Approach

1. Purpose, Outcomes. Outcomes, Strategies and Activities, and Target Population

Background

Drug overdose mortality has reached unprecedented levels in the United States (US). According to data from the Centers for Disease Control and Prevention (CDC), drug overdose deaths have more than tripled over the past two decades becoming the leading cause of injury deaths in the US, outnumbering deaths from motor vehicle accidents and homicides.[1] Drug overdose mortality continued to rise through 2017, accounting for over 70,000 deaths in that year and increasing by 16.0% per year between 2014 and 2017.[2] Among the 70,237 drug overdose deaths in 2017, 47,600 (67.8%) involved opioids (12.9 per 100,000 population), representing a 12.0% rate increase from 2016.[3] Synthetic opioids other than methadone (drugs such as fentanyl, fentanyl analogs, and tramadol) were involved in 59.8% of all opioid-involved overdose deaths; representing a 45.2% increasing in the synthetic opioid death rate from 2016 to 2017.[3]

In Florida, deaths due to drug overdoses almost doubled from 2014 to 2017 (2,487 to 4,908). In 2017, heroin deaths increased by 72% from 2014 (549 to 944) and fentanyl deaths increased over 224% (538 to 1,743) during this time period. In May 2017, the governor of Florida had officially declared the opioid epidemic a public health emergency and nationally, the president declared a public health emergency in October, 2017.

North Florida, and Duval County in particular, has not been spared from this epidemic. The number of deaths from drug overdoses in Duval County increased over 190% (152 to 441) from 2015 to 2017. In 2017, Duval County had the third highest number of overdose deaths (441) and the second highest age-adjusted drug overdose death rate (46.3 per 100,000 population) in Florida. In Northeast Florida, deaths caused by a heroin overdose rose from 25 in 2014 to 93 in 2017, a 272% increase.[4] Fentanyl overdose deaths (not including analogs) increased over 800% (33 to 302) from 2014 to 2017.[4] Calls to 911 related to overdoses have skyrocketed over the last several years. The Jacksonville Fire and Rescue Department (JFRD) responded to 2,114 calls related to overdoses in 2015, increasing to 3,686 in 2017.

In response to this rapidly increasing epidemic in Duval County, local leaders, providers, and concerned citizens have united to develop and implement strategies and programs to address this public health crisis with devastating consequences. One initiative, led by Drug Free Duval (DFD), involved the establishment of a comprehensive task force to delve deep into the data of the opioid/heroin/fentanyl crisis in North Florida to design, resource, and implement strategies to achieve

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[1] Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). Underlying cause of death 1999–2016 on CDC WONDER online database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999–2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

[2] Hedegaard H, Warner M, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999-2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018.

[3] Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths - United States, 2013-2017. MMWR Morbidity and Mortality Weekly Report. 2018;67(5152):1419–1427. Published 2018 Jan 4. doi:10.15585/mmwr.mm675152e1

[4] Florida Medical Examiner's Commission. Drugs Identified in Deceased Persons, 2017 Report. Florida Department of Law Enforcement, Medical Examiner's Commission, November 2018

shared goals and measure outcomes. The Northeast Florida Opioid and Heroin Task Force brings together local public health system partners from public, private, and social sectors including law enforcement, health care providers, community-based organizations, employers, and others to provide a coordinated effort to promote prevention, curb addiction, and expand effective prevention strategies. The Task Force uses strategies including physician training to change pain management and prescribing; consumer education about drug sharing, safe storage, safe disposal, overdose/naloxone and their perception of pain/alternate therapy; changes in policies and practices; employer and workforce engagement in strategies; and de-stigmatization. Moving forward, the Task Force has decided to expand their focus to include all illicit drugs.

Another promising initiative that has been implemented in Duval County is a pilot project called Project Save Lives (PSL). The goal of the PSL is to develop a seamless, collaborative, stabilization and treatment solution to reduce opioid related overdoses, recidivism, and mortality. The program is based on the concept of engaging opioid overdose victims while they are still recovering in the Emergency Department (ED) to consider options to immediately enter into substance use treatment. A critical component of PSL is the use of Peer Recovery Specialists (PRS) during the engagement process. While not clinical professionals, these specialists have personal experience recovering from addiction and substance use disorders, allowing them to connect with overdose victims in ways health care professionals are often not able to. Victims are linked with treatment options, including inpatient or outpatient programs. PRS follow up with patients that decline treatment for up to six weeks to continue discussions about different recovery options. Narcan, with education on its proper use, is given to the family/significant other(s) as a precautionary measure.

Another related, but separate, effort was the establishment of the City of Jacksonville's Special Committee on the Opioid Epidemic. The Committee holds regular public meetings that serve as a venue for PSL updates, data review and sharing (e.g., data from Jacksonville Fire and Rescue and Jacksonville Sherriff's Office), and public discussion. City legislation has been recently enacted to establish an Opioid Abuse Program Trust Fund which will be able to accept donations to continue the fight against opioid addiction.

While the opioid overdose epidemic worsens in scope and magnitude, it is also becoming more complex. The increase in overdose deaths involves three distinct, but interrelated trends: a 15-year increase in overdose deaths involving prescription opioid pain relievers, a surge in heroin deaths starting in 2010, and a significant increase in deaths involving illicitly manufactured fentanyl and fentanyl analogs since 2013. Additionally, from 2015 to 2016, rate increases were observed in deaths involving cocaine and psychostimulants with abuse potential, with synthetic opioids (e.g., fentanyl) increasingly being involved in these deaths and used with other opioids, other illicit drugs, benzodiazepines, and alcohol.

The complex and changing nature of the opioid overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. States, territories, and local partners need access to complete and timely data on prescribing, and on nonfatal and fatal drug overdoses to understand the scope, direction, and contours of the epidemic. They also need the tools and resources to then use these data to inform and target their prevention and response efforts.

Purpose

Facing a public health crisis with 441 overdose deaths in 2017, Duval County seeks funding to reduce overdoses by expanding and enhancing promising work being done locally while bringing together a diverse group of stakeholders to develop strategies to a complex issue by targeting prevention efforts in response to trends and root causes determined by analyzing comprehensive state and local data on these overdoses. The proposed strategies include peer navigators in emergency departments (ED), a "Bed Board" for treatment slot locations, a housing specialist, an Opioid taskforce, expanded Lab analysis for ED admissions; an overdose specific Epidemiology fellowship; expanded community/professional training, and expand school health services with additional nurses specifically addressing overdose prevention.

Outcomes

In line with the desired outcomes from the RFP, long-term goals for this project include:

- Decreased drug overdose death rate, including prescription opioid and illicit opioid overdose death rates
- Decreased rate of opioid misuse and opioid use disorder
- Increased provision of evidence-based treatment for opioid use disorder
- Decreased rate of emergency department (ED) visits due to misuse or opioid use disorder

Strategies and Activities

To achieve these long-term outcomes, the projects short-term outcomes, activities based on CDC suggested strategies include

Surveillance

Strategy 1- 2: Collect, analyze and disseminate timely, quality and actionable surveillance data from ED, State Unintentional Drug Overdose Reporting System SUDORS, Prescription Drug Monitoring Program (PDMP) and the local innovative project on suspected all drug, all opioid, heroin and all stimulant overdoses.

Activities: Stakeholder meetings will be scheduled bi-monthly to review comprehensive timely data on overdoses in Duval County. The group will look at data provided by the state which will include emergency department and medical examiner data. In addition, Jacksonville Fire and Rescue will provide data relating to their overdose responses. High Intensity Drug Trafficking Area (HIDTA) and the Jacksonville Sheriff's Offices will provide data on drug related arrests and information on the type of drugs on the streets. Premier Bio-Tech will provide analysis of the specimens of the overdoses from each of the hospitals to inform the group of what substances are present along with hospital location, gender and age information. A virtual case management program will report on linkages to care. PDMP will provide prescriber information. All information will be presented to provide a more in-depth analysis of the trends and close to real time data relating to area overdoses. This data will be considered in determining the community's response.

Short-term Outcome: Within 3 months of the award of the Overdose Data to Action (OD2A) grant, a multi-disciplinary stakeholders group will be established to meet at least bi-monthly to analyze data from the multiple surveillance sources.

