trends and Data	Review	Bill Pellan / Reta Newman; Medical Examiner's Office								
Review from Nort	hwestern University	C. Hendricks Brown / Wouter Vermeer; NW University								
Counter Drug Tas	k Force Intro & Update	Captain Michael Coy, ARNG								
EIS Update		Mo Alak; FL-EIS Fellow								
COSSAP/OFR & S	P/USF Update	Meghan Westbrook / Charles Dion								
Overdose Data to	Action Update	Marianne Dean; DOH								
	ose Mitigation and gram (HOME) Update	Kelci Tarascio / Meghan Westbrook; DOH & Pinellas County								
Syringe Exchange	e Program Update	Gayle Guidash / Samantha Reale								
Open Forum		All Participants – We encourage hearing your ideas, concerns, and cues to action.								
Ne	xt Meeting: June 17*	, 2021 via Microsoft Teams								



**WELCOME** to our newest members and long-term partners!

### COMBAT THE OPIOID EPIDEMIC DISTORT

Health care providers, law enforcement, schools, communities and families play a key role in eliminating opioid-related deaths, injuries and misuse in Pinellas County.

Raise awareness on the dangers of opioids by coordinating with schools, health care providers, pregnant women, etc.



Reduce opioid deaths by increasing the availability of life saving treatment to those who are dependent on opioids, their families and their friends.



Connect those in need to available, effective treatment and addiction therapy.



Decrease the supply of opioids by establishing a community wide approach and identifying areas at highest risk.

Improve information sharing efforts within our community to better examine trends of opioid misuse.



We have a Packed Schedule Thanks to our Partners!

• In consideration of time, please hold questions to the end of the presentation.

### Drug Related Deaths & Trends Update

# Fluoro fentanyl

Currently trending

8 death investigations – in mixtures with other clandestine drugs

Minor constituent in most – fentanyl more predominant

Possible single source for dealer

# Other Fentanyl

- Acetyl fentanyl trending down
- Fluoroisobutyryl fentanyl trending down
- For the most part, and with the exception of the recent introduction of fluorofentanyl, most fentanyl in seized drugs and in decedents has been limited to the parent drug – Fentanyl.
- Comparably there have been significantly fewer analogs.

## Brophine

- Brophine is a synthetic opioid with properties similar to some fentanyl analogs
- It is a strong opioid that has been associated with at least 20 deaths nationwide.
- DEA has put it on its Temporary Placement list as a Schedule I drug (3/1/21-3/1/23).
- Florida has not addressed it yet and it does not fall neatly into any of the analog or drug-class schedules.
- PCFL has added it to our library and can detect it in seized drugs, however, so far, it has not been detected in this area.

### Trending Street Combinations

- Powders:
  - Xylazine, Heroin, Fentanyl
  - Xylazine, Fentanyl
  - Heroin, Fentanyl
  - Fentanyl, Tramadol
  - Heroin, Fentanyl, Cocaine
  - Fentanyl, Fluorofentanyl
  - Fentanyl, Cocaine, Methamphetamine

# NOTABLE combinations

- 3,4-methylenedioxyamphetamine (MDA); 3,4methylenedioxymethamphetamine (MDMA); eutylone; heroin; fentanyl; ketamine (6 controlled substances – one powder)
  - Two phenethylamine
  - One cathinone
  - One opiate
  - One opioid
  - One dissociative anesthetic
- 3,4-methylenedioxy PV8 (substituted cathinone); 4-fluoro-3methyl-alpha-pyrrolidinovalerophenone (substituted cathinone); eutylone; N-ethyl heptedrone (substituted cathinone); fentanyl; tramadol (6 controlled substances – one powder)
  - Four cathinones
  - Two opioids

### Seized Drug Identifications 2020

Drug Class	Number of Identifications
Phenethylamines (MDA, MDMA, etc)	175
Cathinones	437
Benzodiazepines (alprazolam, etizolam, diazepam, etc)	524
Cannabis (including Hemp)	784
Opiates (heroin, oxycodone, hydrocodone, etc)	798
Synthetic Cannabinoids	801
Fentanyl and Fentanyl Analogs	1521
Cocaine	2043
Methamphetamine	2286

Of 12,469 identifications or analyses, there are the most common/notable classes

#### Monthly Pinellas County Drug Related Accidental Deaths:

	<u>Jan</u>	<u>Feb</u>	Mar	Apr	May	<u>Jun</u>	<u>Jul</u>	Aug	Sep	Oct	Nov	Dec	total	
2018	29	19	25	22	15	22	33	35	27	22	34	40	323	
2019	34	41	25	39	26	35	24	34	35	53	48	30	424	
2020	23	43	28	38	67	58	54	45	55	34	38	52	535	

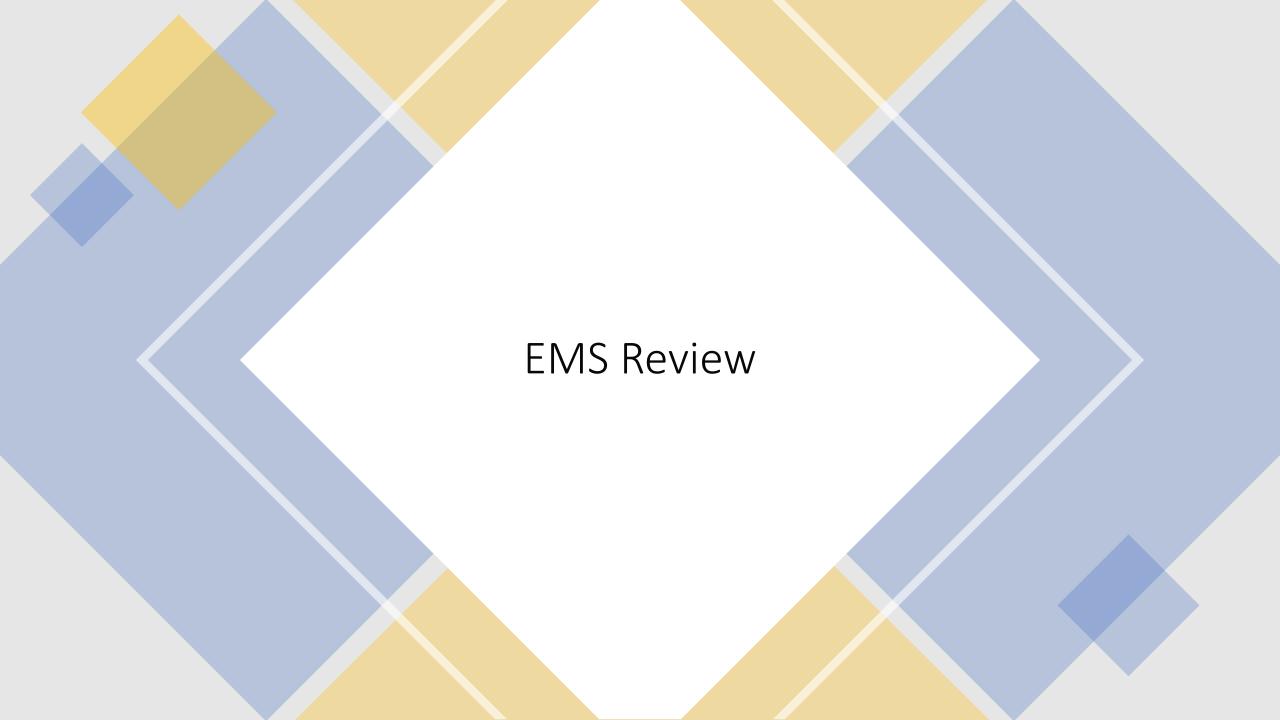
 There are 4 cases from November and 6 from December 2020 that are still PENDING and being investigated as a potential drug related death. Drug Deaths in Pinellas 2020 (Monthly)

