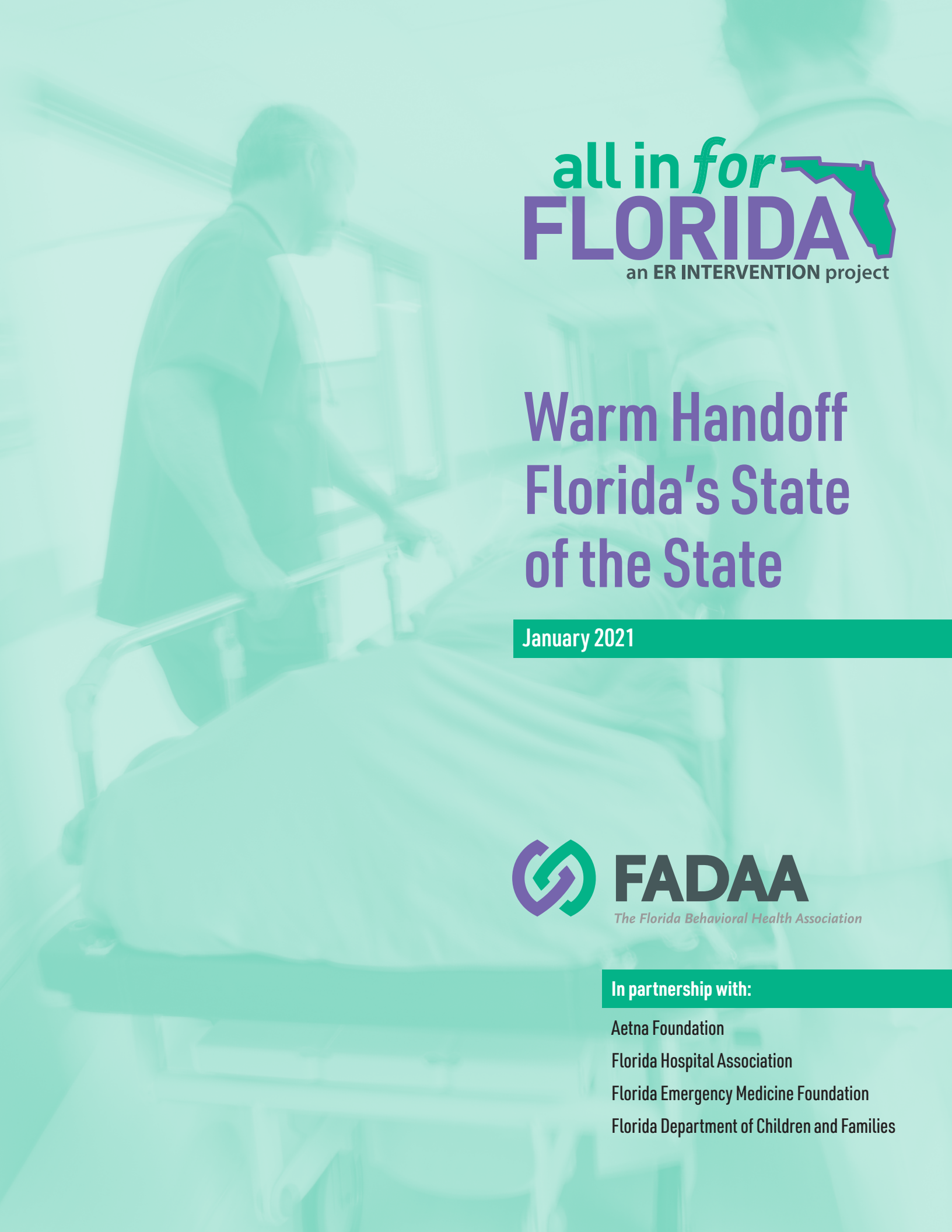


all in for FLORIDA
an ER INTERVENTION project

Warm Handoff Florida's State of the State

January 2021

FADAA
The Florida Behavioral Health Association

In partnership with:

Aetna Foundation
Florida Hospital Association
Florida Emergency Medicine Foundation
Florida Department of Children and Families

Table of Contents

INTRODUCTION **1**
THE OPIOID CRISIS IN FLORIDA **2**
KEY PARTNERS IN WARM HANDOFF EFFORTS **3**
WARM HANDOFF EFFORTS IN FLORIDA **5**
A look back 5
Factors Supporting Warm Handoff Initiatives in Florida 6
Warm Handoff Initiatives in Florida 8
LESSONS LEARNED 17
Coordinating Activities between Highly Regulated Healthcare Organizations 17
Patient Management and Confidentiality Concerns 18
Formalizing the Partnership 18
Prescriber Credentialing 18
Capacity Concerns 18
Using Technology 18
Transportation 19
Integrating the Peer into the Hospital Setting 19
Overcoming Stigma in the ED 19
FLORIDA'S LEGISLATIVE RESPONSE 19
2017 Legislative Session 19
2018 Legislative Session 20
2019 Legislative Session 21
2020 Legislative Session 21
COVID-19 PANDEMIC **21**
CONCLUSION **22**
Appendix A - Florida's Managing Entities **23**

Hospital Emergency Department Warm Handoff
State of the State – Florida 2020

INTRODUCTION

Florida, like many other states and communities across the country, was hit hard by the opioid epidemic. Opioid related deaths in Florida began to climb dramatically in 2015. Local law enforcement, EMS, and hospital systems were on the front line dealing with drug overdoses and deaths. A pattern began to emerge where certain individuals were overdosing multiple times, sometimes in the same day. In early 2017 Florida policy makers, local community leaders, and statewide advocacy groups began a call to action to address this growing healthcare crisis.