Strategy 3: Implement Innovative surveillance to support the NOFO interventions

1. **Innovative Surveillance of Linkage to Care**- The project is planning to build upon the efforts of the work done by the area treatment providers and hospitals who are working with Solutionize to develop a "Bed Board" to assist with linkage to treatment and use a virtual case management system called Team Patient for the overdose patients engaged in the EDs. Along with the ongoing engagement with the peer navigators, this will allow the project to track engagement in services and identify gaps in services to inform prevention services as well as interventions to be funded through other sources

   Short-term Outcomes: a.) Within 6 months of the start date the system for the "bed board" and Team Patient will be functioning in at least two hospitals. b.) Within 9 months after the start date - Data re: linkage to care will be presented at each of the stakeholder's meetings.
2. **Innovative Surveillance of Opioid Use/Misuse**- Once other surveillance systems are established and integrated, DOH-Duval proposes to implement a surveillance strategy similar to the Fetal Infant Mortality Review (FIMR) on a sample of overdose deaths, an Overdose Fatality Review (OFR). An Epidemiologist would receive information on all overdose deaths. A random sample would be selected. Information on that person would be gathered from treatment providers, the ME, the police and family interviews. De-identified information re: drug use patterns, overdose history, linkage to treatment, and risk reduction services would be presented to a review team who would discuss possible interventions which might have prevented the death. Recommendations would be aggregated and presented to the stakeholder group on a quarterly basis as part of the comprehensive data used to inform prevention services. An annual report would be presented to the community.

   Short-term Outcomes: a) Within 6 months a protocol with all data sharing agreements will be in place to collect data on the first five OFR cases, b.) After the first year of the OD2A grant, an annual report on at least 25 reviews with recommendations will be provided to the stakeholders group and FDOH.
3. **Innovative Surveillance of the Illicit Opioid Drug Supply** - In addition to integrating the local data provided by the state from the ME and EDs, the Sheriff's Office and HIDTA provide this surveillance data to regular HIDTA meetings. Adding to this, the project plans to dig deeper into ED overdoses not resulting in a death. Premier Biotech Labs (PBL) will provide comprehensive urinalysis to Project Save Lives ("PSL") patients to help determine the cause of overdose, provide a better understanding for all stakeholders, and analyze the drug trends that are affecting our community. PBL is testing for Opiates, Cocaine, Amphetamine/Methamphetamine, THC, Buprenorphine, Benzodiazepines, Tramadol, Heroin, Gabapentin, Dextromethorphan and 13 different variations of Fentanyl. All test results are aggregated and analyzed to present back to all stakeholders information including, but is not limited to, presenting findings on drug positivity rates and correlation results (are certain drugs present together). DOH-Duval plans to establish an Epidemiology Fellowship to coordinate the integration of the Data and present to stakeholders. In addition, this will educate future Epidemiologist about the system for tracking overdoses and the impact of the community.

   Short-term Outcomes: a. For the first stakeholders meeting aggregate data from Premier BioTech Labs will be presented to the stakeholder meetings followed by regular analysis

presented at each subsequent meetings. b. Platform integrating JSO and HIDTA data will be functional with data presented to stakeholder meetings within 6 months.

4. **Innovative Surveillance Linking Overdose Data with Risk /Protective Factor Data** - DOH-Duval with the Department of Children and Families (DCF), hospitals and home visiting programs will explore integrating the Solutionize system with the community's need to implement and track the Plan of Safe Care for Infants affected by substance abuse. DCF is directed to ensure a Plan of Safe Care is completed on all babies born affected by substance abuse. Further, DCF is required to track this and report on linkage to care. This community's goal is to implement the Plan of Safe Care prenatally, if possible. The Solutionize System will allow the prenatal providers to upload the patient's plan and have it available to the hospitals when the baby is born. The plan belongs to the parent and this will provide a system to track linkage to care and reporting services provided to the family.

   Short-term Outcome: Within nine months of the start date, Plans of Safe Care from at least one hospital will be uploaded into the Solutionize or similar system.

5. **Innovative Surveillance: PDMP Data Linkages** - In working with the Florida Department of Health (FDOH), local PDMP data will be provided to the community to include in aggregating comprehensive data for consideration during the stakeholder meetings.

   Short-term Outcome: Within 9 months PDMP data will be available for reporting through the community's integrated data-base.

Prevention Strategies

Strategy 4: Prescription Drug Monitoring Programs

Activities: PDMPs can inform clinical practice and protect patients at heightened risk of opioid misuse, abuse, and overdose. Robust PDMP implementation is associated with decreased opioid-related overdose deaths. This project plans to employ the following strategies to advance the development and expansion of existing PDMPs and increase their utilization as a public health surveillance tool and clinical decision-making tool. DOH-Duval will work with FDOH, the PDMP Authority and local stakeholders to implement the following strategies:

The project will hire directly or through contract a full-time staff person who will oversee, educate and coach re: the PDMP. They will work with FDOH and the PDMP Authority to promote Universal PDMP registration and use that includes a streamlined and simplified PDMP registration process. Determine and implement activities to promote universal use within Duval County. Work with FDOH and PDMP Authority to develop guidance and training. Provide training and dissemination of training materials to aid in reduction of data collection intervals. Educate providers of the need and benefit of timely data collection. Develop and disseminate information or guidance to aid opioid naïve patients, patients with overlapping opioids and benzodiazepines. Drug Free Duval would be a good organization to train community groups on this information. DOH-Duval will work with FDOH and PDMP Authority to develop and provide training to make it easier to use and promote the use of PDMR in a timely manner.

DOH-Duval will work with FDOH, the PDMP Authority, the CDC and counties in Georgia and Florida which are close to Duval County to work towards integrating PDMP across state lines and with other health system data through enhanced activities which can include: Integrate PDMP data with electronic health records (EHRs); Health Information Technology infrastructure data

integration/Health Information Exchange (HIEs) integration.; integrate PDMPs with other health systems data within the state; Facilitate electronic information sharing among states in compliance with the National Prescription Monitoring Information Exchange (PMIX) Architecture and other actions as needed to integrate PDMPs across state lines/interstate interoperability.

Short-term Outcomes: Provide at least ten educational/coaching sessions related to the PDMP by the end of the first grant year.

Strategy 5: Integration of State and Local Prevention and Response Efforts.

Activities: DOH-Duval is working with FDOH and the other county health departments to coordinate and collaborate efforts. DOH-Broward and DOH-Palm Beach are also applying for funding. Regular conference calls will be scheduled with these partners in an effort to share process and strategies for implementing the projects. FDOH is planning at least one in-person meeting with these CHDs and others that are actively involved in working with the FDOH OD2D project to reduce overdoses in their county. These meetings will allow all of us to benefit from each other and strengthen the efforts of Florida to combat this crisis. Letters of support from FDOH, DOH-Palm Beach and DOH-Broward demonstrate the intent to work together. As successful strategies to prevent morbidity and mortality associated with opioid overdoses are developed and proving promising, they will be shared with FDOH for dissemination to the counties. Descriptive processes will be written to aid in duplication of efforts. These processes will be collected at the state level to produce a toolkit which can be accessed externally by others seeking tools to address the overdose crisis. Because it will be web-based, this will be an asset both within Florida and to other communities throughout the US and beyond.

DOH-Duval has been active in many community strategies aimed and stopping the alarming number of overdose deaths in our community. The strategies have been implemented by DOH-Duval, city government, other state agencies, non-profits and faith-based groups. This project has a foundation of building on successful strategies already being implemented in this community. Therefore, it is planned that at least 70% of the funding will be targeted to fund promising community efforts. The letters of support and budgets will document this intent. However, there is a plan to use a rapid quality improvement (RQI) process to ensure that prevention services being provided with these funds are proving to be effective and to provide feedback to the stakeholders and the sub-grantees for the purpose of improving. DOH-Duval's Office of Performance Improvement will lead the RQI process with the sub-grantees. All sub-contracted prevention services will be evaluated to determine that they combine the best of what we know to be effective with the unique ability of communities to innovate and test new approaches that help grow the evidence base. As part of surveillance strategy we have proposed an overdose fatality review committee which will be part of the comprehensive timely data presented to the stakeholder's group that inform the development and funding of prevention services. The comprehensive surveillance data will demonstrate where the hotspots are located in the community. Prevention services will target those hotspots in a timely manner. Because agencies funding and providing intervention services will be a part of the stakeholders meetings, those interventions not funded by this grant can be implemented through other funding sources. The Stakeholder meetings will allow targeted responses from varied resources to be driven by timely comprehensive data specific for Duval County.