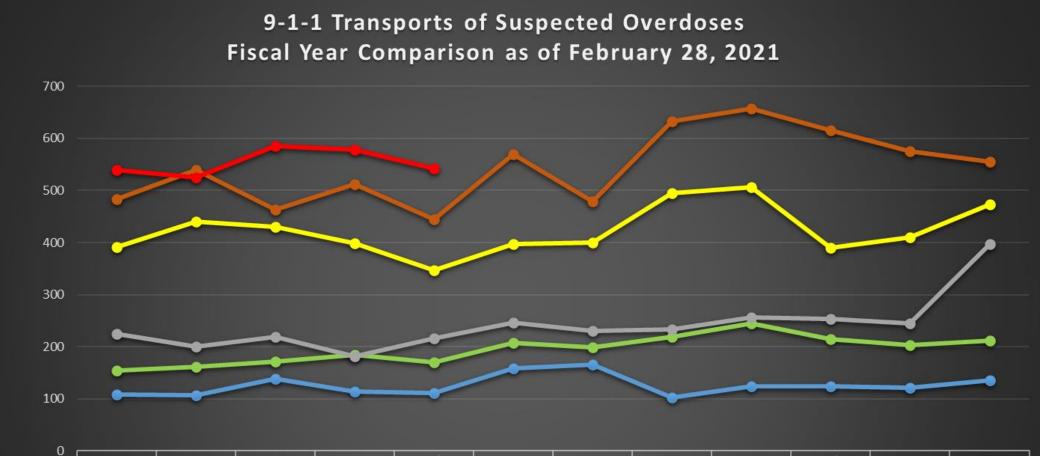
#### DRUGS or TOXIN RELATED CAUSE OF DEATH (Accidental Manner)

Pinellas	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 **
Prescription Drug	179	207	181	135	114	109	98	106	86	59	59	47
Combined (Prescription & Illicit)	39	42	36	40	35	33	41	73	49	79	87	125
Illicit Drug	19	17	11	14	17	17	28	65	110	171	255	340
Alcohol (acute ethanol)	10	11	14	9	4	5	10	28	10	10	15	17
Inhalant	1	2	1	3	2	1	2	4	3	4	7	5
Chemicals/Poisons	1	1	0	0	0	1	0	1	0	0	0	0
Total Drug Related	249	280	243	201	172	166	179	277	258	323	423	534
Pasco												
Prescription Drug	126	142	109	82	63	80	57	73	49	42	36	33
Combined (Prescription & Illicit)	22	11	13	14	10	15	22	30	42	39	43	82
Illicit Drug	0	5	0	3	7	3	13	26	62	79	111	163
Alcohol (acute ethanol)	2	2	2	3	6	4	7	6	4	3	4	5
Inhalant	2	2	2	1	1	2	1	1	2	0	1	0
Chemicals/Poisons	1	3	0	0	0	0	1	0	0	0	0	0
Total Drug Related	153	165	126	103	87	104	101	136	159	163	195	283

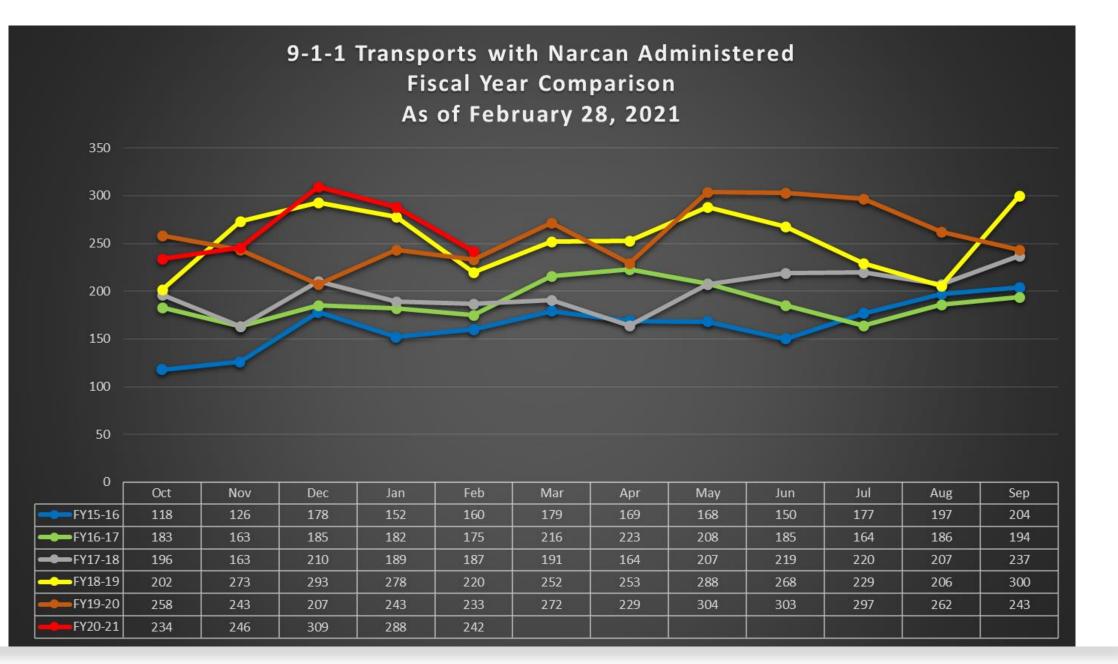
\*\* 2020 data with 12 cases in Pinellas still pending and 5 cases in Pasco still pending.