Early in the crisis it became clear that new strategies needed to be employed to effectively address it. Community-based substance use disorder treatment providers were introduced to and embraced the use of medication assisted treatment (MAT), the gold standard of care, to treat these individuals. MAT along with evidence-based behavioral techniques became common practice across Florida. As a result, thousands of new individuals were able to access care.

Traditionally individuals sought treatment for a substance use disorder due to encouragement by a loved one, as a requirement to maintain employment or a specialty license, or a desire for a different life path. Also, many individuals referred to SUD treatment were involved in the justice system and treatment was a requirement of their sanctions. The opioid epidemic created a new reality. Individuals that needed care were often located on gurneys in emergency department receiving medical emergency care for an overdose. Once the medical emergency passed, these individuals were medically discharged without targeted care for their opioid use disorder. Thus, the idea of a warm handoff from the emergency department to a community substance use disorder treatment provider was born. A warm handoff, meaning a person-to-person transition from the hospital ED to a community-based treatment provider emerged as a promising practice. This approach is now recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA)[1] and the Florida Drug Policy Advisory Council.[2]

The goal of the *All in for Florida: An ER Intervention Project* was to promote strategies and knowledge exchange that would result in the expansion of hospital emergency department warm handoff programs. The program provided webinars, consultation with physicians, trainings, the creation of a toolkit, pilot programs, and other activities to impart knowledge, encourage best practice, and link

[1] SAMHSA (2020). National Guidelines for Behavioral Health Crisis Care. Best Practice Toolkit. Available at https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
[2] Statewide Drug policy Advisory Council (2020) 2020 Annual Report. Available at http://www.floridahealth.gov/provider-and-partner-resources/dpac/DPAC_11-30-20.pdf

initiatives with the end goal of expanding warm handoff programs across Florida. This State of the State report provides a summary of the accomplishments to date towards this goal.

This project was possible due to the generous support of the Aetna Foundation. Aetna is thanked for the support and resources that made this initiative possible.

THE OPIOID CRISIS IN FLORIDA

Since 2015, there has been growing awareness both in Florida and throughout the nation that opioid abuse has reached epidemic proportions. In 2017, the U.S. Department of Health and Human Services declared a public health emergency with regard to the opioid crisis.[3] In recent years, the consequences of the nationwide opioid epidemic have had a sobering impact on communities across the country. Florida has not been spared from this national health challenge. A *Palm Beach Post* article in November 2016 noted that the cost of the heroin epidemic was more than one billion dollars in Florida alone.[4] Since 2015, Florida has seen a mostly upward trend in the number of opioid-related deaths.[5]

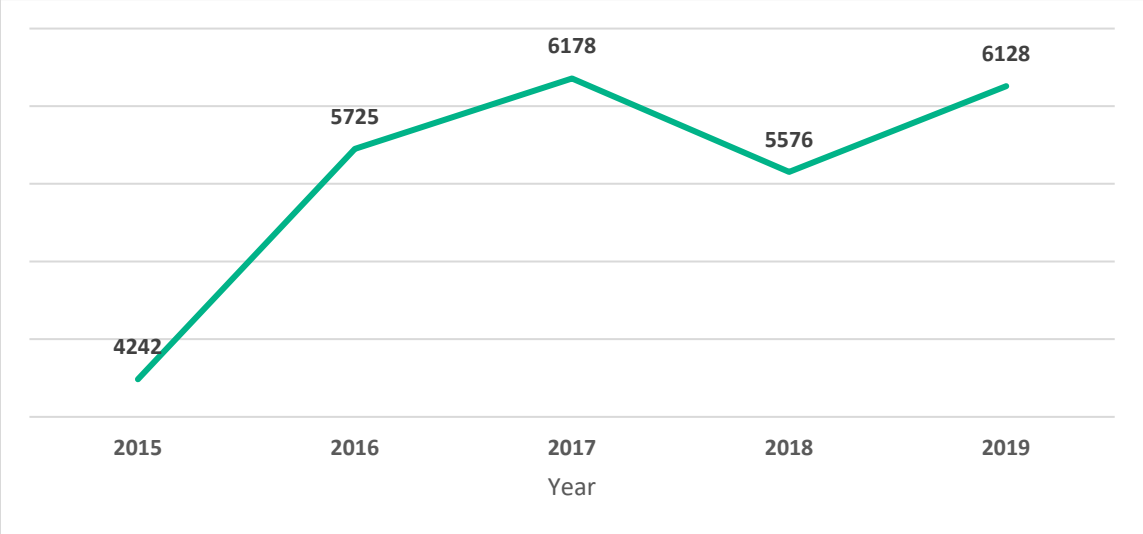


Figure 1. Number of Opioid-related Deaths in Florida per year (2015-2019)[6]

[3] Health and Human Services. (2017, October 26). HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis. Retrieved from https://public3.pagefreezer.com/browse/HHS.gov/31-12-2020T08:51/https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html

[4] Beall, P. & Stucka, M. Cost of heroin epidemic tops $1 billion a year in Florida. *Palm Beach Post.* December 17, 2016. https://tinyurl.com/y8ngjet6

[5] Florida Department of Law Enforcement (2015-2019) Drugs Identified in Deceased Persons by Florida Medical Examiners. Retrieved from http://www.fdle.state.fl.us/mec/publications-and-forms.aspx

[6] Ibid.