Duval County will feed all data and resources gained from the innovative surveillance and prevention strategies to FDOH. A central website will make this information and resources available to the community.

Short-term Outcomes: a) Participate in at least six collaborative conference calls. b) Write-up at least two promising prevention protocols for dissemination. c) Initiate at least three rapid quality improvement process within the first year of the project.

Strategy 6: Establishing Linkages to Care

Activities: This project is planning several strategies that work to link people surviving an overdose to care. 1) Peer navigators - The project plans to expand the peer navigators to more emergency departments and maternity floors, with the addition of ten (10) new peer navigators. These peers will meet the overdose patient in the Emergency Department of area hospitals. A process has already been established through PSL to establish these peers as part of the team in the ED approach to handling overdoses. The peer works with the patient and their family to establish a connection. If the patient choses to go into treatment from the ED, the peer can transport. If not, they get permission to remain in contact with the patient after discharge from the ED. They continue to contact the patient and encourage them to get services. The peers also visit the maternity floor for contact with the parents of any babies born who are affected by substance use or abuse that may require a Plan of Safe Care. 2) Virtual Case management through Team Patient software from Solutionize will be offered to overdose patients and pregnant women at risk of delivering a baby affected by drugs or alcohol. This will allow the patient to include their team of providers to work through the software to coordinate their care and will assist in linkage to care as well as documentation for this project. The project will attempt to place the Plan of Safe Care required for infants born affect by drug and alcohol into this system. In addition, it is hoped that we will be able to develop some of the prenatal plans and upload them in the system to help care for the infant and family once the baby is born in the hospital. 3) Solutionize also provides a "Bed Board" which is being funded by the City of Jacksonville. However, the care coordinator who will operate the "Bed Board" will be funded by this project. When a patient is ready for discharge from the ED and ready to enter treatment, the peer navigator working with them will be able to contact the care coordinator and be able to see where there is an open treatment slot from the many participating treatment agencies in Duval County. The "Bed Board" will also give an avenue of tracking the coordination of services for the patient. 4) In planning for this project the stakeholders identified safe, affordable housing for people seeking recovery from an overdose as a critical need to prevent future overdoses. Lutheran Services Florida (LSF) Health Systems will increase awareness of, availability of, and access to quality housing for individuals at risk for or affected by drug overdoses. The goal is to improve coordination and facilitate the work of case managers employed by local providers tasked with linking members of the target population to housing and behavioral health services. LSF Health Systems will hire and supervise a system-level housing resource specialist who will cultivate relationships with landlords and a variety of housing providers in Duval County, and provide education and advocacy on behalf of individuals impacted by substance use disorders. The goal is to reduce stigma, educate landlords about services and support that will be made available to individuals served, remove barriers, and

increase the availability of quality housing options for the target population. This position will also develop and maintain an up to date listing of available local housing resources to assist community providers in expediting linkage to housing and other supportive services. The resource listing will include but not be limited to: Network Service Providers and other community agencies delivering supportive housing services, community agencies providing affordable housing opportunities, community affordable housing and homelessness advocacy groups, and county and municipal government agencies addressing homelessness and housing.

Short-term Outcome: Each strategy listed above will be functioning with at least five clients enlisted in the service within six months of the start date for OD2A

Strategy 7: Provider and Health Systems Support

Activities planned for this strategy include: 1) Expand Drug Free Duval's (DFD) Opioid Taskforce work which includes four sub-committees- a.) Health Care-Education and Training, b) Community Education and Training, c) Policies and Practices and d) Employer/Employee Training. Each committee has community members. The Taskforce is led by two pharmacists (one from a local hospital and the other an educator from a teaching hospital). Training already developed include Opioid Use: Signs and symptoms; Narcan: How it works and its usage; and Safe storage and Disposal of medications. Physicians are involved in developing the Healthcare education and training. DFD is also able to train in Screening, Brief Intervention and Referral to Treatment (SBIRT). They will train and coach DOH-Duval's OD2A School Health nurses. This project will allow them to expand and enhance their community and health systems training. In addition, the project will support the training and consultation for the ED staff as they accept Peer Navigators into their ED. Both Drs. Pomm and Gilberstadt will work with the ED staff physician to physician and the Peer Supervisor will provide training regarding the peer navigator's role in the ED.

The Florida Department of Health's School Health Services Program would like to fund positions for Professional Registered School Nurses to help implement substance abuse health education and activities for Pre-K through 12th grade public school students, staff and community members. Professional Registered School Nurses are formally trained in both identifying potential substance abuse issues in individuals and providing education to help deter addiction and overdose. School nurses funded through this grant will work with identified local Florida school districts to develop, purchase and implement health education curriculum that focuses on helping their communities develop the knowledge and skills to make healthy choices and/or change harmful behaviors. Potential collaborative partnerships include local Sheriffs and Police departments, first responders, The Florida Highway Patrol, The Florida Department of Law Enforcement, The Florida Chapter of the American Academy of Pediatrics, The Florida Association of School Nurses, The Florida Association of School Psychologists, The Florida Council for Community Mental Health, The Florida Association of School District Superintendents, The Florida Department of Education and the Florida Department of Children's and Families. Potential collaborative activities include community engagement that provides substance abuse education, health education curriculum development and purchase, training for educational personnel in the identification of possible substance abuse and Mental Health First Aid training.

Community engagement activities could include presentations, family nights, guest speakers, etc.

Short-term Outcomes: a) At least 8 Taskforce meeting will occur each year, b) At least 20 community/healthcare trainings will be provided to at least 200 people during the first year. c) The OD school health nurse will be trained and coach in SBIRT and Trauma Informed Care within 6 months of the project start date. d) Trainings for ED and hospital staff will be developed and uploaded in the ECCHO system during the first year of the project.

Strategy 8: Partnerships with Public Safety and First Responders.

Activities: Jacksonville Fire and Rescue (JFRD) and Jacksonville Sheriff's Office (JSO) have been part of the planning group for this proposal. Duval County is a designated HIDTA. DFD's Opioid Task Force was convened at the HIDTA and included a multi-disciplinary approach in evaluating the data. DFD also convenes a monthly Lunch and Learn which normally involves law enforcement, fire and rescue, National Guard, treatment providers, prevention providers, recovery housing providers, people in recovery and family members. These well attended opportunities for collaboration and education will be another venue for education and scheduling of more specific information. DFD will be able to train in SBIRT. In addition LSF, Health Systems who is contracted by the state to be the regional managing entity for substance abuse and mental health services will be able to provide training on Motivational Interviewing, Trauma Informed Care and SBIRT. Through the HIDTA and DFD's Opioid task force, data from Fire & Rescue, the Jacksonville Sheriff's Office, DEA and HIDTA is shared with the community. FDOH has an agreement that allows the County Health Departments to have access to the HIDTA's Overdose Detection Mapping Application which will be used for the stakeholder meeting.

Short-term Outcome: At least 20 educational sessions for at least 200 public safety and first responders will be provided

Strategy 9: Empowering Individuals to make Safe Choices

Activities: With this project based in the county health department, public health is the foundation for the project. Most of the strategies are focused on providing individuals the tools and information to make safer choices for themselves. In addition the training already mentioned, DFD provides a "Know the Law" educational session for adolescents. School Health Nurses will be trained to intervene with families and students at risk for overdose. We know addicts are better educated about use of opioids than the average person who runs a high risk for becoming addicted after being prescribed opioids for pain. More educational brochures and educational session will be developed. DFD will deliver "Train the Trainer" sessions to spread the information and impact. The Peer Navigators are able to work with patients who have overdosed to provide "lived" experience to help people learn how to live safely after an overdose.

Short-term Outcomes: a) At least 10 Peer Navigators will be trained and providing services within six months of the start date. b) at least 20 sessions by DFD will be provided to at least 200 community members.