### Drug Deaths – District 6 - 2020

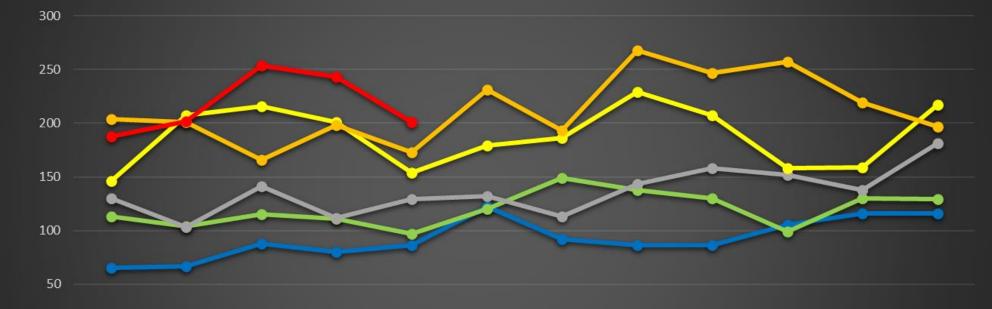




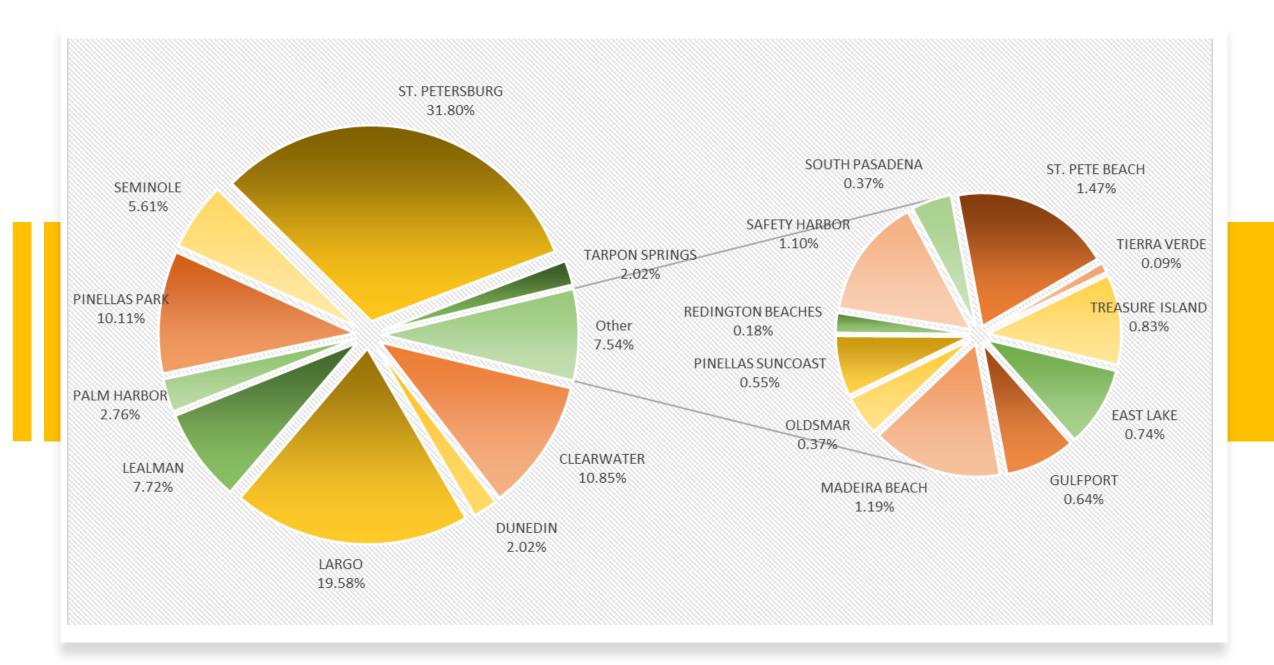
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>—</b> FY15-16	109	107	138	114	111	159	166	103	124	124	122	136
<b>—</b> FY16-17	155	162	171	184	170	208	199	219	245	215	203	212
<b>—</b> FY17-18	225	201	219	182	216	246	230	234	256	254	245	397
<b>—</b> FY18-19	391	441	430	399	347	397	400	495	506	390	410	474
FY19-20	483	540	463	512	445	569	479	633	657	616	576	555
FY20-21	540	525	585	578	542							



#### 9-1-1 Transports of Suspected Overdoses with Narcan Administered Fiscal Year Comparison as of February 28, 2021



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	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY15-16	65	67	88	80	86	122	92	86	86	105	116	116
FY16-17	113	104	115	111	97	120	149	138	130	99	130	129
<b>—</b> FY17-18	130	103	141	112	129	132	113	143	158	152	138	181
	146	207	216	201	154	179	186	229	207	158	159	217
FY19-20	204	201	166	198	173	231	193	268	247	257	219	197
<b>FY20-21</b>	188	202	254	243	201							



### Review from Northwestern University

### Community and Modeling Approaches to Support Decision Making in Pinellas County

- Northwestern U Hendricks Brown, Wouter Vermeer
- USF Kim Johnson, Holly Hills, Charles Dion
- Operation PAR Dianne Clarke, Jim Miller, Jonathan Essenberg, Angel Tomlin
- Washington U Rebecca Lengnick-Hall
- March 18, 2020



### Outline



- Update on Expert Interviews Holly Hills
- Modeling the impact of community approaches for extending Narcan – Wouter Vermeer



What has been the most significant change to service delivery for persons with opioid use disorders, during the pandemic? *(preliminary analysis)* 

 $\rightarrow$  Transferring services to a telehealth format

 $\rightarrow$  Moving to take-home dosing

 $\rightarrow$  The loss of face-to-face contact with clinicians



# What challenges have occurred in attempting to implement any forms of practice change? *(preliminary analysis)*

 $\rightarrow$  Training staff / clients re the use of technology, or new treatment guidelines

 $\rightarrow$  Access to needed technology / equipment / private space to engage in telehealth

 $\rightarrow$  Acclimating to delivering services, conducting meetings over Zoom

### Of any of the service changes that have been implemented or modified, which do you believe will be sustained? *(preliminary analysis)*

 $\rightarrow$  Continued use of telehealth

→ Continued enhanced sanitation / infection control practices

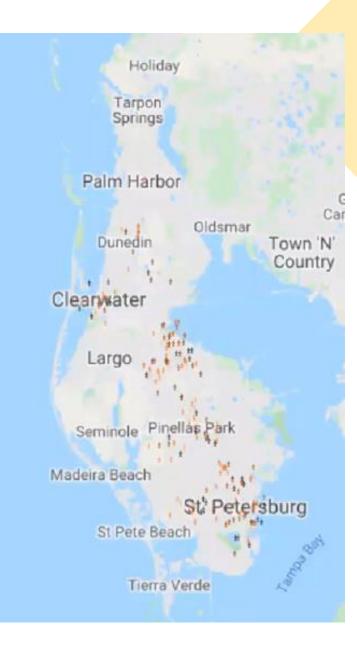
→ Expansion / continuation of take-home doses, if possible



### **A preliminary Narcan model:**

Model mechanisms included:

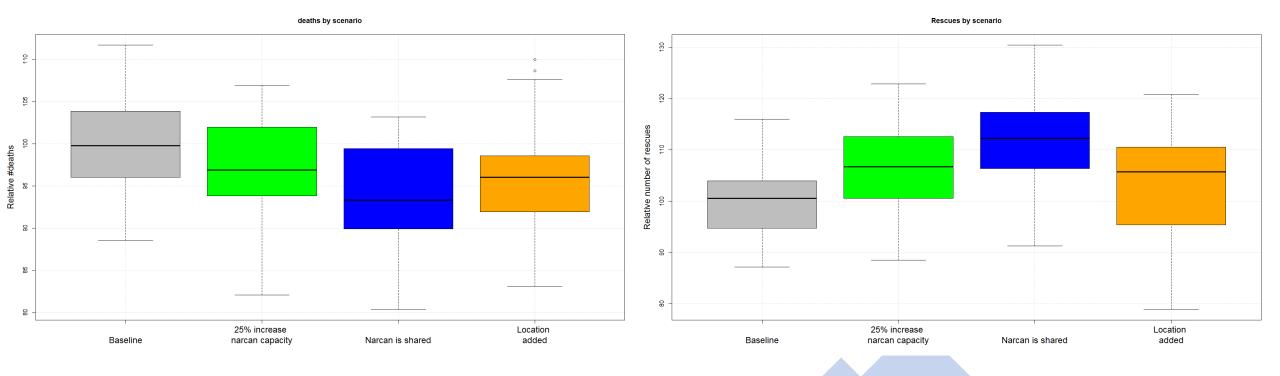
- Local demographics
- Delivery systems for Narcan: EMS, police, treatment providers
- Dynamics of opioid use: in isolation \ in groups
- Dynamics of rescue:
  - 'Social' :
    - When not using in isolation, the peer can have Narcan available for rescue
    - The peer can place an emergency call which results in rescue if an EMS is sufficiently close
  - Police
    - Police randomly travel the area and respond to all overdoses that occur in proximity
    - If Narcan is carried, this will result in a rescue
    - If no Narcan is carried, and EMS can be called, which results in rescue if an EMS is sufficiently close
  - EMS
    - EMS randomly travel the area and rescue all overdoses that occur in proximity