In 2017, Florida's hospitals treated over 33,800 hospital emergency department (ED) patients with an unintentional/undetermined non-fatal drug overdose. [7] Of those, over 17,400 involved opioids.[8] While data is not readily available, some practitioners suspect that about 10 percent of those patients who presented to the ED due to an overdose were being treated for overdosing a second time or more. This information and other trends related to opioid misuse contributed to then Governor Rick Scott decision to declare a statewide health emergency in May 2017.[9] Governor Scott's order allowed the state to draw down more than $27 million in federal grant funding from the United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). State Targeted Response to the Opioid Crisis Grants (Opioid STR) was awarded to Florida on April 21, 2017 and has since been followed by State Opioid Response (SOR) grants from SAMHSA. These funding streams allowed Florida to make significant investments in prevention, treatment, Medication Assisted Treatment (MAT), and recovery services for individuals with an opioid use disorder (OUD).

In Florida, key stakeholders at every level have stepped up to address this emergency in more strategic and effective ways. Stakeholders from various backgrounds and professions have collaborated to create innovative solutions to address the problem. The *All in for Florida: ER Intervention Project* is one of these initiatives. In this initiative three different professional associations and the selected state agencies came together to improve the continuum of care for individuals presenting at the emergency room as a result of an OUD: the **Florida Alcohol and Drug Abuse Association (FADAA),** the **Florida Hospital Association (FHA)** and the **Florida College of Emergency Physicians (FCEP) Emergency Medicine Learning & Resource Center (EMLRC).** The Aetna Foundation provided generous support for this project to meet their mission "to promote wellness, health, and access to high-quality health care for everyone, while supporting the communities we serve."[10]

KEY PARTNERS PARTNERING IN WARM HANDOFF INITIATIVES

Florida Alcohol and Drug Abuse Association (FADAA)

The Florida Alcohol and Drug Abuse Association (FADAA) was incorporated in 1981. In 2019, FADAA merged with the Florida Council for Mental Health to form the Florida Behavioral Health Association (FBHA). FBHA is the state's largest trade association representing community substance use and mental health treatment providers with a united voice. FBHA serves as a trusted source of information, advances policy initiatives, and advocates for better behavioral health for all Floridians.

---

[7] Florida Department of Health. (n.d.). Opioid Use Dashboard. Retrieved from http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard

[8] Ibid

[9] State of Florida, Office of the Governor, Executive Order Number 17-146. Available at https://www.flgov.com/wp-content/uploads/2017/05/17146.pdf

[10] Aetna Foundation. (n.d.) Our Organization and Funding Strategy: Mission & Vision. Retrieved December 30, 2020 from https://www.aetna-foundation.org/organization-strategy/organization.html

FADAA remains as the service arm of FBHA. FADAA is a non-profit service association that supports prevention and treatment providers, managing entities, and community anti-drug coalitions that provide substance use disorder and mental health services. Its mission is to advance the use of evidence-based prevention and treatment practices, promote research to practice initiatives, support the development of a professional behavioral health workforce through professional development activities and distribution of resources, and inform the public regarding the impacts of addiction and mental health issues.

FADAA has developed an extensive portfolio of activities including hundreds of training and technical assistance events. Its board members and staff monitor and address policy issues related to emerging trends in the areas of substance use and co-occurring service delivery, healthcare reform, prevention, child welfare, criminal justice, veterans and their families, workforce issues, business and private sector changes and cultural diversity.

Florida Hospital Association (FHA)

Founded in 1927, the Florida Hospital Association (FHA) is the voice of Florida's hospital community. Through representation and advocacy, education and informational services, FHA supports the mission of its members to provide the highest quality of care to the patients they serve. Headquartered in Orlando, FHA has a regional office in Tallahassee and representation in Washington, D.C.

The mission of the Florida Hospital Association is to advocate proactively on behalf of hospitals at both the state and the federal level on issues that will assist members in their mission of community service and care to patients. FHA serves as a resource for demonstrating the community value of hospitals, for building consensus with other groups and for securing needed resources so its members can continue to provide high-quality, affordable care to their communities.

Florida College of Emergency Physicians (FCEP) Emergency Medicine Learning & Resource Center (EMLRC)

Established in 1990, The EMLRC is a non-profit organization advancing emergency care through advocacy and education. The Center provides continuing education to over 5,000 emergency care providers every year. EMLRC is accredited to provide continuing education for medical professionals including paramedics, EMTs, nurses and physicians through the Florida Department of Health, Bureau of EMS, and Continuing Education Coordinating Board for Emergency Medical Services, the Florida Board of Nursing, and the Accreditation Counsel for Continuing Medical Education.

Florida Department of Children and Families (DCF)

Florida Department of Children and Families (DCF) is the state agency that leads Florida’s substance abuse treatment and prevention activities. DCF is the licensing agency for substance use disorder prevention and treatment services and serves as the designated Single State Agency (SSA). DCF as the SSA is the state agency eligible to receive federal assistance to the states. In an effort to improve responsiveness to local needs, DCF contracts for behavioral health services through regional systems of care called Managing Entities (MEs).

Florida is divided into seven Managing Entity regions. DCF manages state general revenue and federal block grant funding (non-Medicaid) for substance abuse and mental health treatment. The Department has targeted hospital emergency department interventions as part of the federal State Targeted Response and the State Opioid Response grant initiatives implemented across Florida.

Community-based Treatment Providers

Florida has a network of highly qualified community-based SUD treatment providers that work tirelessly to improve the systems of care in the state. These agencies are active participants in the implementation of evidence-based practices and in seeking innovative ways to improve prevention, treatment, and recovery services in Florida.