Strategy 10: Prevention Innovation Projects

Activities: With comprehensive data, community effort and brain power going in to this project, DOH-Duval is confident new, innovative, evidence informed strategies will emerge. Funding has been set aside to support, measure the impact and develop duplicable protocols for these emerging strategies. The work that is being done with the ED and Treatment providers is producing amazing results. Carrying that work forward with more peer navigators, a bed board, virtual case management and ED physician training and coaching will allow PSL to expand form three EDs to most of them in the city.

Short-term Outcome: At least three innovative projects with the need identified by the surveillance data and the providers selected by the stakeholders will be funded during the first year of the project.

Target Populations:

This project will be implemented in Duval County, Florida which is located in the northeast corner of Florida. With a population of 937,934, 51.5% of the population is female; 61% white, 30.5% Black, 5% Asian, 9.7% Hispanic, .5% American Indian, .1% Pacific Islander and 2.9% two or more races.

This project has identified two target population groups: 1) stakeholders which can include first responders, medical providers, pharmacies, treatment providers, state departments, city government, non-profits serving to treat and prevent overdoses, and schools and; 2) individuals, families and communities impacted by overdoses. In 2017, in Duval County there were 441 overdose deaths. Jacksonville Fire and Rescue responded to 3,686 calls to rescue due to overdose. Of these overdose deaths: 28.6% were female, 71.3% were male; 84.9% were white, 8.2% were black, 4.1% were Hispanic and 2.7% were other; 0 were under age 18, 7.5% were age 19-25, 29.5% were age 26-34, 38.7% were age 35-50 and 24.3% were over 51. Duval County is divided in six health zones. The largest number of overdose deaths came from Health Zone 2: Westside-mostly zip code 32210 (32%) and Health Zone 4 Arlington/Southside mostly zip codes 32211/46 (23.7%).

For Duval County's Project Save Lives pilot project, more specific information was collected from 11/16/2017 to 10/30/2018. The overall PSL population of 257 individuals which were admitted to one specific ED due to an overdose which included people between 18 and 72 years of age with the average age of people of 38 and over half (62%) were 25 – 44 years of age. Over half (55%) were male and, although the question was asked, there were none who reported identifying as transgender. Individuals were predominately White, non-Hispanic (85.8%). Insurance status was recorded for 99% of those who came to the ER for an overdose. Of those, 69.4% were uninsured with another 15.3% being on Medicaid.

Duval OD2A will seek to identify Health Disparities as discernible through the multiple surveillance modalities in populations of people with disabilities, non-English speaking populations, tribal populations, people who live in rural areas and other geographically underserved communities, sexual and gender minorities, and people with limited health literacy.

As the project develops, Duval OD2A will be able to collect more comprehensive demographic data that will allow the stakeholders to identify health disparities and address them in planning of the prevention services.

2. Work Plan

3- Year project Outcomes	• Decreased drug overdose death rate, including prescription opioid and illicit opioid overdose death rates • Decreased rate of opioid misuse and opioid use disorder • Increased provision of evidence-based treatment for opioid use disorder • Decreased rate of emergency department (ED) visits due to misuse or opioid use disorder		
Goal 1	Provide high quality, comprehensive and timely data on overdoses to community stakeholders		
Strategy	Activities	Performance Measure	Timeline
1-2 Integrate State and local Data with Innovative Data	a. Integrate data from multiple sources. b. Present Data to bi-monthly multidisciplinary stakeholder meetings c. Provide State data from local innovative data and integrated data	Integrated Database Data presented to stakeholder meeting Report sent to State	6 months 6 months quarterly
	Collaborators: FDOH, DOH-Duval, HIDTA, JSO, JFRD and others in the stakeholder group		
3. Implement innovative surveillance			
Linkage to Care	a. Bed Board tracking of linkage from ED to Treatment b. Peer Navigators linking to Tx c. TeamPatient provide virtual case management to track linkage to services	a. "Bed board" and Team Patient will be functioning in at least two hospitals. b. Linkage to care will be presented at each of the stakeholder's meetings.	6 months 9 months
	Collaborators: Gateway, Other Tx providers, Hospitals		
Opioid Use/Misuse	a. Overdose Fatality Review	a. A protocol with all data sharing agreements will be in place to collect data on the first five OFR cases, b. an annual report on at least 25 reviews with recommendations will be provided to the stakeholders group and FDOH.	6 months 1 year
	Collaborators: DOH-Duval, ME, JSO, families, members of the multi-disciplinary review team		

Illicit Opioid Drug Supply	a. Drug information from Urine screens from PSL will provide information on drugs present in overdoses at the EDs b. Platform to Integrate Drug Supply Data from HIDTA and JSO provides is dev	a. Aggregate data from Premier BioTech Labs will be presented to the stakeholder meetings b. Platform integrating JSO and HIDTA data will be functioning and data will be presented at stakeholder meetings.	By 1st stake-holders meeting. 9 months
	Collaborators: Lab, HIDTA, JSO		
Overdose Risk/ Protective Factor	Plan of Safe Care will be uploaded in Team Patient and tracked.	Plans of Safe Care from at least one hospital will be uploaded into the Solutionize or similar system	9 months
PDMP Data Linkages	Information from PDMP will be connected to the community's integrated data base.	PDMP data available through data-base	9 months
	Collaborators: PDMP Authority, local data-base manager, FDOH		
Goal 2	Use the comprehensive data provided to inform prevention		
Strategy	Activities	Performance Measure	Timeline
4. Prescription Drug Monitoring Programs	a. educational tools will be developed. b. With state toolbox will be developed. c. Project trainer will work with local providers educating about the system.	Provide at least ten educational/coaching sessions related to the PDMP with new tools	1 year
	Collaborators: FDOH, DOH-Duval, PDMP Authority		
5. State-local Integration	a. Monthly DOH partner-calls b. Developing written protocols c. Submit local and integrated data to state at least quarterly d. Sub-contracts with community-based partners for prevention.	a. Participate in at least six collaborative conference calls. b. Write- up at least two promising prevention protocols for dissemination. c. Initiate at least three rapid quality improvement process	1 year 1 year 1 year
	Collaborators: FDOH, DOH-Duval, DOH-Palm Beach, DOH- Broward		
6. Linkage to Care	a. Peer Navigators b. Virtual Case Management	Each strategy listed will be functioning with at	6 months

	c. Bed Board d. Housing Specialist	least five clients enlisted in the service.	
	Collaborators: Gateway, Hospital, Tx providers, Healthy Start Coalition, LSF Health Systems		
7. Public and Health Systems Support	a. Opioid/Overdose Taskforce b. Healthcare providers/ Community Training c. OD trained School Health Nurses d. ECCHO ED and Hospital training	a. Regular scheduled meetings (8) b. At least 20 trainings for 200 people c. 5-OD SH Nurses trained in Motivational Interviewing, SBIRT & Trauma Informed Care d. PSL training made available on ECCHO	1 year 1 year 6 months 1 year
	Collaborators: DOH-Duval, Drug-Free Duval, Gateway, Ascension Health Systems, HIDTA, Schools, LSF Health Systems		
8. Public Safety Partnerships	a. Lunch and Learns for Public Safety personnel. b. Motivational Interviewing, SBIRT and Trauma informed care training provided.	At least 20 educational sessions for at least 200 public safety and first responders will be provided.	1 year
9. Empowering Individuals	a. Peer Navigators b. School-based training c. DFD community trainings	a. At least 10 Peer Navigators will be trained and providing services. b. At least 20 sessions by DFD will be provided to at least 200 community members.	6 months 1 year
	Collaborators: Gateway, Drug-Free Duval, community groups		
10. Innovative Projects	Emerging Strategies for Prevention Rapid Quality Improvement	At least three innovative projects with the need identified by the surveillance data and the providers selected by the stakeholders will be funded. New Projects will complete RQI and present results to stakeholders group.	1 year
	Collaborators: DOH-Duval, Stakeholders group, community non-profits, Health Planning Council		

3. Collaboration

Duval County is fortunate that the community has been coming together for several years working to address the large number of deaths caused by overdoses. DOH-Duval has been active with the many groups working to understand and develop strategies to address this problem. DOH-Duval's project plans to partner with the organizations leading the efforts and expand their efforts through this funding. Drug-free Duval, the area's substance abuse prevention coalition convened an opioid taskforce several years ago. This taskforce includes representative from the HIDTA, Fire and Rescue, the Sheriff's Office, area hospitals, the Department of Children and Families, community service providers, educators, the Department of Health, local treatment providers, medical educators and the recovery community. This project provides funding to Drug-Free Duval to build upon those efforts. In PSL, the medical director for Gateway, a treatment provider, and the Clinical Operations Officer for Ascension Health are working with area hospitals, Fire & Rescue and other treatment providers to expand PSL into all area EDs. These collaborations have move the community forward in addressing overdoses. This project will build upon those efforts. Attached to this proposal are the following letters of support.