### Modeling the impact of community approaches for extending Narcan to reduce opioid deaths

We explore 3 ways to increase Narcan available to the community by 25%:

- 1. Increasing the Narcan supply by of current providers by 25%
- 2. Adding additional Narcan providing location increasing with 25% extra supply
- 3. Allowing peers to pick up and share Narcan with others, for 25% of the pickups Some preliminary results:



## We need additional information on each of these scenarios to make them more realistic

- The sharing scenario requires additional info on social networks and dynamics
- There needs to be more information on how kits are in fact distributed:
  - We know little about how Narcan supply is further distributed to the community
  - Additional Narcan locations might be available (e.g., community-based locations)
- We need more information about the use of Narcan kits, and their effectiveness in rescue during overdose.
- Accurately capturing the involvement of EMS and policy in rescue requires more data

We would like to leverage your knowledge in refining the model behaviors, if you are interested in joining our workgroup, please email me at: <u>Wouter.Vermeer@northwestern.edu</u>

### Your Questions, Comments, and Guidance

- Our Contacts
- Hendricks Brown
- Wouter Vermeer
- Kim Johnson
- Holly Hills
- Charles Dion

Hendricks.brown@northwestern.edu Wouter.Vermeer@northwestern.edu kjohnson33@usf.edu hills@usf.edu cdion@usf.edu

• Rebecca Lengnick-Hall <u>rlengnick-hall@wustl.edu</u>

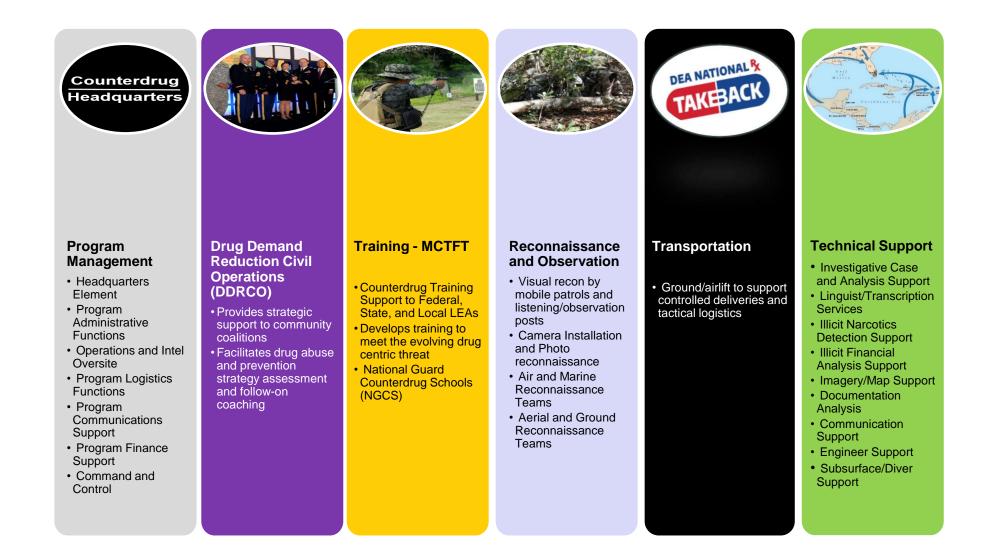


### Drug Demand Reduction Outreach





### **Support Mission Categories**



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#### Slide 30 of 2



### Florida Counterdrug



### **Drug Demand Reduction Civil Operations (DDRCO)**

- Provides support and development to anti-drug coalitions throughout all 67 Florida Counties.
- Provide militarily unique training and support to promote community-led efforts to develop and execute counterdrug supply and demand reduction strategies for State, Local, and Tribal CBOs.
- Assists local leaders in developing and resourcing initiatives designed to reduce drug use in the community through education and prevention.



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#### Slide 31 of 2



### Florida Counterdrug



### **Drug Demand Reduction Civil Operations (DDRCO)**

- Strategic Prevention Framework (SPF) coalition enhancement.
  - Community Assessment
  - Capacity
  - Planning
  - Implementation
  - Evaluation
  - Cultural Competence
  - Sustainability
- Substance Abuse Prevention Skills Training (SAPST)
  - 111 Soldiers, Airmen, and Civilians
- DEA Drug Takeback Events
  - FY20 3,486 pounds(\*)
  - ➢ FY19 8,758 pounds
  - ➢ FY18 − 2,393 pounds
- Night Vision
  - FY20 32,379 students
  - ➢ FY19 − 24,581 students
  - ➢ FY18 − 10,560 students





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#### Slide 32 of 2



### Multijurisdictional Counterdrug Task Force-Training (MCTFT)

MISSION...

The National Guard's Counterdrug Schools provide critical, tuition-free Counter Narcotics Training (CNT) as it relates to Counter Transnational Organized Crime (CTOC) for Federal, State, Tribal, and Local LEAs, CBOs, and DoD personnel.



**State of the Art Training Facilities** 

- > Ability to conduct over 6 simultaneous classes on-site
  - ✓ 50,000 sq. ft. of classroom space
  - ✓ 6,000 sq. ft. 2-story Tactical Training Lab
  - ✓ 4,200 sq. ft. of conference space
- > Tactical Training Lab (TTL)
  - ✓ Force on force, modular, multi-use training scenarios
- Scenario based training rooms
  - ✓ Ex. Jail, court room, etc.
- Virtual training systems



#### **Outdoor Training Areas**

- > Use of Camp Blanding MOUT site and all ranges
- > Access to over 72,000 acres of outdoor training area
- Access to 2,000 acre Kingsley Lake for waterborne ops
- > Over 50 live fire ranges
- > Air-Assault obstacle course and rappel tower
- Door breaching stations
- Secret compartment recognition course
- Driving / Skid Pad

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#### Slide 33 of 2



### Florida Counterdrug



### **Multijurisdictional Counterdrug Task Force-Training (MCTFT)**



Through traditional training, online education, distance learning and mobile training teams, the MCTFT is able expand its professional curriculum to federal, state, and local LEAs, CBOs, and DoD personnel across the nation.

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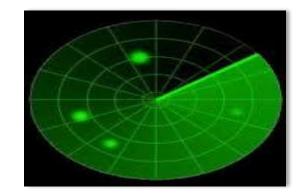
### **Reconnaissance and Observation**

Ground Reconnaissance Team (GRT)

*Air & Marine Reconnaissance Team (AMRT)* 

Aerial Reconnaissance Team (ART)









### Florida Counterdrug



### **Ground Reconnaissance Team (GRT)**

➢ Based at Camp Blanding, FL, the GRT currently employs 11 highly trained personnel, arrayed across three operational cells in North and South FL. The GRT, in support of, and at the request of, LEAs, utilizes ground platforms to conduct reconnaissance and observation to detect, characterize, locate, track, and assess specific people, objects, or areas, in real- or near-real time.