WARM HANDOFF EFFORTS IN FLORIDA

A Look Back

In 2018, when the *All in for Florida: An ER Intervention Project* began, there were four existing efforts to provide individuals presenting to a hospital emergency department (ED) with an opioid overdose a bridge into treatment. In these efforts, hospitals and community-based SUD treatment providers developed a process to provide a bridge between the ED and treatment. A short description of these efforts is below.

City of Jacksonville Project Save Lives

Funded by the City of Jacksonville as a six month pilot project between Gateway Community Services and St. Vincent's Medical Centers at Riverside and Southside, the Project Save Lives was launched in November 2017. Patients who presented with an opioid overdose are connected with a peer recovery specialist from Gateway who endeavors to link them to treatment. If they refuse treatment, the peer follows up with the individual via phone to continue to provide an avenue to treatment. If they accept treatment, the peer follows them through detox and treatment.[11]

Memorial Healthcare System Broward County

Memorial Healthcare System received $500,000 at the end of the 2018 Legislative session to address the opioid crisis in Broward County. Funds enabled Memorial Healthcare to continue treating the medical complications of opioid addiction and to implement a warm handoff program. Patients in the emergency department as overdose patients are screened and offered medication assisted treatment (MAT) with continued initial stabilization until they can follow up in an outpatient setting. A primary element in all the programs offered by Memorial is the involvement of peer specialists. For patients

[11] Denison, S. (2018, November 21). Addicts Helping Addicts: Opioid Recovery Care Pilot Program To Expand After Dramatic Drop In Overdoses. Retrieved from https://www.wuft.org/news/2018/11/20/opioid-recovery-care-pilot-program-sees-success-in-first-year/

who do not enroll in MAT services, the peer program offers a continuing point of contact, providing follow-up support and ongoing encouragement to engage in treatment.[12]

Sarasota County

Sarasota County has two Substance Overdose Services (SOS) teams offering recovery support and relapse prevention for patients who have survived recent overdoses. These teams are based at First Step's new outpatient clinic at the Glasser/Schoenbaum Human Services Center. This SOS teams use evidence-based best practices such as medication assisted therapies, peer mentoring, and substance abuse counseling. The teams are also investigating new strategies for preventing and intervening in opioid addiction and other risky substance abuse behavior.[13]

Aspire Health Partners (AHP) Behavioral Health Nurse Navigator Program

Since 2015, the Aspire Behavioral Health (BH) Nurse Navigator Program operates as a joint collaboration pilot program with AdventHealth, formerly Florida Hospital. Through the program, AHP works directly with the hospital's interdisciplinary team to divert individuals arriving at emergency rooms/medical units with substance abuse and/or mental health issues and place them into AHP's continuum of care. The BH Nurse Navigator Program facilitates a direct and seamless transfer of clients in need of services to appropriate treatment, which has resulted in increased positive patient outcomes.

Factors Supporting Warm Handoff Initiatives in Florida

Since 2018 several factors have supported the expansion of warm handoff initiatives at hospital Emergency Departments in Florida. The main reasons for this growth likely include:

Innovative Thinkers

As early as 2015, treatment providers and hospitals were working together to explore ways to improve the engagement of individuals that had experienced an overdose into treatment. These early efforts provide concrete examples of approaches that could help engage people into treatment. These pioneers helped to start the conversation about warm handoff and supported with their experience the expansion of the initiative.

All in for Florida: An ER Intervention Project

In early 2018, the Aetna Foundation funded the *All in for Florida: An ER Intervention Project* in an effort to support pilot efforts to expand the implementation of warm handoffs in hospital emergency departments for patients presenting with an overdose. This effort funded research, training, technical

[12] Memorial Healthcare System. (2018, June 11). Opioid Epidemic In Broward. Retrieved from https://www.mhs.net/news/2018/06/opioid-epidemic-in-broward

[13] Gulf Coast Community Foundation. (n.d.). Opioid Crises Response. Retrieved from https://www.gulfcoastcf.org/our-initiatives/health-human-services/opioid-crisis-response

assistance, and supports for hospitals and community-based providers that wanted to work together to develop a warm handoff. This project also supported the development of coordination efforts to support the initiative. The partnerships included the key stakeholders:

- The Florida Hospital Association is the voice of Florida's hospital community. Through representation and advocacy, education, and informational services, it supports the mission of member hospitals to provide the highest quality of care to the patients served.

- The Florida Alcohol and Drug Abuse Association, a subsidiary of the Florida Behavioral Health Association, creates forums to share best practices, innovative ideas, and educational materials; sets and maintains high standards for the delivery of care; supports a qualified BH workforce through trainings and technical assistance; and collaborates with other state and federal professional organizations and agencies to promote quality systems of care.

- Florida College of Emergency Physicians is a medical specialty organization representing Florida's emergency physicians and works to promote high quality emergency medical care, empower emergency physicians, and protect the patients they serve. It supports pro-emergency care policies and physician rights and provides continuing education for physicians and the entire spectrum of emergency care providers through the Emergency Medicine Learning & Resource Center.

- The Florida Department of Children and Families is the licensing agency for substance use disorder prevention and treatment services and serves as the designated Single State Agency. As such, this agency manages federal funding for treatment of SUD.

This partnership put together key stakeholders who would need to take part in developing a warm handoff process in hospital emergency departments. This initiative was key in fueling the interest and support for warm handoff practices in Florida. This project created the momentum that led to warm handoff being implemented or under development in almost 40 emergency department by the end of the project.

Federal Funding

The US Congress approved two funding streams that provide financial support to warm handoff efforts. The funding flows from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to DCF as the SSA for Florida. While DCF funds most addiction programs through the Managing Entities, it provides guidance and oversight to ensure funding aligns with the state application to SAMHSA.

