



Lee County
Southwest Florida

OPIOID ABATEMENT STRATEGY SUMMARY

LEE COUNTY GOVERNMENT

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Background

Florida was the epicenter of the nation's ongoing prescription drug epidemic, particularly the unregulated pain clinics that is cited as a significant contributor to the opioid problem. Between 2013 and 2017, opioid overdoses rose 800 percent, according to Lee Health. To reduce the opioid abuse the state adopted legislation regulating pain clinics and instituted a prescription drug-monitoring program. To reduce demand for opioids local governments focused less on punishing drug users, spending millions on treatment and prevention programs.

On May 15, 2018, the Florida Attorney General's Office filed action in state court against some of the nation's largest opioid manufacturers and distributors for their role in the opioid crisis.

On July 9, 2019, Lee County filed a complaint against pharmaceutical companies in federal court.

On August 6, 2019, the Board awarded the law firm Ferrer Poirot & Wansbrough with a contract to provide legal services seeking to recover any and all damages incurred by the County from the opioid epidemic.

On January 19, 2021, the BoCC approved the Opioid Allocation agreement with the Florida Attorney General (AGO) agreeing to the AGO filing a new lawsuit with the local governments as parties or adding local governments to its existing opioid litigation.

In April 2021, County Administration submitted the Florida Allocation and Statewide Response Agreement to the Florida Office of the Attorney General and designated the Public Safety Coordinating Council as the local task force to address the opioid epidemic. County staff also finalized the abatement plan and interlocal agreement with the City of Cape Coral to ensure adequate infrastructure was in place to effectively implement core abatement strategies, upon the allocation of settlement funds.

Task Force

The Florida Opioid Allocation and Statewide Response Agreement requires that County's establish an opioid taskforce or other similar board, commission, council or entity, including some existing sub-unit of the County's government responsible for substance abuse prevention, treatment, or recovery of which it is a member, or it operates in connection with its municipalities or others on a local or regional basis. For this purpose, Lee County has designated the Public Safety Coordinating Council as the local task force to address the opioid epidemic.

Public Safety Coordinating Council

The Lee County Public Safety Coordinating Council (PSCC) was established in accordance with Florida Statue 951.26. The council consists of the state attorney, the public defender, the chief circuit judge, chief county judge, chief correctional officer, sheriff, state probation circuit administrator, chairperson of the county commissioners, county probation or pretrial director, director of a local substance abuse treatment provider and a representative from county and state job programs who work with offenders and victims.

The council meets quarterly for the purpose of assessing population status of the county jail and formulating recommendations to ensure that the capacities of the facility are not exceeded. PSCC meetings also provide progress updates related to current initiatives such as specialty courts (mental health, veterans, and drug), the Lee County Sheriff's Office reentry initiative, pre-trial release programs, substance abuse and behavioral health programs, the Bob Janes Empowerment Center (a jail diversion shelter), as well as other activities aimed at reducing the number of individuals with mental health and substance use disorders involved in the criminal justice system.

The PSCC makes recommendations and assessments of the availability of pretrial intervention or probation programs, work-release programs, substance abuse programs, gain-time schedules, applicable bail bond schedules, and the confinement status of the inmates housed within the county jail. Discussions also include agency initiatives during the reporting period to reduce overcrowding to include jail management, differentiated case management and early identification of appropriate diversion candidates.

Key Stakeholders

Making significant reductions in the use and abuse of opioids in Lee County requires as community-wide collaboration and capacity to identify, implement, and sustain strategies that address outreach, engagement, and assessment, prevention, diversion, treatment, discharge planning, and long-term recovery to prevent recidivism for individuals impacted by opioid use disorder. This community-based approach includes but is not limited to, partnerships with local substance abuse and mental health providers, education and prevention groups, persons with lived experience, law enforcement, health system, justice systems, homelessness response systems, and emergency medical services.

As a result of growing community concerns surrounding the abuse of opioids, the Public Safety Coordinating Council (PSCC), Law Enforcement entities, Health System, County Government, and other community leaders support the Core Abatement Strategies outlined here within. Lee County is committed to engaging these, and other, key stakeholders to further develop the abatement strategies and action steps as community needs change and resources become available.

Core Abatement Strategies

Strategy 1: Updated Sequential Intercept Mapping and Improved Behavioral Health System Design

Numerous members of the PSCC participated in a Sequential Intercept Mapping (SIM) project facilitated by the Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center at Florida Mental Health Institute in 2016 (report issued in June 2016). The mapping identified the continual need for diversion from arrest/incarceration and inappropriate hospitalization, as well as the need to expand the traditional referral sources to include referrals from the Court system to alleviate unnecessary prolonged incarceration for those who have already been arrested and jailed and the need for supportive housing. Instead of arrest and incarceration or continued incarceration, the individuals could be admitted to the Bob Janes Empowerment Center where they receive shelter and access to behavioral health services.

The PSCC and the Governing Board of the Bob Janes Empowerment Center endorsed the expansion of referral sources into the Bob Janes Empowerment Center as a result of the 2016 SIM. New referrals sources included Specialty Courts (currently Mental Health & Veterans) and during the First Appearance process for those individuals identified as repeat offenders with multiple arrests and jail stays, often-prolonged stays.

To further evaluate and expand the behavioral health response system in Lee County, the PSCC and the Governing Board of the Bob Janes Empowerment Center have begun the planning process to conduct another SIM project facilitated by the Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center at Florida Mental Health Institute. This SIM will take a broader approach to evaluating the mental health and substance abuse treatment system, focusing on the development of a plan for the integration of all Core Elements of a Behavioral Health Continuum of Care Model:

- Outreach, engagement, and assessment;
- Prevention and Diversion Strategies;
- Treatment;
- Discharge Planning; and
- Long Term Recovery to Prevent Recidivism.