Agency	Required	Encouraged	Key Partner Roll	Ongoing relationship	Stakeholder meetings	Sub-grantee	State collaboration	Other CDC programs
DOH-Florida	X		State Health Department	X			X	
NSSP/ESSENCE (CDC-RFA-OE15-1502): Provided by State	X		Surveillance				X	X
(NVDRS) (CDC-RFA-CE18-1804): Provided by State	X		Surveillance				X	X
SUDORS (Mortality) surveillance system Letter: Provided by State	X		Surveillance				X	
Florida Department of Law Enforcement (FDLE)		X	Public Safety and First Responders	X			X	
PDMP Authority	X		PSMP					
Florida Hospital Association (FHA) – Provided by State		X	Hospitals	X			X	
Agency for Healthcare Administration (AHCA)— Provided by State		X	Healthcare Administration					
Florida Hospital Association		X	Hospitals	X			X	
DOH- Vital Statistics		X	Data	X			X	

DCF- Substance Abuse Single State Authority	X		Substance Abuse	X			X	
DCF- local		X	Child Welfare Substance Abuse	X	X			
JFRD	X		First Responders	X	X			
JSO	X		Public Safety	X	X			
HIDTA		X	ONDCP	X	X			
Northeast Florida Regional Health Planning Council		X	Key Partner	X	X	X		
Gateway		X	Substance Abuse Treatment Agency	X	X	X		
Drug-Free Duval		X	Drug Prevention Program	X	X	X		
Premier BioTech Labs		X	Lab	X	X	X		
Lutheran Services of Florida		X	Managing Entity for SA Tx Services	X	X			
Family Support Services		X	Manages Child Welfare Services	X	X			
Duval County Early Childhood Court		X	Focus on Substance Exposed Newborns	X	X			
Palm County CHD		X	Other CHD in FL applying for grant	X			X	
Broward County CHD		X	Other CHD in FL applying for grant	X			X	
Other Non-applicant CHDs Citrus, Pasco, Pinellas, St Lucie, Volusia		X	Other Florida CHDs	X			X	

Evaluation and Performance Measurement

The Office of Performance Improvement at DOH-Duval will implement a plan to evaluate the surveillance and prevention components of this grant, as outlined below. Evaluation will include a combination of process and outcome measures, as well as collection of qualitative and quantitative data. Data use agreements or memoranda of understanding will be established with key community partners to procure the necessary data for evaluation. DOH-Duval will report quarterly and annually on performance indicators in the evaluation plan. Dr. Kristina Wilson, Director of the Office of Performance Improvement, will coordinate evaluation and performance measurement activities and supervise staff responsible for evaluation and data analysis. A data analyst and evaluator will be hired to oversee implementation of the evaluation plan, coordination of RQI projects, and reporting. Evaluation data will be disseminated by DOH-Duval creating reports and briefs for the public and distributing data and reports directly to stakeholders. Data will also be disseminated in stakeholder meetings, trainings, and community presentations, and during conference calls with FDOH, DOH-Broward and DOH-Palm Beach. DOH-Duval and our partners are committed to continuous improvement. All findings will be used for continuous program/quality improvement through activities accomplished within the workplan for the duration of the grant. Within six months of funding, DOH-Duval will finalize the evaluation plan in consultation with key stakeholders and subcontractors, and in accordance with CDC guidance. All long-term outcome evaluation measures will be provided by CDC.

Surveillance Component 1
Strategy 3 Implement Innovative Surveillance
Data Monitoring and Quality Assurance: DOH-Duval will establish data collection protocols for all innovative surveillance projects. DOH-Duval will verify evaluation data for completeness and accuracy. Data will be reviewed to identify out-of-range responses, logical inconsistencies, and missing data. The data collection process will be regularly assessed via feedback from grant partners, including the stakeholder group, and improvements will be implemented based on recommendations and findings.
Use and Utility of Surveillance Data: DOH-Duval will track data and performance measures for each innovative surveillance project and data will be shared at stakeholder meetings. The sharing of data at stakeholder meetings will ensure key community partners are receiving more comprehensive and timely data to generate insight for strategies to prevent overdoses in Duval County. A monitoring system will be developed to track how surveillance data is being utilized to inform OD2A programs.
Dissemination and Impact of Surveillance Data: DOH-Duval will build relationships with community partners that can immediately use surveillance data to prevent overdoses and disseminate surveillance data through a variety of mechanisms including data requests, brief reports, presentations, and other publications. The intended target for dissemination includes the public, stakeholders, and policy makers working to prevent overdoses. A detailed spreadsheet will be used to track data dissemination and how surveillance data is utilized to inform overdose prevention efforts.
Prevention Component 2

<table>
<tr><td colspan="3">Strategy 4 Prescription Drug Monitoring Programs</td></tr>
<tr><td colspan="3">Activity: Universal use among providers within a state; Inclusion of more timely or real-time data contained within a PDMP; Ensuring that PDMPs are easy to use and access by providers; Integrate the PDMP with other health systems data; Integrate across state lines/interstate operability</td></tr>
<tr><td colspan="3">Description of the sub-activity/activities: Universal PDMP registration and use that includes a streamlined and simplified PDMP registration process; Developing and disseminating information or guidance to aid in reducing the PDMP data collection interval; Support PDMP training efforts in high-burden regions; Integrate PDMP data with electronic health records (EHRs); Health Information Technology (HIT) infrastructure data integration/Health Information Exchange (HIEs) integration; Other actions as needed to integrate PDMPs with other health systems data within the state; Facilitate electronic information sharing among states in compliance with the National Prescription Monitoring Information Exchange (PMIX) Architecture; Other actions as needed to integrate PDMPs across state lines/interstate interoperability.</td></tr>
<tr><td colspan="3">Outcome(s): Identification of high-risk prescribing behaviors; Better tracking of opioid prescriptions; Decrease in high-risk prescribing behaviors</td></tr>
<tr><td colspan="3">Evaluation Use: Evaluation data will be used by the stakeholder group to identify additional strategies to ensure universal PDMP registration and increase timeliness of data, as well as to address high-risk prescribing behaviors. Findings will be disseminated during bimonthly stakeholder meetings and via quarterly and annual reports to stakeholders and policy makers.</td></tr>
<tr><td colspan="3">Evaluation Questions
To what extent do Strategy 4 activities/sub-activities aid in the identification of high-risk prescribing behaviors?
To what extent do Strategy 4 activities/sub-activities improve the tracking of opioid prescriptions?
To what extent do Strategy 4 activities/sub-activities decrease high-risk prescribing behaviors?</td></tr>
<tr><td>Indicators
• # of education/coaching session provided on: PDMP registration; timely data collection
• # of providers reached by education sessions on: PDMP registration; timely data collection
• # of providers registered in PDMP
• % of providers entering timely PDMP data
• # of EHRs that integrate PDMP data
• # of providers with high-risk prescribing behaviors</td><td>Data collection methods
Mark one:
_ Data exist
* Data need to be collected (new data)

Baseline data:
__ Known
* Unknown/TBD

If data are new, how collected: Data will be collected monthly from staff providing education, coaching, and training through use of logs and sign-in sheets. We will work with the PDMP authority to determine if reports can be generated for PDMP indicators.