➢ Specializing in reconnaissance and observation, the GRT utilizes digital photography and video, remote camera systems, day/night observation devices, and secure communications to obtain documentation of suspected illicit drug activity for our law enforcement requestors.

➤ The GRT acts as a force multiplier and provides the LEA with subject matter experts to help develop their investigation much like traditional military reconnaissance teams assist Commanders with "shaping the operational environment."

#### Unclassified





#### <u>Air & Marine Reconnaissance Team</u> (AMRT)

The AMRT is designed to provide mobile long range sensor capabilities to defeat air and marine smuggling threats and enhance Mission Command interoperability for tactical interdiction operations. The team utilizes cutting-edge equipment and sensor technology that can be employed independently for specific missions or together for a wider spectrum of operational support.

➢ With all components fully integrated the team maintains a two vehicle/one trailer operating footprint purposely built to enhance low signature operations.



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#### Slide 37 of 2





#### <u>Aerial Reconnaissance Team (ART)</u>

The ART is a counter-narcotics and homeland security aviation unit based out of Cecil Field in Jacksonville, Florida. The unit consists of four UH-72A Lakota aircraft, three of which are equipped with the Mission Equipment Packages (MEP).

The aircraft and crew meet the ever increasing demands for counternarcotics missions, as well as demands involving homeland security and natural disaster missions using the following techniques:



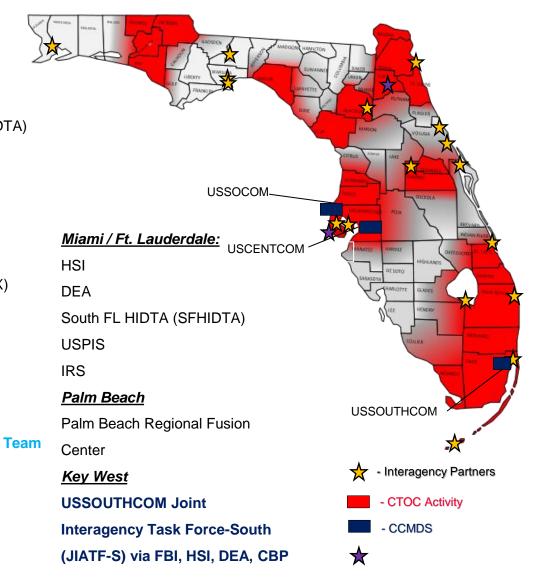


#### Florida Counterdrug



#### **Current Technical Support to LEAs within Florida**

Jacksonville/ St. Augustine:	<u>Gainesville:</u>
U.S. Internal Revenue Service (IRS)	DEA
DEA	<u>Orlando:</u>
North FL High Intensity Drug Trafficking	Central FL HIDTA (CFHIDTA)
Area (NFHIDTA)	HSI
Homeland Security Investigations (HSI)	<u> Tampa / St. Pete:</u>
Office of Statewide Prosecution	OSWP
(OSWP)	DEA
Aerial Recon Team	HSI
MCTFT	Panama Express (PANEX)
Ground Recon Team (GRT)	via DEA, HSI, IRS
Counterdrug Headquarters	St. Pete College
<u>Panama City:</u>	<u>Sarasota:</u>
U.S. Drug Enforcement Administration	HSI
(DEA)	<u>Stuart:</u>
<u>Pensacola:</u>	Air Marine Radar Recon Tean
DEA	
<u>Tallahassee:</u>	
DEA	
U.S Postal Inspection Service	
(USPIS)	



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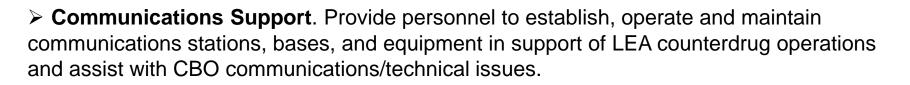




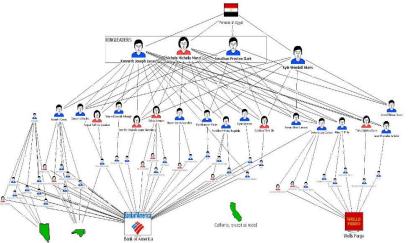
#### Technical Support

Analysis Support. Assist LEAs in the establishment of counterdrug information systems/databases and provide information analysis support. Provide assistan to LEAs in developing investigations and cases for prosecution.

Linguist/Transcription Services (Translator Support). Provide post-collection transcription/translatic of audio/video tapes, seized documents and other information media. Translator services include near realtime transcription support.



Illicit Finance Investigation Support. Assist LEA investigations to identify and defeat the illicit financial activities of DTOs/TCOs which threaten the economy and financial system of Florida and the U.S.



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### **Department of Health**

#### SYNDROMIC SURVEILLANCE OF PINELLAS COUNTY EMERGENCY FACILITIES





# INTRODUCTION OD2A Syndromic Surveillance Review





### INTRODUCTION

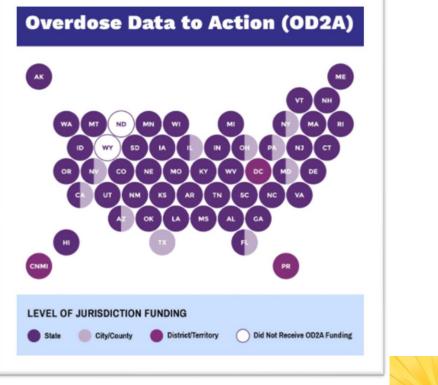
- MOHAMMAD ALAK MPH, EMT-B
- Background Microbiology and Infectious Disease Epidemiology
- Professional Experience
  - 8-years in Pediatric Urgent Care
  - Florida Department of Health
    - May 2020 COVID-19 ESF8
    - July 2020 COVID-19 Community Liaison
    - October Florida Epidemic Intelligence Service Fellow
      - Overdose Data 2 Action Program





### **OVERDOSE DATA TO ACTION**

- Centers for Disease Control and Prevention National Center for Injury Prevention and Control
- Support collection of high quality, comprehensive, & timely overdose data
- Goal Using Data to Inform Prevention and Response Effort



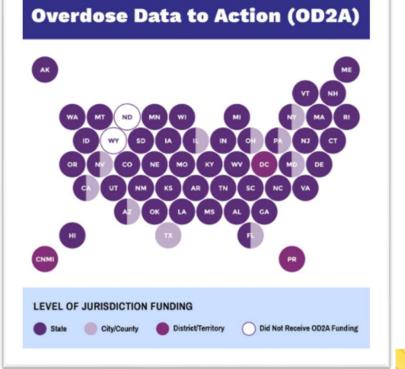


### **OVERDOSE DATA TO ACTION**

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#### • Surveillance Strategies

- Morbidity and Mortality Data Quality Improvement
- Innovative Surveillance Strategies
- Identify and Collect Data Better Tailored to a Community's Needs





### **OVERDOSE DATA TO ACTION**

#### **Goals of OD2A EIS**

- PDMP/NNAS Surveillance Evaluation
- ED and Emergency Service Syndromic Surveillance Evaluation and Quality
   Improvement
  - Improve Linkages to Care
  - Partnerships with Public Safety and First Responders
    - Innovative Prevention Strategies