The first funding stream that supported warm handoff initiative was the State Targeted Response (STR) Grant (5/1/17 through 4/30/19). Some of these funds were used to peripherally support warm handoff efforts by funding parts of it such as peer services and SUD treatment expansion. The second funding stream was the State Opioid Response (SOR) Grant (9/30/18 – 9/29/20). DCF opted to support warm handoff practices in Florida by funding one pilot project in each of the seven ME areas in the state. The first SOR was followed by a new grant known as SOR 2 beginning September 30,

2020. By the end of 2020, federal funding was supporting over 30 warm handoff programs around the state.

Warm Handoff Champions

Individuals who championed this approach emerged from different entities and mobilized the funding, legislative support, and stakeholder buy-in. Warm handoff champions included:

- Senior management staff from the organization listed above that worked to identify funding streams and partnerships.
- Senior management from several treatment providers that looked for funding streams to fund peer staff for the hospitals and continued funding for treatment.
- Emergency room physicians who identified the need and served as champions with their organizations and as trainers and peer support for physicians in other hospital and treatment providers.
- State agency leadership who supported the initiative with funding and regulatory support.

Warm Handoff Initiatives in Florida

Figure 2. Hospitals with a Warm Handoff Process

Since 2017 there has been a significant expansion of emergency department and hospital warm handoff initiatives in Florida. Most of these initiatives are a joint effort between the emergency department or local hospital system and community substance use disorder treatment providers. The goals across these programs are similar, to identify individuals with an opioid use disorder and facilitate a handoff for continuing care to a community SUD provider.

Figure 2 provides a picture on where warm handoff initiatives are operating in Florida. The projects included in the map and described in this section were identified through inquiries of the managing entities and treatment providers. There may be additional projects not identified here.

A short description of each of the warm handoff initiative illustrated in the map is below. These descriptions were developed as a result of a series of interviews FADAA completed with staff from the hospitals and the treatment providers to understand each warm handoff practice and identified the lessons learned by each project. These interviews also provided the information used to develop the *Warm Handoff Implementation Toolkit*.

Hospital(s):	**AdventHealth Orlando in Orlando, Florida** **AdventHealth Altamonte Springs in Altamonte Springs, Florida** **AdventHealth Apopka in Apopka, Florida** **AdventHealth Celebration in Celebration, Florida** **AdventHealth East Orlando in Orlando, Florida**
Treatment Provider:	**Aspire Health Partners**

The warm handoff is provided by the Aspire hospital diversion team at the main hospital, AdventHealth Orlando, and the satellite emergency department locations. The diversion team includes a peer, a nurse, and a counselor. Peer hours are typically 8 am to 5 pm but are not fixed. On off hours, peers may be called by hospital staff to make arrangements to engage patients. Peers work throughout the hospital, engaging individuals in the ED as well as those in inpatient care at the hospital. Inductions are available to patients admitted to the hospital for inpatient care but are not yet part of a formalized protocol. Transportation is provided by Aspire for patients headed to inpatient care with the treatment provider. Bus vouchers are available to those going into outpatient care. Narcan is distributed at the treatment provider site. Aspire will fill three more peer positions to support this work. New peers will shadow current peers as part of the onboarding process.

Hospital:	**Orlando Health South Seminole in Longwood, Florida**
Treatment Provider:	**Aspire Health Partners**

The warm handoff is provided by the Aspire hospital diversion team which includes a peer, a nurse, and a counselor. Peer hours are typically 8 am to 5 pm but are not fixed. On off hours, peers may be called by hospital staff hours to make arrangements to engage patients. Peers work throughout the hospital, engaging individuals in the ED as well as those in inpatient care at the hospital. Inductions are available to patients admitted to the hospital for inpatient care but are not yet part of a formalized protocol. Transportation is provided by Aspire for patients headed to inpatient care with the treatment provider. Bus vouchers are available to those

going into outpatient care. Peers are responsible for following up with patients to ensure they are connected with treatment services when patients indicate intent to pursue treatment, and to assure patients who are not yet ready that services will continue to be available to them.

Hospital:	**Broward Health Coral Springs in Coral Springs, Florida**
Treatment Provider:	**Banyan Health Systems**

The model for this bridge is that patients are connected to a peer by phone. The peer explains the program, and consenting patients are induced on buprenorphine before discharge from the ED. The following day, a representative from fire department and the peer jointly visit the patient at their place of residence to provide a daily dose of buprenorphine and continue to do so on a daily basis for up to eight days. Narcan is provided to patients during the initial home visit. Within the eight days of home visits, Banyan arranges an appointment with a psychiatrist and for case management assessment. Subsequently, individual therapy, peer support groups, and other services are made available. The program is supported by two peers who are expected to rotate shifts from 7 am to 11 pm. When not connecting with ED-based patients, the peers work in the community, attend meetings, and visit patients in residential programs. Peers are also responsible for following up with patients who indicate they are not ready to pursue treatment when they leave the ED.

Hospital:	**Morton Plant North Bay Hospital in Port Richey, Florida**
Treatment Provider:	**BayCare Behavioral Health Services**

This bridge program involves a peer working in the ED. At the time of the interview, the peer is a case manager with Baycare Behavioral Health and works throughout the hospital, across all departments and floors. This arrangement temporarily supports a peer presence in the hospital while a new hire completes onboarding requirements. The incoming peer will shadow the one presently in Morton Plant to meet staff and learn hospital protocols. The case manager/peer may continue to provide additional support in the hospital thereafter. Peers are connected to patients through rounding with hospital staff and with notification from case workers.