Frequency of data collection: Monthly</td><td>Timeline for data collection and analysis:
Data collection will occur monthly. Overall analysis summarizing results will be conducted on a quarterly and annual basis, and at the duration of the grant.</td></tr>
<tr><td colspan="3">Strategy 5 State-Local Integration</td></tr>
</table>

Activity: Explicit efforts to better integrate state and local prevention efforts; Capacity building for more effective and sustainable surveillance and prevention efforts; Prevention and response strategies at the state and local level

Description of the sub-activity/activities: Work collaboratively with state or local health departments to yield actionable products for prevention efforts; Establish MOUs with other relevant stakeholders that demonstrate collaboration and yield actionable products for prevention efforts; Create a multi-disciplinary data-focused group convening stakeholders from local public health and public safety and first responders to prevent opioid misuse and overdose, especially by focusing on prescribing and/or the development of post-overdose protocols; Provision of technical assistance and other supports for practitioners implementing evidence-based interventions; Enhancing public health access and application of data from multiple sources, particularly those that are enhanced by the work funded under the surveillance component of this award.

Outcome(s): Expanded opioid prevention activities; Improved jurisdictional responsiveness

Evaluation Use: DOH-Duval will work with FDOH and the other two eligible county health departments, DOH-Palm Beach and DOH-Broward, to ensure a collaborative effort within Florida. Local data and results from our local innovate surveillance strategy will be shared. Reports on our progress will be provided to FDOH, as well as DOH-Palm Beach and DOH-Broward. We will meet regularly by way of video-conferencing to share experiences, data, protocols, and lessons learned. New strategies and protocols for surveillance and prevention will be developed and presented in a manner to facilitate implementation of best practices. Through our collaboration with FDOH, DOH-Duval will share lessons learned and best practices and provide consultation to other counties in the state who are working with FDOH to prevent overdoses.

Evaluation Questions

To what extent do Strategy 5 activities/sub-activities integrate state and local health departments prevention efforts?
To what extent do Strategy 5 activities/sub-activities build capacity for more effective and sustainable prevention efforts?
To what extent do Strategy 5 activities/sub-activities aid prevention and response strategies at the local level?

Indicators	**Data collection methods**	**Timeline for data collection and analysis:**
• # of DOH partner calls • # of promising prevention protocols disseminated • # of reports shared • # of MOUs with stakeholders • # of rapid quality improvement (RQI) processes implemented • # of consultations provided to other counties • # of programs that use data/promising practices to enhance overdose prevention efforts	Mark one: _ Data exist * Data need to be collected (new data) Baseline data: * Known __ Unknown/TBD If data are new, how collected: Data will be collected monthly via meeting minutes from partner calls. A tracking log will also be used to document when reports and promising practices are shared, when consultations are provided, and the number of RQI projects implemented. Frequency of data collection: Monthly	Data collection will occur monthly. Overall analysis summarizing results will be conducted on a quarterly and annual basis, and at the duration of the grant.

Strategy 6 Linkage to Care

Activity: Enhance programs and policies; Increase and improve coordination; Integrate technology

Description of the sub-activity/activities: Establishing protocols and policies in emergency departments to guide referrals and linkages to care for persons who have experienced overdose; Efforts to increase awareness of area service providers and current evidence-based treatment space/capacity; Development of coordinated treatment access plans; Staffing emergency departments with peer navigators to connect directly with individuals who have experienced an overdose (or their family/friends/community as appropriate) to ensure awareness of and connection to treatment and other services; Case management systems to help individuals navigate the processes by which care may be procured; Outreach teams to follow up with individuals at risk of overdose, particularly those who have just experienced a non-fatal overdose; Using technology to facilitate connections to care.

Outcome(s): Increased referrals to and engagement in evidence-based treatment; Increased access to quality housing

Evaluation Use: Evaluation data will be used by the stakeholder group to identify additional strategies to ensure people surviving an overdose and substance exposed newborns are effectively linked to care. Evaluation data will also be used to identify additional strategies to ensure access to quality housing for individuals at risk for or affected by drug overdoses. Findings will be disseminated during bimonthly stakeholder meetings and via quarterly and annual reports to stakeholders and policy makers.

Evaluation Questions

To what extent do Strategy 6 activities/sub-activities increase referrals to evidence-based treatment?
To what extent do Strategy 6 activities/sub-activities increase engagement in evidence-based treatment?
To what extent do Strategy 6 activities/sub-activities increase access to quality housing?

Indicators	**Data collection methods**	**Timeline for data collection and analysis:**
• # of peer navigators • # of peer navigator contacts • # of ED referrals to evidence-based treatment • # of successful linkages to evidence-based treatment • # of landlords educated • # of housing referrals provided • # of clients enlisted in Virtual Case Management • # of clients enlisted in Bed Board	Mark one: _ Data exist * Data need to be collected (new data) Baseline data: __ Known * Unknown/TBD If data are new, how collected: Data collection protocols and agreements will be put in place to collect data from subcontractors funded to implement activities. Frequency of data collection: Monthly	Data collection will occur monthly. Overall analysis summarizing results will be conducted on a quarterly and annual basis, and at the duration of the grant.

Strategy 7 Provider and Health Systems Support

Activity: Implementation, Clinical Education, and Training

Description of the sub-activity/activities: Implement trainings on Opioid Use: Signs and symptoms; Narcan: How it works and its usage; Safe Storage and Disposal of Medication; SBIRT; Provide training and support to ED staff on the role of peer navigators in the ED.

Outcome(s): Increased use of non-opioid and non-pharmacologic treatments for pain care when appropriate; Decrease in high-risk opioid prescribing; Increase in referrals to evidence-based treatment for opioid use disorder

Evaluation Use: Evaluation data will be used by the stakeholder group to identify additional strategies to support provider and health systems in addressing overdose morbidity and mortality. Findings will be disseminated during bimonthly stakeholder meetings and via quarterly and annual reports to stakeholders and policy makers.

Evaluation Questions

To what extent do Strategy 7 activities/sub-activities increase use of non-opioid and non-pharmacologic treatments for pain care when appropriate?
To what extent do Strategy 7 activities/sub-activities increase decrease high-risk prescribing behaviors?
To what extent do Strategy 7 activities/sub-activities increase referrals to evidence-based treatment for opioid use disorder?

Indicators	**Data collection methods**	**Timeline for data collection and analysis:**
• # of task force meetings • # of training sessions on: Opioid Use: Signs and symptoms; Narcan: How it works and its usage; Safe Storage and Disposal of Medication • # trained in: Opioid Use: Signs and symptoms; Narcan: How it works and its usage; Safe Storage and Disposal of Medication • # of School Health nurses trained in Motivational Interviewing; SBIRT; Trauma Informed Care • # completing PSL training	Mark one: _ Data exist * Data need to be collected (new data) Baseline data: * Known __ Unknown/TBD If data are new, how collected: Data collection protocols and agreements will be put in place to collect data from subcontractors funded to implement activities under strategy #7. Frequency of data collection: Monthly	Data collection will occur monthly. Overall analysis summarizing results will be conducted on a quarterly and annual basis, and at the duration of the grant.

Strategy 8 Public Safety Partnerships

Activity: Data Sharing; Programmatic Partnerships

Description of the sub-activity/activities: Provide training to public safety and first responders through established partnerships on topics including Motivational Interviewing, Trauma Informed Care, and SBIRT to increase identification of risk from Adverse Childhood Experiences (ACEs) and connect individuals with necessary resources; Enhancing public health access and application of data from different government agencies to locate emerging hot-spots or drug threats.

Outcome(s): Improved utilization of evidence-based approaches to prevention, intervention and referral to treatment

Evaluation Use: Evaluation data will be used by community partners to identify and implement evidence-based approached to public health prevention and intervention, as well as effective linkages to care. Evaluation data will be used by stakeholder group to increase timeliness and consistency of data, as well as identify high-risk populations to targeted interventions. Findings will be disseminated during bimonthly stakeholder meetings and via quarterly and annual reports to stakeholders and policy makers.

Evaluation Questions

To what extent do Strategy 8 activities/sub-activities increase referrals to evidence-based treatment?

To what extent do Strategy 8 activities/sub-activities increase engagement in evidence-based treatment?

