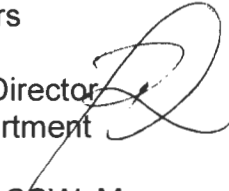




Interoffice Memorandum

August 18, 2023

TO: Mayor Jerry L. Demings  
-AND-  
County Commissioners

THRU: Raul Pino MD MPH, Director  
Health Services Department 

From: Thomas Hall, Ph.D., LCSW, Manager  
Drug Free Office  
**Contact: 407-836-7319**

SUBJECT: Regional Opioid Settlement Fund  
**Consent Agenda Item – September 12, 2023**

The Orange County Drug Free Office is submitting the following funding priorities on behalf of the Orange County Regional Opioid Settlement Fund Advisory Committee. Up to 88% of the allocated settlement funds will expand clinical and relapse prevention programs and services. The funding will increase access to Medication Assisted Treatment (MAT), establish a Medication Assisted Treatment clinic at the Orange County Medical Clinic and mobile MAT services, and expand physical and behavioral healthcare, and social support services for clients in treatment or recovery.

Up to 7% percent of settlement funds will be used to prevent opioid use, opioid overdoses, and overdose deaths. Up to 5% of settlement funds will be allocated to assess the effectiveness of prevention, treatment, and recovery strategies funded by the Regional Opioid Settlement Funds.

**ACTION REQUESTED:** Approval of the Orange County Regional Opioid Settlement Fund: Regional Opioid Settlement Committee Recommendations for Funding Priorities for treatment, recovery, prevention, and data collection programs and services. **(Drug Free Office)**

C: Danny Banks, Deputy County Administrator, County Administrator's Office  
John Goodrich, Deputy Director, Health Services Department

BCC Mtg. Date: September 12, 2023

**Orange County Regional Opioid Settlement Fund:  
Regional Opioid Settlement Committee Recommendations for Funding Priorities**

**Summary:** The Orange County Regional Opioid Settlement Fund advisory committee recommends funding the following opioid use mitigation priorities.

**Orange County Opioid Regional Settlement Fund Priorities:**

A brief description of strategies the Committee prioritized to fund is provided. References to expanding programs and services indicate that the Orange County Drug-Free Office has adopted and supported those services.

**A. Naloxone or other FDA-approved drugs to reverse opioid overdoses**

Naloxone saves lives when used correctly. Educating non-professionals on overdose recognition and response increases individuals' likelihood of surviving an overdose episode. The following strategies are highlighted as "best practices" for our community.

1. Expand current efforts funded by the Drug-Free Office to sponsor training for first responders, schools, community support groups, and families on when and how to use Naloxone.
2. Expand distribution to uninsured individuals whose insurance does not cover the cost of Naloxone.
3. Expand Naloxone training and Naloxone distribution events.
4. Expand the number of conferences for local social service agencies, education and prevention agencies, and neighboring regional coalitions.
5. Expand the number of conferences for criminal justice, healthcare, treatment, and recovery professionals.

**B. Medication-assisted treatment ("MAT") and other opioid-related treatment**

Medication-assisted treatment (MAT) combines medications with counseling and behavioral therapies to provide a "whole-patient" approach to treating substance use disorders. MAT is also used to prevent or reduce opioid overdose. Research shows that a combination of medication and therapy can successfully treat opioid use disorders and help sustain recovery. Selected MAT strategies follow.

1. Provide funds to local MAT providers to expand their capacity to treat un/underfunded individuals with MAT and behavioral therapy. Funding is prioritized for increasing MAT distribution to non-Medicaid eligible or uninsured clients.
2. Expand MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders.

3. Provide treatment and recovery support services through the Recovery Enhancement Project. Expand the capacity of the Recovery Enhancement Project to provide services for individuals with OUD/SUD who are uninsured, underinsured, or do not qualify for Medicaid/Medicare.

**C. Expand Treatment for Neonatal Abstinence Syndrome**

When pregnant women use opioids, their infants may be affected. Neonatal abstinence syndrome (NAS) is the common term used to represent the pattern of clinical findings typically associated with opioid withdrawal in newborns.

1. Expand access to the Florida Department of Health Early Steps program. The program provides intervention for children up to 36 months old.