Hospital(s):	**Bayfront Health Port Charlotte in Port Charlotte, Florida** **Fawcett Memorial Hospital in Port Charlotte, Florida**
Treatment Provider:	**Charlotte Behavioral Health Care**

A peer is employed by Charlotte Behavioral Health and is available to work in the hospital ED for up to 40 hours per week, typically from 9 am to 5 pm. The peer typically joins in for morning rounds and is also connected to patients through phone calls from ED staff, including evening hours. If the peer is not available, a therapist that works for the Sheriff's department serves as back-up point of contact. In that case, the therapist will share the phone number so the peer can follow up with the patient even if they are discharged overnight. The peer provides Narcan as part of patient engagement and is responsible for reaching out to patients who express intent but fail to appear for treatment.

Hospital:	**Tampa General Hospital in Tampa, Florida** **St. Joseph's Hospital in Tampa, Florida**
Treatment Provider:	**DACCO Behavioral Health**

In this model, ED clinicians identify patients with substance use disorder who are interested in treatment, then email a referral form with patient details to DACCO staff. If the referral occurs during DACCO's intake hours, patients are transported to DACCO via UberHealth or a Medicaid cab. If the referral occurs after hours, patients receive a dose of Subutex and are received by DACCO the following day. Attempts are made to contact patients who fail to appear for treatment, DACCO attempts to contact the patient after three days, the hospital attempts to contact patients at the seven and 14-day mark. The hospital also flags the patient charts to indicate that a referral was made, which is useful in the event that the patient returns to the hospital.

Hospital:	**NCH Baker Hospital in Naples, Florida**
Treatment Provider:	**David Lawrence Centers for Behavioral Health**

This bridge program expanded an existing relationship between the hospital and the treatment provider, in which a David Lawrence Center Outreach Specialist facilitated warm handoffs for continuum of care, though not specific to MAT. As details of the hospital credentialing process for the peer are not yet refined, the peer is working in tandem with the David Lawrence Outreach Specialist to complete screenings in the hospital. Once the peer is fully embedded in the ED, the model will use electronic medical records to refer patients to the peer for warm handoff into treatment.

Hospital(s):	**Physicians Regional Medical Center - Collier in Naples, Florida** **Physicians Regional Medical Center - Pine Ridge in Naples, Florida**
Treatment Provider:	**David Lawrence Centers for Behavioral Health**

This bridge uses one peer assigned to rotate between the two hospital locations in Collier County. At the request of the hospital, the peers developed a brochure that provides information about treatment options and points of contact which hospital staff distribute when a peer is not onsite. Peers are responsible for following up with patients after they have left the ED to confirm the patient attended their first appointment to initiate treatment if the patient indicated intent to do so. Peer also follow-up with those that denied a link to treatment as a wellbeing check.

Hospital:	**Flagler Hospital in St. Augustine, Florida**
Treatment Provider:	**EPIC Behavioral Healthcare**

Two peers employed by EPIC work full time, Monday through Friday. A third peer works part time over the weekends. Peers are connected to patients through nurse referrals and through

the Electronic Health Records (EHR) system. At present, hospital referrals are coordinated through the crisis counselor or hospital care coordinators, with the exception of a couple ED physician champions who may directly refer patients to the treatment provider without going through the crisis counselor. These physician champions have also recently begun to provide a one dose induction and transfer, the first of which took place in early 2020. EPIC has asked, but not yet been allowed to include peers in part of unit huddles to improve warm hand offs. At this time, peers also do not have access to individuals in inpatient care at the hospital. Narcan is distributed in the hospital. Transportation is not available to patients at this time.

Hospital:	**Sarasota Memorial Hospital in Sarasota, Florida**
Treatment Provider:	**First Step of Sarasota**

A First Step-employed peer works out of the hospital ED from 9 am to 5 pm Monday through Friday. The peer has access to the patient care board and is also connected to patients through phone calls and email. Patients sign a release prior to speaking with the peer. The peer completes a screening sheet which indicates patient eligibility for particular treatment programs in the area, based on characteristics such as whether the patient has children, is experiencing homelessness, the patient's county of residence, and others. The peer also engages patients through an opioid risk tool, which provides patients a sense of predisposition to risk of future opioid use based on patient details including family history, age, and psychological conditions. Initiation of MAT is available to those who are admitted to inpatient care at the hospital, but this option is not available to patients who are discharged from the ED.

Hospital:	**Manatee Memorial Hospital in Bradenton, Florida**
Treatment Provider:	**First Step of Sarasota**

This model includes three peers employed by First Step and work in the ED from 7 am until 11 pm six days a week. The peers have access to the patient care board and are connected to patients through phone calls and email. Patients sign a release prior to speaking with the peer. The peers complete a screening sheet which indicates patient eligibility for particular treatment programs in the area, based on characteristics such as whether the patient has children, is experiencing homelessness, the patient's county of residence, and others. The peers also engage patients through an opioid risk tool, which provides patients a sense of predisposition to risk of future opioid use based on patient details including family history, age, and psychological conditions. The program also includes access to psychiatric nurses.