Indicators	**Data collection methods**	**Timeline for data collection and analysis:**
• # of lunch and learns • # of education sessions provided on: Motivational Interviewing; Trauma Informed Care; SBIRT • # of public safety professionals trained in: Motivational Interviewing; Trauma Informed Care; SBIRT	Mark one: _ Data exist * Data need to be collected (new data) Baseline data: * Known __ Unknown/TBD If data are new, how collected: Data will be collected monthly from staff providing education and training through use of logs and sign-in sheets. Frequency of data collection: Monthly	Data collection will occur monthly. Overall analysis summarizing results will be conducted on a quarterly and annual basis, and at the duration of the grant.

Strategy 9 Empowering Individuals to Make Safer Choices

Activity: Implement harm reduction strategies

Description of the sub-activity/activities: Address stigma surrounding opioid use disorder, overdose, disclosure, and naloxone among the public, healthcare providers, public safety professionals, emergency medical service professional, and others; Provide "Know the Law" trainings to community partners; Develop additional messaging and trainings for vulnerable and high-risk populations about harm reduction strategies (brochures, campaigns); School Health Nurse training to intervene with families and students at risk for overdose

Outcome(s): Decreased initiation of opioid use and misuse; Increased fidelity to opioid prescription/medication protocol; Increased use of non-opioid and non-pharmacologic treatments for pain care

Evaluation Use: Evaluation will be used by the stakeholder group to reduce stigma surrounding opioid use disorder, overdose, disclosure, and naloxone among the public. Evaluation will be used to identify additional strategies to implement to reduce harms and fatalities and increase opportunities for interventions and linkages to care. Findings will be disseminated during bimonthly stakeholder meetings and via quarterly and annual reports to stakeholders and policy makers.

Evaluation Questions
To what extent do Strategy 9 activities/sub-activities decrease initiation of opioid use and misuse?
To what extent do Strategy 9 activities/sub-activities increase fidelity to opioid prescription/medication protocol?
To what extent do Strategy 9 activities/sub-activities increase use of non-opioid and non-pharmacologic treatments for pain care?

Indicators	**Data collection methods**	**Timeline for data collection and analysis:**
• # of Peer Navigators trained • # of Peer Navigators providing services • # of educational trainings provided • # of materials made for vulnerable and high-risk populations • # of School Health nurses trained • # of interventions by School Health nurses	Mark one: * Data exist _ Data need to be collected (new data) Baseline data: * Known __ Unknown/TBD If data are new, how collected: Data will be collected monthly from staff providing the education and training through use of logs and sign-in sheets. Number of materials developed will be tracked. Frequency of data collection: Monthly	Data collection will occur monthly. Overall analysis summarizing results will be conducted on a quarterly and annual basis, and at the duration of the grant.

Strategy 10 Prevention Innovation Projects

Activity: Capacity building for more effective prevention strategies; Prevention and response efforts at the state and local level

Description of the sub-activity/activities: Use data to inform the development of at least three innovation projects aimed at reducing opioid-related morbidity, mortality, and associated harms.

Outcome(s): Expanded opioid prevention activities; Improved jurisdictional responsiveness

Evaluation Use: Surveillance and evaluation data will be used by the stakeholder group to inform the selection and development of innovative projects. Findings will be disseminated during bimonthly stakeholder meetings and via quarterly and annual reports to stakeholders and policy makers.

Evaluation Questions
To what extent do Strategy 10 activities/sub-activities expand opioid prevention activities?
To what extent do Strategy 10 activities/sub-activities improve jurisdictional responsiveness?

Indicators	**Data collection methods**	**Timeline for data collection and analysis:**
• # of innovative projects identified • # of innovative projects funded	Mark one: _ Data exist	Data collection will occur monthly. Overall analysis summarizing results will be

	* Data need to be collected (new data) Baseline data: * Known __ Unknown/TBD If data are new, how collected: Data on the number of innovative projects selected and funded will be tracked through stakeholder meeting minutes. Frequency of data collection: Monthly	conducted on a quarterly and annual basis, and at the duration of the grant.

Data Management Plan (DMP)

Description of the data to be collected or generated:

Data will be collected to monitor and evaluate components 1 and 2 of CE19-1904. Process and outcome data will be collected to track: 1) how data from innovative surveillance projects are being shared and utilized to enhance overdose interventions and 2) the implementation and effectiveness of overdose prevention strategies. Data will be collected from a variety of community partners, including: Jacksonville Fire and Rescue Department (JFRD), Project Save Lives (PSL), Drug Free Duval (DFD), the Jacksonville Sheriff's Office (JSO), Gateway, City of Jacksonville, Premier BioTech Solutions, local hospitals, and other community and faith-based organizations.

Standards to be used for the collected or generated data:

DOH-Duval will collect evaluation data as described in the evaluation plan, and in accordance with CDC guidance. Specifically, DOH-Duval will establish data collection protocols for all strategies of this grant. DOH-Duval will verify evaluation data for completeness and accuracy. Data will be reviewed to identify out-of-range responses, logical inconsistencies, and missing data.

Mechanisms for, or limitations to, providing access to the data, including a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights:

DOH-Duval will maintain datasets that will be used to evaluate the grant. To ensure timely access to data, DOH-Duval will regularly compile results and provide summaries of evaluation data to stakeholders. To protect privacy and confidentiality, all data shared with the public and stakeholders will be in aggregate or deidentified form. All data will be stored on a secure network at DOH-Duval, in locations only accessible to evaluation staff. Any paper copies of data will be stored in locked cabinets on-site.

Plans to share data with CDC that meet CDC reporting and surveillance requirements:

Data will be shared with CDC in accordance with requirements.

Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use:

As part of the evaluation process, DOH-Duval will document the methods used to collect data, what the data represent, and potential limitations of the data. Protocols will be developed, and training will be provided to evaluation staff, to ensure standard data collection and management procedures are used. Any report of evaluation results will include statements regarding the project's scope and purpose, data collection procedures, and any limitations to the data.

Plans for archiving and long-term preservation of the data, or explanation of why long-term preservation and access are not justified:

All data collected will be archived and preserved in accordance with CDC guidance.

The DMP will be updated for accuracy throughout the duration of the grant. Feedback will be sought from the stakeholder group and key community partners who will participate in the evaluation and performance measurement planning processes. A more detailed data management plan will be submitted within the first six months of award. This comprehensive

DMP will include more detailed descriptions of access to data, data standards, sharing of data, and archival and long-term data preservation.

Organization Capacity

As part of the integrated Florida Department of Health (FDOH), DOH-Duval provides essential public health services to approximately 942,841 Duval County, Florida residents. The mission of FDOH is "To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts." As an integrated state system, DOH-Duval has demonstrated capacity to leverage state data and resources through a coordinated effort with FDOH to inform local surveillance and prevention strategies. Additionally, DOH-Duval has the capacity to implement the surveillance and prevention strategies outlined in this grant through strong local partnerships and staff experienced in planning, coordinating, managing, implementing, and evaluating grant funded projects. A contract manager at DOH-Duval and staff at the Health Planning Council of Northeast Florida will work with funded partners to develop contracts that meet the deliverables of the grant. Additionally, DOH-Duval staff will ensure goals and objectives of the grant are met, collect needed reports and data for evaluation, and monitor compliance of the established contract. The coordination of state and local efforts, as well as collaboration with public and private organizations, will provide a comprehensive approach to implementing and evaluating the strategies in this grant.

Experience in Implementing Innovative Surveillance Projects

With support of community partners and collaboration with FDOH, DOH-Duval has the capacity to ensure successful implementation of multiple innovative surveillance projects. To demonstrate this capacity, FDOH currently maintains a number of surveillance systems for the purpose of recognizing and responding to outbreaks and thus mitigating risk of morbidity and mortality. The surveillance systems Merlin, Epicom, EpiGateway and ESSENCE provide data on a number of acute diseases such as influenza, pneumonia, Respiratory Syncytial Virus (RSV), and other communicable and infectious diseases.[5] The Florida Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program provides timely and comprehensive data on fatal and non-fatal opioid overdoses and risk factors associated with fatal overdoses.[6] Additionally, through partnerships with the Jacksonville Fire and Rescue Department (JFRD), the Jacksonville Sheriff's Office (JSO), the Medical Examiner's Office (ME), and emergency departments (ED's), DOH-Duval has access to local surveillance data on areas experiencing high drug and opioid use, overdose and death. For example, through JFRD's overdose response data, DOH-Duval has access to suspected overdose calls to 9-1-1. In 2018 alone, JFRD responded to 3,417 calls. This overdose response data includes time, gender, age, race, and location of suspected overdose calls in Duval County. Further, DOH-Duval will build upon these current efforts to address overdose morbidity and mortality as explained in the approach section of this grant.