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### 2020-2021 Syndromic Surveillance

#### Background

- Automated data acquisition and generation of statistical alerts by monitoring for disease indicators
  - Detect outbreaks of disease in near real-time
  - Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE)



### 2020-2021 Syndromic Surveillance

#### **Limitations**

#### • Data is considered provisional and must be cautiously interpreted

- Variability in chief complaints
- Subjectiveness in discharge diagnosis
  - Data volume over time can change
- Data quality varies by hospital and over time





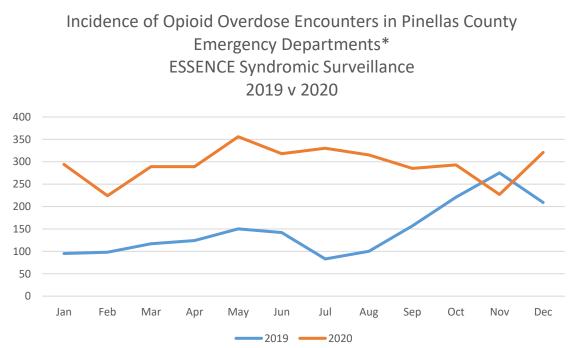
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#### Total Encounters: 2019 v 2020

#### Provisional data indicates that encounters for opioid overdoses increased in 2020

over the previous year, despite possible changes in healthcare seeking behavior

If trend is valid, there was an increase of nearly 99% in encounters related to opioid overdose.





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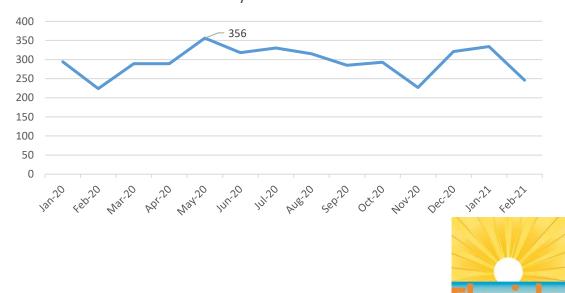
#### Total Encounters 2020 – YTD

January 1, 2020 to the end of March 16, 2021

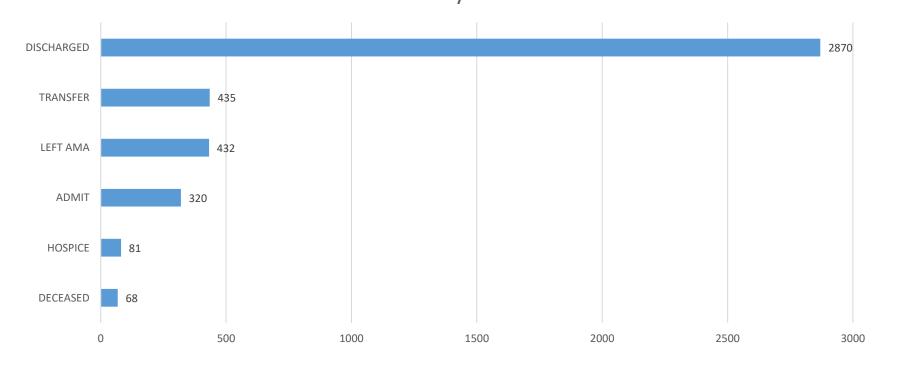
There have been 4,259 encounters in Pinellas County Emergency Departments due to suspected opioid overdose.

#### ~5.32% of All Encounters Related to Accidental Injury

Encounters due to Suspected Opioid Overdose At Pinellas County Emergency Departments January 1, 2020 – March 16, 2021 ESSENCE Syndromic Surveillance



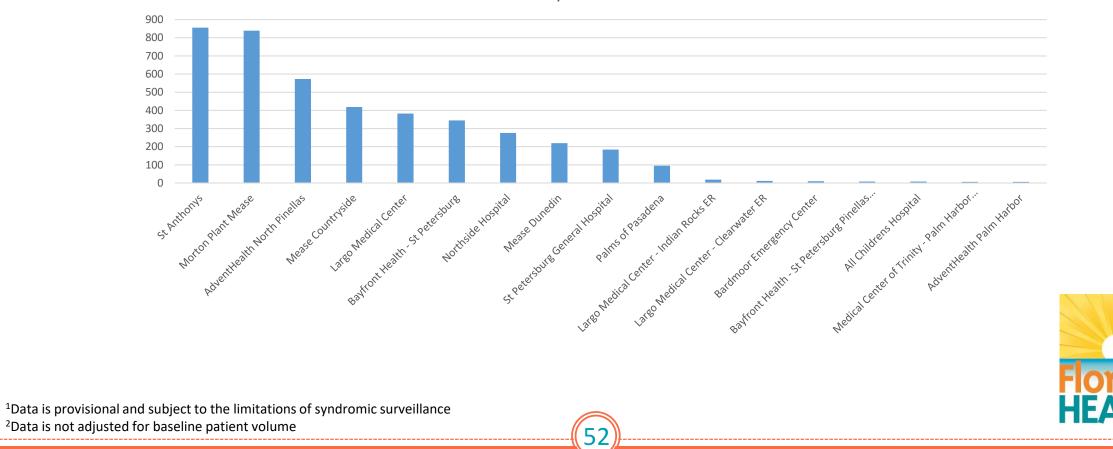
Suspected Opioid Overdose Encounters x Selected Discharge Dispositions <sup>1</sup> Pinellas County Emergency Departments January 1, 2020 – March 16<sup>,</sup> 2021 ESSENCE Syndromic Surveillance



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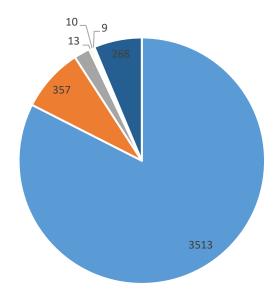
Volume of Opioid Overdose Encounters x Hospital <sup>1,2</sup> January 1, 2020 – March 16, 2021 ESSENCE Syndromic Surveillance



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Opioid Overdose Encounters x Patient County<sup>1</sup> Pinellas County Emergency Departments January 2020 – March 16, 2021 ESSENCE Syndromic Surveillance

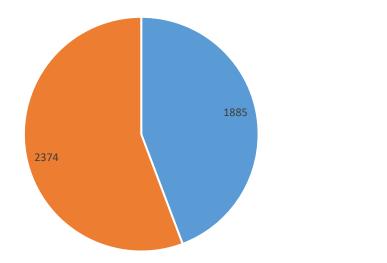


Pinellas Pasco = Hillsborough = Hernando = Manatee = Sarasota = Other Regions



Powered by Bing © GeoNames, Microsoft, TomTom

Suspected Opioid Overdose x Sex <sup>1</sup> January 1, 2020 – March 16, 2021 Pinellas County Emergency Departments ESSENCE Syndromic Surveillance



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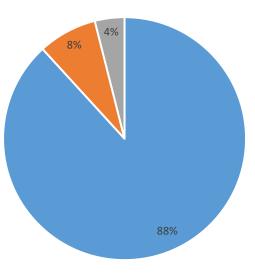
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Suspected Opioid Overdose x Race (proportion) <sup>1</sup> January 1, 2020 – March 16, 2021 Pinellas County Emergency Departments ESSENCE Syndromic Surveillance