**D. Expansion of Community Warm Hand-Off Programs and Recovery Services**

In the integrated behavioral health model, the behavioral health clinician collaborates with the primary care provider for each client's medical and/or behavioral health condition. The provider usually influences how clients perceive and respond to the offer of behavioral care. The primary provider should make a direct "warm handoff" (WHO). With a warm handoff, the primary care provider or case manager introduces the client to the behavioral health provider during the client's medical visit. The warm handoff establishes an initial face-to-face contact between the client and the behavioral clinician. It confers the trust and rapport the client has developed with the provider to the behavioral clinician. Selected care and aftercare strategies follow.

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
2. Expand warm handoff services to transition to recovery services and broaden the scope to include co-occurring SUD or mental health conditions.
3. Provide additional funding for the Recovery Enhancement Project to offer comprehensive wrap-around services to individuals in recovery, including housing, transportation, and job placement/ training.
4. Expand recovery support services—the Orange County Government Drug-Free Office and First Responder agencies will sponsor events to unite the community in areas of high overdose deaths. Community events may include but are not limited to candlelight vigils, mini resource fairs, conferences, educational events, and/or recovery speakers.

**E. Address the Needs of Criminal-Justice-Involved Persons**

The nature of drug dependence is a chronic, relapsing condition, and recovery is a continuing process. Although engagement in treatment may begin in a prison or jail setting, aftercare—or

continuing care—is critically important. Thus, a treatment model should include prerelease treatment, transitional care, and aftercare or continuing treatment. Selected care and aftercare strategies follow.

1. Expand the Recovery Enhancement Project. The Project provides access to evidence-based treatment and recovery support for justice-involved individuals with an opioid use disorder (OUD) after being released from diversion programs or jail custody.
2. Facilitate in-service training on strategies for interacting with treatment-resistant individuals. Topics may include but are not limited to de-escalation strategies with substance-impaired individuals, compassion fatigue, stress, and secondary PTSD.

#### **F. Prevention Programs**

Young adults make up one of the largest demographics for substance use disorders. Recent data reveals that two out of every three patients in treatment for opioid use disorder stated that their first usage occurred before the age of 25 (Silverstein, 2021). The Plan supports efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies, including:

1. Provide funding for media campaigns to prevent opioid use.
2. Expand overdose recognition and response training for young people.
3. Promote the *Better Without It* initiative.
4. Expand overdose recognition and response sessions with key stakeholder groups, including but not limited to physicians and allied health providers, first responders, community agencies, schools, colleges, and universities.

#### **G. Evidence-based data collection and research analyzing the effectiveness of the Regional Opioid Settlement Fund priorities within the County.**

Addressing the overdose crisis requires strong and collaborative multi-sector partnerships within local communities. One critical partnership is between public health and public safety. Each of these sectors offers unique opportunities and resources for effective intervention strategies. Public safety agencies hold real-time data on overdoses, arrests, and emerging drug threats in the community and have frequent, front-line contact with individuals at high risk of overdosing. Public health agencies bring a data-driven and scientific approach to investigating and responding to public health crises by collecting timely and comprehensive data and using these data to inform and implement locally relevant prevention activities.

1. Expand the Center for Disease Control and Prevention model program—Public Health And Safety Team (PHAST). The team includes representatives from public health and public safety. Representatives include citizens, local hospitals, first

responders, the Medical Examiner's Office, the Orange County Florida Department of Health, Law enforcement agencies, Fire Rescue departments, and faculty from local colleges and universities.

2. Create ongoing outcome reports of funded programs and services.

**Conclusion:**

Because treatment alone has limited success in creating long-term recovery, a coordinated care system for individuals suffering from substance use disorders is needed. Residents at the highest risk of an accidental drug overdose often have limited access to inpatient, outpatient, and social support services. In addition to substance use disorder treatment, a comprehensive approach includes strategies to address substance use disorder's primary and secondary impacts. The Orange County Regional Opioid priorities seek to address the need for physical healthcare, behavioral healthcare, and social support services that address healthcare disparities and social inequalities.

The Committee's recommendations create a comprehensive system of care with additional entry points for underserved groups that will fill gaps in the existing system of care. Hospital and Community-based Opioid Navigators will expand access to care for patients unlikely to follow up because of unreliable transportation, lack of housing, stigma, and social support.

Expanding health promotion messages and harm reduction initiatives are effective strategies to prevent overdoses. The above-referenced priorities include hiring medical professionals, social workers, specialists, or behavioral health workers to create new services or expand existing programs. The Plan identifies funding priorities for treatment and recovery, prevention, and data collection and research.