Hospital:	**Ascension St. Vincent's Southside Hospital in Jacksonville, Florida** **Ascension St. Vincent's Riverside in Jacksonville, Florida** **Ascension St. Vincent's Health Center - Town Center in Jacksonville, Florida** **Memorial Hospital in Jacksonville, Florida** **Baptist Medical Center Jacksonville in Jacksonville, Florida** **UF Health Jacksonville in Jacksonville, Florida**
Treatment Provider:	**Gateway Community Services Inc.**

The original bridge protocol included a mental health worker alongside a peer to complete patient assessments. This aspect was eventually discontinued in recognition that assessments were more appropriate at a later time when the patient was stable outside the ED. This program features multiple peers working shifts from 7 am to midnight. The program at St. Vincent Southside and was later replicated at the other hospitals. In the ED, peers use a questionnaire and Screening, Brief Intervention and Referral to Treatment (SBIRT) tool to guide discussion with patients. Peers then follow and support patients throughout the duration of their treatment. To reduce the potential for the bridge to exceed Gateway's capacity, the treatment provider restructured its residential program from a standard 30- to 60-day residential stay to a 13-day residential program in which patients then proceed to outpatient treatment. Gateway reports that very few patients seek additional days in residential. Narcan is available at the hospital pharmacy and at the treatment provider's site.

Hospital:	**Memorial Health Broward in Hollywood, Florida**
Treatment Provider:	**Memorial Outpatient Behavioral Health Center**

This bridge builds on the Mothers in Recovery program, focused on treating substance use disorders in pregnancy through MAT and other services, which began in the May of 2015. Further, what makes this program different from other warm handoff initiatives is that the hospital and the treatment provider are both part of the same healthcare system.

Three ED-based peers support this bridge, who are employed by Memorial. It is anticipated that three additional peers will be hired in the near future. Peers are connected to patients through the electronic health records console and a secure texting app. An MSW, a licensed clinical physician, and a clinical pharmacist round out the MAT team. Patients are started on buprenorphine in the ED, and peers are empowered to distribute Narcan there. The MAT team helps patients identify the most appropriate treatment provider, Memorial Outpatient Behavioral Health, Banyan, or another resource, and may also connect patients to housing and other community services. Transport is available by way of a hospital van.

Memorial is in the process of developing a workflow to use telehealth communication to connect patients in four other Memorial hospital EDs to peers and treatment services.

Hospital:	**JFK Medical Center North Campus in West Palm Beach, Florida**
Treatment Provider:	**C. L. Brumback Primary Care Clinics**

The Health Care District (CHD) of Palm Beach County in partnership with the Palm Beach County Fire Rescue and JFK Medical Center North Campus established the Addiction Stabilization Unit at the hospital. Patients who suffer an overdose are brought to this hospital from around the county. Once they are stabilized at the hospital, they are assessed for insurance coverage. If the patient has private insurance, they are linked to outside agencies. If the patient does not have insurance, they are walked across the parking lot to the to the HDC Clinic Assessment and Care Coordination Magnolia Clinic (part of C. L. Brumback Primary Care Clinics). Once at the clinic, they are offered MAT and behavioral health services. When a

different level of care of specialty care is indicated, the patient is referred to a specialized community-based treatment provider.

Hospital:	**North Florida Regional Medical Center in Gainesville, Florida**
Treatment Provider:	**Meridian Behavioral Health**

A team of peers employed by Meridian are on call and rotate responsibility to engage patients in the hospital as need arises. Meridian is also able to receive patients under the Marchman Act in conjunction with Meridian's Addictions Receiving Facility. Generally, the responding peer continues to follow patients who express interest in services throughout the patient's treatment journey, sometimes for the course of six months or more. Peers are connected to patients by calls from hospital case workers. The treatment provider credentialing process was sufficient for peers to gain hospital access since the ED is not a secure area. Transportation is primarily supported through a hospital-supplied taxi voucher. Buprenorphine may be provided by the hospital but is not part of a standard protocol.

Hospital:	**UF Health Shands Hospital in Gainesville, Florida** **Shands Lake Shore Regional Medical Center in Lake City, Florida**
Treatment Provider:	**Meridian Behavioral Health**

A team of peers employed by Meridian are on call and rotate responsibility to engage patients in the hospital as need arises. The treatment provider is also able to receive patients under the Marchman Act in conjunction with Meridian's Addictions Receiving Facility. Generally, the responding peer continues to follow patients who express interest in services throughout the patient's treatment journey, sometimes for the course of six months or more. Peers are connected to patients by calls from hospital social work staff. Buprenorphine may be provided by the hospital but is not part of a standard protocol.

Meridian, at its residential treatment site, has a unit with the capacity to serve patients with a peripherally inserted central catheter (PICC) line. When those patients are identified as candidate for treatment outside the hospital, a peer accompanies a Meridian nurse manager to the hospital to engage the patient. In these cases, the hospital covers the cost of the patient stay and medical care.

The Shands Lake Shore Regional Medical Center in Lake City, Florida, closed on August 31, 2020, and it is therefore not included in the map. A warm handoff was in place until the hospital closure.

Hospital:	**St. Anthony's Hospital in St. Petersburg, Florida**
Treatment Provider:	**Operation PAR**

The peer is stationed in the hospital ED from 8:00 am until 4:00 pm Monday through Friday to support patient connection to services. The peer has patients sign release of information to discuss personal information and facilitate the release of information between the hospital and treatment provider. If the patient is interested in treatment, the peer completes a

standard pre-intake form that identifies substances used, routes, prescriptions, mental health, an emergency contact, and other details. When the peer is not in the ED, the peer's voicemail message directs callers to Operation PAR's clinical director or vice president of medication to discuss treatment options.

Hospital:	**Lee Memorial Hospital in Fort Myers, Florida**
Treatment Provider:	**Operation PAR**

Engagement in the ED begins when patients suspected of or formally screened for substance use disorder are identified. Patients are offered treatment options and assistance connecting to the treatment provider. Those who elect to pursue treatment are offered buprenorphine prior to discharge. Though the peer based in the endocarditis center is available to engage patients in the ED, at present the care coordinator in the ED facilitates the referral. By way of fax, the referral communicates to Operation PAR patient details and intent to pursue treatment. Regardless of whether patients elect to pursue treatment, they receive harm reduction education and a Narcan Kit. Patients are responsible for providing their own transportation to treatment. At this point, no formal protocol or policy is employed in the ED.