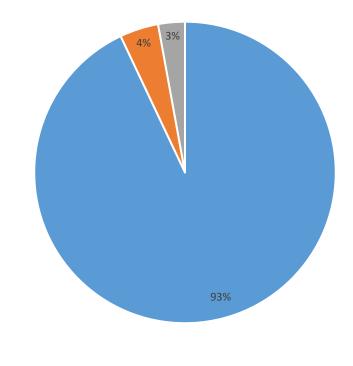


WHITE BLACK = OTHER





Suspected Opioid Overdoses x Ethnicity <sup>1</sup> January 1, 2020 – March 16, 2021 Pinellas County Emergency Departments ESSENCE Syndromic Surveillance



Not Hispanic or Latino
Hispanic or Latino
Unknown or NR





#### 2021 Virtual National Forum Overdose Fatality Review

## What is an overdose fatality review (OFR)?

Examines a decedent's life cycle in terms of:

- drug use history, comorbidity
- major health events
- social-emotional trauma (including adverse childhood experiences)
- encounters with law enforcement and the criminal justice system
- treatment history
- other factors, including local conditions

### Problem Solving Process to Identify Recommendations



### Common OFR Team Members

Local health department official	Local law enforcement representative	Medical Examiner/ Coroner	Prosecutor	Local human services department official
Substance use treatment provider	MOUD provider	Mental health social worker	Pain management clinician	Emergency department physician
Primary care provider	Pharmacist/ Toxicologist	<u>HIDTA</u> public health analyst	Sheriff	Probation and parole office
Emergency medical service provider	Drug treatment court representative	Patient advocate	Child protective services	Substance use prevention professional
School counselor	Tribal elder, traditional leader	Community leader	Housing authority representative	Harm-reduction outreach professional

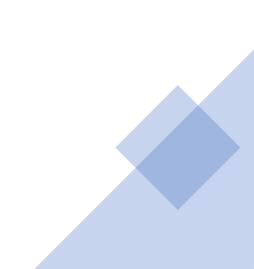
### OFR Data Sharing Considerations

- State Legislation Florida does <u>not</u> currently have state legislation addressing OFRs
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- 42 CFR Part 2 Substance Abuse Treatment Confidentiality Regulations
- Interagency Data Sharing Agreements
- Confidentiality Agreements

### SIP White Papers Overview

White Paper: Components of Outpatient Care after Crisis Services

- Prepared by Mary Rose Murrin, M.A.
- Policy and Services Research Data Center
- Department of Mental Health Law and Policy
- College of Behavioral and Community Sciences
- University of South Florida



#### Question

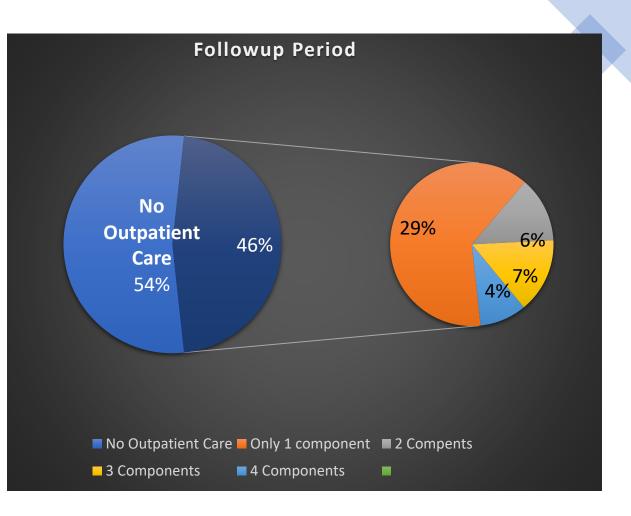
 For those persons identified as having a drug overdose death in 2018 and 2019 by the Pinellas county Medical Examiner and who had crisis care in the 2 years prior to death through Central Florida Behavioral Health Network (CFBHN), how many components of outpatient care did they receive in the following 90 days in the community from CFBHN?

#### Rationale

- Of the 220 people identified as receiving BH Care through CFBHN in the 2 years prior to death date, 116 persons were found to have received crisis care services in that period. For these 116 cases, there were 252 distinct admissions to crisis care.
- Of these 116 people, 38 (33%) died before the end of the last follow up period tested- 20 died within 90 days of the last crisis care discharge and 18 additional died within 90 days of a jail discharge occurring with the last follow up period. Twenty-one of these deaths occurred after a previous crisis care episode within two years.
- As multiple episodes of crisis care present a risk of a fatal event, it is important to determine the pattern of outpatient care following a crisis for these individuals.

#### Results

- Of the original 252 crisis care episodes, there were 115 90 day follow up periods not interrupted by CFBHN crisis care, CFBHN residential care, a Pinellas County jail stay or death.
- Fifty-four percent of these 115 follow-up periods after crisis care in the two years prior to death did not contain any outpatient care in the next 90 days within the community.
- Over half of those who received care only contained one of these types of outpatient care: Basic Outpatient, Assessment/Treatment Planning, Case Management or Intensive Outpatient. The remaining nineteen percent received multiple components of care.



#### Recommendations

It is important to follow persons discharged from crisis care to ensure that they are engaging with treatment in the community, especially for those who are drug-involved, have multiple crisis admissions and/or have involvement with the jail system. Crisis care is a critical contact point for these individuals, so active tracking of compliance with recommended follow-up visits is recommended. It is also recommended that treatment plans for these individuals reflect the complexity of their treatment needs.

### White Paper: Medical Examiner data with previous Jail Stay

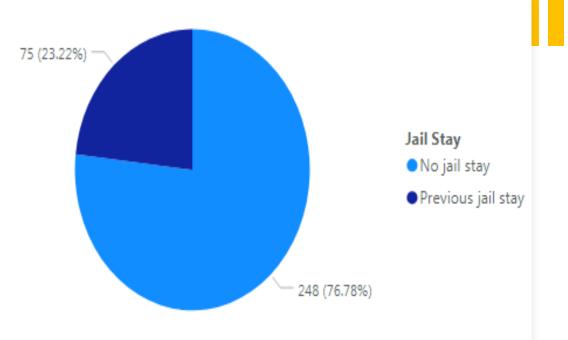
- Prepared by Kavitha Gopalakrishnan, M.S.
- Policy and Services Research Data Center
- Department of Mental Health Law and Policy
- College of Behavioral and Community Sciences
- University of South Florida

**Questions:** This white paper will examine the relationship between opioid drug related deaths as reported by the Pinellas County Medical Examiner and previous jail stay. The 2019 Medical Examiner data and 2014-2019 Pinellas County CJIS jail records were used for this analysis.

- What percent of individuals with an opioid drug related death had previous Jail stay?
- How soon after the jail stay did the opioid overdose death happen?
- Rationale: Recent research has demonstrated a higher risk for an overdose among individuals recently incarcerated. By studying the relationship between drug overdose death and previous jail stay interventions can be developed to provide appropriate support and services to high risk individuals to reduce overdose deaths.

### Key Findings

- 70% of all overdose drug deaths are opioid related.
- Almost 1 in 4 opioid deaths had previous jail stay.
- 15% of opioid deaths happened less than a month and 50% deaths happened less than 6 months after the jail stay.
- There are 458 unique all drug related deaths were reported in Pinellas County for 2019, 323 (70%) were opioid related deaths.
- The chart below shows that 23% of opioid related deaths had previous jail stays which is almost 1/4<sup>th</sup> of the 323 opioid related deaths.