Strategy 1 will be accomplished through the following action step(s):

Action Step 1:

Complete an expanded SIM project to develop a plan for the integration of all Core Elements of a Behavioral Health Continuum of Care Model.

Action Step 2:

Implement a coordinated system of care to address behavioral health needs in Lee County¹.

¹ <https://www.leegov.com/dhs/funding>

Strategy 2: Expanded Prevention and Education Programs

The Lee County Chapter of the National Alliance on Mental Illness (NAMI) Lee County participates on the PSCC, and provides programs, services, and community outreach such as: support groups; education courses for peers and family members throughout the community; facilitator training classes; peer specialist services and an Information/Referral Helpline. Trainings are provided that educate partner agencies and community members on how to recognize and appropriately respond and treat behavioral health issues.

The Lee County Coalition for a Drug-Free Southwest Florida has adopted a public health approach for reducing underage drinking and substance abuse related problems in Lee County. This model recognizes that no institution or organization alone can address these issues; it is only through strong community support and partnerships that we will be able to create sustainable community-wide change. The Coalition has developed a strategic plan² that brings together information from a wide range of sources regarding the nature of substance abuse in the community, the factors that contribute to substance abuse in Lee County, and the costs and consequences of substance abuse. The goal of this planning process is to create a shared vision and a community strategic plan to address the issues that are specific to the needs of Lee County.

Both NAMI and the Lee County Coalition for a Drug-Free Southwest Florida identify prevention and education as key initiatives for reducing substance abuse in Lee County.

Strategy 2 will be accomplished through the following action step(s):

Action Step 1:

Expand school-based programs that provide youth with decision-making skills and methods of controlling their moods and impulses.

Action Step 2:

Expand community-based programs for adults and youth with substance abuse, mental health and co-occurring disorders, specifically those programs which are evidence based and supported with the Substance Abuse and Mental Health Services Administration.

Action Step 3:

Expand programs that provides education and opportunities for the proper disposal of unused and expired prescription drugs.

² <https://www.drugfreeswfl.org/wp-content/uploads/2017/11/7233e7c12f4bd2b31652a8a1b9feob7f.pdf>

Strategy 3: Increased Use of Overdose Reversal Medications

The Lee County department of health, law enforcement partners, and emergency medical services has widely adopted the use of overdose reversal medications. Lee County Coalition for a Drug-Free Southwest Florida also distributed Narcan to individuals and community partners.

Strategy 3 will be accomplished through the following action step(s):

Action Step 1:

Expanded training for first responders, schools, community support groups and families.

Action Step 2:

Increase distribution to individuals who are at risk or residing with someone who is at risk of overdose.

Strategy 4: Increase Access to Medication Assisted Treatment (MAT)

MAT provides treatment for alcohol use disorders and opioid use disorders that includes the use of medication along with counseling and other support. Salus Care's Medication Assisted Treatment clinic, led by addiction psychiatrist and medical director of substance abuse and outpatient psychiatry Dr. Zaheer Aslam, is staffed by a psychiatric advanced practice registered nurse (APRN) and others, including care coordinators who link patients with community resources, provide case management and needed therapy. Peer specialists are also available to share personal experiences and triumphs, thus creating a sense of encouragement and possibilities for patients.³

Operation PAR also provide MAT in Lee County. For individuals addicted to opiates (pain pills, heroin, Oxycontin, etc.) Operation PAR's MAPS have a proven track record for improving the quality of life for patients. We offer Methadone Maintenance, Methadone Detox, Buprenorphine Maintenance and Detox, and other medication assisted treatments.⁴

Strategy 4 will be accomplished through the following action step(s):

Action Step 1:

Expanded training for first responders, schools, community support groups and families

Action Step 2:

Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

³ <https://www.saluscareflorida.org/treatment-services/adults/>

⁴ <http://www.operationpar.org/services/medication-services/>

Strategy 5: Develop and Implement Harm Reduction Programs

Harm reduction is endorsed by the Substance Abuse and Mental Health Services administration as a critical component “to keeping people who use drugs alive and as healthy as possible and is a key pillar in the multi-faceted Health and Human Services’ Overdose Prevention Strategy....Harm reduction approaches have proven to prevent death, injury, disease, overdose, and prevent substance misuse or disorder. Harm reduction is an effective approach to addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use.” ⁵

Needle or Syringe exchange programs are commonly referred to as Syringe Services Programs or SSPs. The focus of SSPs is to reduce the spread of disease (harm reduction), and to link individuals with testing, prevention, and treatment resources. While syringe exchange is a component of SSPs, the most vital outcome of the program is the ability to engage populations that often remain hidden and would not otherwise seek assistance. Other program components that assist with this include:

- Referral to substance use disorder treatment programs.
- Screening, care, and treatment for viral hepatitis and HIV.
- Education about overdose prevention and safer injection practices.
- Vaccinations, including those for hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.⁶

Programs do not provide controlled substances or drugs of any kind. Due to one-to-one exchange requirements, the program does not increase the number of needles in circulation.

“SSPs reduce health care costs by preventing HIV, viral hepatitis, and other infections, including endocarditis, a life-threatening heart valve infection. The estimated lifetime cost of treating one person living with HIV is more than \$450,000. Hospitalizations in the U.S. for substance-use-related infections cost over \$700 million each year. SSPs reduce these costs and help link people to treatment to stop using drugs.”⁷

Strategy 5 will be accomplished through the following action step(s):

Action Step 1:

Provide comprehensive syringe services programs with more wrap-around services, including linkage to Opioid Use Disorder treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

⁵ <https://www.samhsa.gov/find-help/harm-reduction>

⁶ <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>

⁷ <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>