Experience Disseminating Mortality and Morbidity Data to Support Public Health Action

DOH-Duval has experience disseminating mortality and morbidity data both internally and externally to support public health, government, and community organizations. The Office of

[5] http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/surveillance-systems.html
[6] http://www.floridahealth.gov/statistics-and-data/fl-esoos/index.html

Performance Improvement (OPI) and Epidemiology divisions at DOH-Duval provide data to internal DOH-Duval programs to support data driven interventions and reporting. Similarly, DOH-Duval disseminates morbidity and mortality data externally to various community partner organizations through annual reports and presentations at coalitions, task forces, and Community Health Improvement Plan (CHIP) meetings. For example, OPI, convenes a committee of public and private organizations through the CHIP process aimed at reducing opioid deaths in Duval County. To date, the committee has identified high-risk areas (census tracts, zip codes) to implement interventions, programs, and policies that support efforts to reduce deaths due to opioid overdose. Likewise, the DOH-Duval Epidemiology department provides information about communicable, reportable, and emerging diseases and conditions to professional providers and community groups to inform and support health care services.

Capacity to use drug overdose death and morbidity data to support NOFO interventions.

DOH-Duval has strong partnerships with community organizations working to reduce opioid misuse and overdose. Further, DOH-Duval has experience providing morbidity/mortality data to these groups and facilitating collaboration among these groups to provide a more integrated targeted approach to community interventions. Additionally, many of these groups (FDOH, Gateway, Drug Free Duval, LSF, etc.) already provide OD2A interventions such as PDMP, linkage to care and provider and health system support. Because of this DOH-Duval has the capacity through partnerships and experience to use drug overdose death and morbidity data to support NOFO interventions in Duval County.

Success in implementing similar prevention strategies and activities

DOH-Duval has demonstrated its capacity in demonstrating the O2DA prevention strategies and activities through its government and community partnerships. For example, one of DOH-Duval's CHIP partners, Drug Free Duval (DFD) has provided significant support to providers and health systems in the form of opioid and substance abuse training to identify, treat, and link individuals to care. DFD has provided training to over 4,414 individuals, many of which were health professionals. DOH-Duval also has experience implementing and evaluating surveillance and prevention strategies aimed at promoting adolescent health through school-based HIV prevention (CDC-RFA-PS18-1807). In partnership with Duval County Public Schools and many grant partners, the Youth Risk Behavior Survey has been successfully implemented in Duval County since 2009. As part of this funding, grant partners have used surveillance data from the YRBS to address the health needs of adolescents in our community, including the establishment of Teen Health Centers in seven schools. DOH-Duval leads the Substance Exposed Newborn Workgroup in Duval County, bringing together more than 100 individuals from over 25 agencies to continually receive data and implement strategies to prevent babies born substance exposed. As a result, the group is developing strategies to implement and share the Plan of Safe Care prenatally and after the baby is born, an informational brochure on the Plan of Safe Care had been developed and a family planning clinic is being planned in a substance abuse treatment agency.

Relationships with necessary partners

DOH-Duval has been active in many community strategies aimed at reducing the alarming number of overdose deaths through implementation of Duval County's CHIP. Additionally, through subcontracts, DOH-Duval will build upon current efforts by funding the promising surveillance and prevention strategies of its community partners such as local surveillance, peer

navigation in EDs, a "Bed Board" for linkage to care, a housing specialist, an Opioid Task Force, expanded lab analysis for ED admissions, expanded community/professional training, and expanded school health services with additional nurses specifically addressing overdose prevention. DOH-Duval has established partnerships with organizations already providing these services such as Jacksonville Fire and Rescue Department (JFRD), Project Save Lives (PSL), Drug Free Duval (DFD), the Jacksonville Sheriff's Office (JSO), Gateway, City of Jacksonville (COJ), and other community and faith-based organizations. Also, as FDOH expands its surveillance of overdose morbidity and mortality data through additional CDC funding, DOH-Duval will collect and disseminate this data to its partners to further support local prevention and surveillance strategies to reduce overdoses in Duval County. DOH-Duval will share results and best practices from its local surveillance and prevention strategies with FDOH, as well as the other eligible counties in Florida, Palm Beach and Broward, to ensure collaborative efforts within Florida.

Appropriate staffing proposed to accomplish the work

Program Implementation and Management

- Dr. Pauline Rolle, MPH, CPH, Interim Director – As the Interim Director (2019-present) and Medical Director (2013-present), Dr. Rolle oversees the medical, dental, pharmacy, epidemiology, and behavioral health programs for DOH-Duval. As interim Director and Medical Director, Dr. Rolle has experience in grant management and policy through her oversight of numerous grant funded projects.
- Karen Tozzi, MEd, DOH-Duval, Director of Maternal and Child Health – Ms. Tozzi has been working in the public health arena for more than thirty-five years with experience in child welfare, substance abuse prevention & treatment, maternal and child health, homelessness, mental health and community engagement. Ms. Tozzi leads the Substance Exposed Newborn Workgroup in Duval County which engages over a hundred (100) people from twenty-five (25) varied agencies working together to prevent substance exposure to newborns using the Five Points of Intervention Strategy for SAMHSA. She is a board member for the local System of Care Initiative for children's mental health services and has participated in the local homeless coalition for more than twenty years.

Fiscal and Contract Management

- Antonio Nichols – As Assistant Director of Administration for DOH-Duval, Mr. Nichols provides leadership for the following departments: Finance and Accounting (Budget, Accounts Payable, Accounts Receivable and Medical Billing), Vital Statistics, Clinical Operations, General Services, Information Technology, Emergency Preparedness, Human Resources and the Office of Performance Improvement. Mr. Nichols has over 17 years of experience in public health. Over the course of his career, he has gained knowledge and skills in fiscal administration rule and policy implementation. His education includes a master's degree in business administration.

Epidemiology

- Dr. Saad Zaheer MD, MSH, MSPH, FACE – Dr. Saad Zaheer has served as Director of DOH-Duval's Epidemiology/ Bioterrorism Department since August 2003. He supervises nurses, fellows and other staff members who conduct reportable disease surveillance, outbreak investigations, analyze epidemiological data, write epidemiologic reports, conduct public health studies and responds to public inquiries. In his present position, he oversees bioterrorism surveillance activities including training and consultation to develop, implement

and evaluate multi-use surveillance systems to identify disease clusters or unusual disease patterns due to potential biological agents. He serves the community as a Community Advisor, Executive Board Member at the University of North Florida as well, as serving as a Board Member for the UNF/Tulane/Southern Connecticut University Accreditation Committee. He has peered reviewed and authored multiple publications for national and international journals. Additionally, he has served as an abstract/author review of peer reviewed articles, in national/international medical and public health journals. Dr. Zaheer is the Chair for BioWatch biodefense network that's funded by Department of Homeland Security (DHS). Additionally, he serves as a board member for NACCHO BioSurveillance and Infectious Disease National Committee.

Evaluation

- Kristina Wilson, Ph.D. – Dr. Wilson earned her Ph.D. in social psychology, with concentrations in health psychology, program evaluation, and statistics. She received postdoctoral training at the University of Illinois and the University of Pennsylvania, where she acquired expertise in the development and evaluation of HIV prevention interventions. Dr. Wilson has served as project manager/evaluator for several HIV-prevention projects that have involved both cross-sectional and longitudinal research designs, and the collection and analysis of qualitative and quantitative data. As the Director of the Office of Performance Improvement, Dr. Wilson oversees community health assessment, community health improvement planning, strategic planning, quality improvement, and evaluation activities at DOH-Duval. Currently, Dr. Wilson serves as lead evaluator for surveillance and prevention components of a CDC funded project, Promoting Adolescent Health through School-Based HIV Prevention (CDC-RFA-PS18-1807). Dr. Wilson has a strong history of effectively using data to inform and mobilize community efforts to improve public health.

Resumes of staff are provided as a separate attachment.