#### Table 1 Data

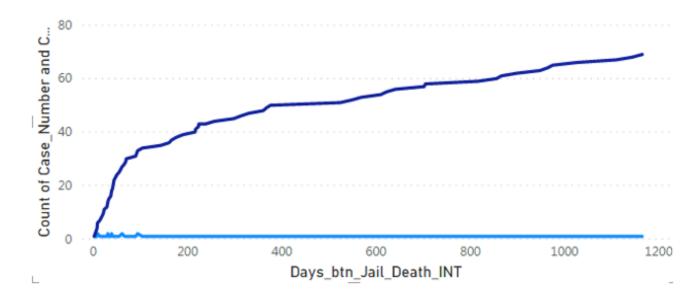
- The number of days between the jail stay and the 2019 opioid overdose deaths.
- From this data we can see significant of overdose deaths happened immediate after jail stay.
- Half of all deaths occurred within six months of release from jail.

Days between Jail & Deaths	No. of overdose deaths	% overdose deaths	Cumulative % overdose deaths
1 – 30 days	12	16	16
31 – 90 days	19	25.3	41.3
91 – 180 days	7	9.3	50.6
181 – 365 days	11	14.6	64.0
365 days or later	21	27.6	92.0
No jail released date data available	6	7.9	100
Total	75		

#### Graph 1 Data

#### • Discussion & Recommendations

- The provision of support programs and services before or during or after jail stays should be explored as a vehicle to reduce drug overdose and deaths.
- Identify the charges who had previous jail stay to see if there is any relation or trends between the charges and overdose incidents.



Graph 1. 2019 Cumulative opioid overdose death

Interested in the Development of a Local OFR or information about the SIP white papers?

- Email Marianne @ <u>mariane.dean@flhealth.gov</u> to be placed in a distribution list to find out about local OFR development meetings.
- Email Meghan @ <u>mwestbrook@co.pinellas.fl.us</u> to submit ideas or questions regarding the SIP White Paper discussion.
- Forum Sessions and Resources:

cossapresources.org/Learning/ForumOFR/Agenda

# **Department of Health**





## **OD2A Deliverables Update**

- Pinellas County Opioid Story Map update
  - ✓ The website has been given a facelift, and all data has been updated to reflect our most correct data at the time of creation with heavy involvement of our EIS Fellow & County partners.
  - ✓Check out the NEW Story map <u>HERE</u>, or at <u>https://arcg.is/0GCzq1</u>
- Coordinating the increase of opportunities for MAT
  - ✓ In collaboration with the HOME team, OD2A still assists with coordinated efforts to provide MAT directly to individuals with opioid/substance use disorders (OUDs/SUDs).



# **OD2A Deliverables Update**

- Assisting with Resource Tools & Tangible Goods
  - ✓ Opioid Toolkit has received a facelift as well as final touches are pending approval for print.

✓Collaborating with USF and SPC policy and public health undergraduate students to provide a subject matter expert related to the opioid crisis.

- ✓ 2,000 drawstring backpacks on order to assist in outreach measures.
- ✓ Training courses are attended virtually due to travel restrictions.
- Miscellaneous
  - ✓ Office of Overdose Prevention Staff are also assisting with Pinellas County COVID-19 vaccination PODs.



# **App Development**

App is in purchasing phase – next step development.

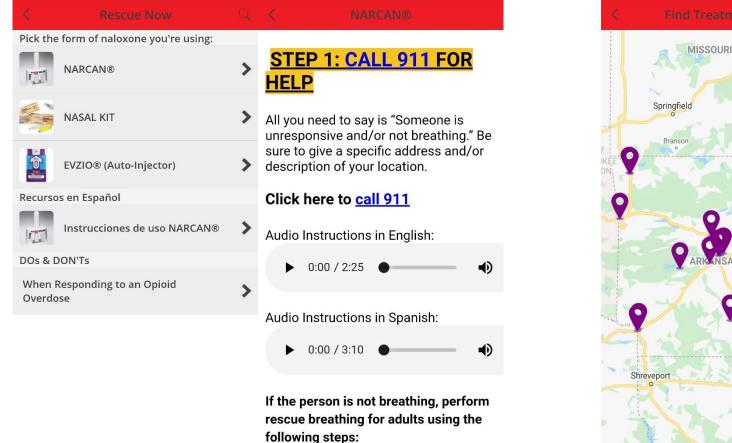
Ideas for layout, content & features, etc.

- Images are of Arkansas-based opioid educational app downloadable for free for Android or iOS.
- Features are what are important would like to model Pinellas app similar to NARCANsas app.

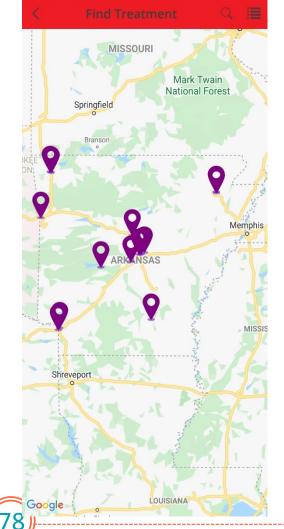




# **App Development**



 Clear the person's airway (check that nothing inside the person's mouth or throat is blocking the



AR Drug Takeback



**≡** Menu

Follow 👩



#### Search for Drop Off Locations

You can search for drop off locations by name, or by zip code and distance. Permanent sites are in **RED**, and Event sites are in **BLUE**.



## **OD2A Deliverables Update**

- Plans to review:
  - Community Health Improvement Plan (CHIP) update: PCOTF feedback and input prior to implementation.

**Previous goal:** By December 31, 2022, reduce the proportion of drug-related accidental deaths from 2.2% (2016) to 1.5%.

Unfortunately, 2019 data shows a rise to 3.5%, and 2020 data is TBD.

**Suggested revision:** By December 31, 2022, (a) increase the total distribution of naloxone kits from 527 (2020) to 627, and (b) increase naloxone emergency box participants from 7 (2020) to 10.

79



# **Department of Health**

#### HOME PROGRAM UPDATES



# HOME Team Update

#### Successes to date:

- ✓ 553 Naloxone Kits were distributed.
- ✓ 7 sites accepted Emergency Naloxone Boxes allowing for ongoing access to the life saving medication.
- ✓ 14 staff training events were conducted at high-risk locations.
- ✓ 305 individuals welcomed HOME Staff/ Operation PAR contact to discuss treatment options and resources.





# **Department of Health**

#### SYRINGE EXCHANGE PROGRAM - UPDATES



# Syringe Exchange Program (SEP)

- A draft ordinance went to the Pinellas County Board of County Commissioners as a public hearing in January 2021.
- Requested changes incorporated:
  - Disallowance of mobile operations
  - Disallowance of materials such as spoons, bands, filters
  - Requirement of on-site counseling
- Ordinance has PASSED.
  - Next steps:
    - Letter of intent by interested parties
    - Possibly a community information session for those interested.





# **We Welcome Questions!**

- This slide concludes the presenter's portion of the task force.
- We welcome questions about any of the topics you heard today.
- If there are any questions we are unable to field today, please email Marianne @ <u>marianne.dean@flhealth.gov</u>, and I will have your questions addressed appropriately.
- A copy of this presentation, including meeting notes, will be provided to all members attending today.