Hospital:	**Lee Memorial Hospital in Fort Myers, Florida**
Treatment Provider:	**SalusCare**

Referrals are facilitated by care coordinators in the ED, who provide patients access to the treatment provider's scheduling agents. If a patient is new to SalusCare, they can complete intake forms, detailing demographic information and consents online. No transportation is provided. In the future, an ED-based peer is anticipated to assist with discussions respecting treatment options, scheduling, and transportation.

Hospital:	**Halifax Health Medical Center in Daytona Beach, Florida**
Treatment Provider:	**SMA Healthcare**

The peer is available at the ED from 10 am until 7 pm Monday through Friday, hours which are helpful to the ED and somewhat overlap with SMA's hours of operations, ensuring that the peer can routinely connect with colleagues at SMA. The peer is notified of patients through an email alert ordered by hospital clinical staff. When engaging patients and/or family members, the peer is empowered by both the hospital and the treatment provider to dispense naloxone on site. Telehealth via iPads is also available in the ED. These lines staffed by SMA crisis care coordinators who are available at all times when the peer is not onsite.

Hospital:	**Winter Haven Hospital in Winter Haven, Florida**
Treatment Provider:	**Tri County Human Services**

The peer works at the ED from mid-morning to evening hours. At the request of the hospital, the peer developed a brochure that provides information about treatment options and points of contact which hospital staff distribute when a peer is not onsite. Peers are responsible for following up with patients after they have left the ED to confirm the patient engaged in

treatment if the patient indicated intent to do so. Peers also conduct a welfare check on patients that declined a link to treatment. WeCare, a medical transportation service, is available to indigent patients, through a county-funded half-cent sales tax program.

Hospital:	**AdventHealth Heart of Florida Hospital - Davenport in Davenport, Florida** **AdventHealth Lake Wales in Lake Wales, Florida**
Treatment Provider:	**Tri County Human Services**

This bridge includes one peer at each Advent hospital location, Davenport and Lake Wales. Since Lake Wales is the receiving facility for patients under the Marchman and Baker Acts for Highlands and Hardee counties, the peer at that location has lived experiences related to mental health conditions in addition to substance use disorder. That peer works closely with each hospital's behavioral health unit. Peers work Monday through Friday and participate in hospital rounds each morning. At the request of the hospital, the peers developed a brochure that provides information about treatment options and points of contact which hospital staff distribute when a peer is not onsite. Peers are responsible for following up with patients after they have left the ED to confirm the patient engaged in treatment if the patient indicated intent to do so. Peers also conduct a welfare check on patients that declined a link to treatment.

Hospital:	**Lakeland Regional Health Medical Center in Lakeland, Florida**
Treatment Provider:	**Tri County Human Services**

Given the volume of patients at Lakeland Regional Hospital, this bridge is anticipated to support two ED-based peers. Their anticipated schedules will cover mid-morning to evening hours. At the request of the hospital, the peers developed a brochure that provides information about treatment options and points of contact which hospital staff distribute when a peer is not onsite. Peers are responsible for following up with patients after they have left the ED to confirm the patient engaged in treatment if the patient indicated intent to do so. Peers also conduct a welfare check on patients that declined a link to treatment.

Non-ED Warm Handoff

Hospital:	**Lee Health Shipley Cardiothoracic Center in Fort Myers, Florida**
Treatment Provider:	**Operation PAR** **SalusCare**

The Substance Abuse Response Team (START) includes a specialist in addiction medicine, a pharmacist, care management, and licensed clinical social worker from Spiritual Care services as well as a peer. The program designed a protocol for hospital staff and a behavioral contract for patients. The peer is primarily stationed in the hospital endocarditis center but rounds at three other Lee Health campuses seeing all addiction medicine consults. The peer identifies patients based on the addiction medicine list and is connected to patients by hospital social workers, nurses, and the EHR system. In the endocarditis unit, the peer develops relapse

prevention plans with patients. This program has supported the expansion of MAT services throughout the hospital, supported by DATA 2000-waivered hospital and ED physicians. Upon discharge from the hospital, patients are referred to Lee Health Addiction Medicine Clinic, Operation PAR or SalusCare.

Projects in the development stage

Hospital:	**Osceola Hospital in Longwood, Florida** **Oviedo Medical Center in Oviedo Florida** **Central Florida Regional Hospital in Sanford, Florida**
Treatment Provider:	**Aspire Health Partners**

The vision is to replicate the model that has been implemented in the AdventHealth and Orlando Health hospitals, with a hospital diversion team including the support of a nurse navigator. The goal is to reduce patient recidivism in the ED. Peers are anticipated to function as subcontractors in the hospital ED, and the treatment provider will supply peers with phones, laptops, and other materials.

Hospital:	**Orlando Regional Medical Center South Lake in Clermont, Florida**
Treatment Provider:	**To be determined**

This program, supported by a grant from Florida Blue, will support an ED-based peer, in recognition of the growing need for attention to substance use disorder patients. The hospital is currently working on credentialing logistics for a peer and making Narcan available at the hospital pharmacy for patients who might benefit from receiving it at the time of discharge. The peer will be employed by the treatment provider. At this point, it is not clear whether inductions will be available in the ED or whether transportation will be available.

LESSONS LEARNED

The implementation of this project has not been without challenges or concerns. However, a lot was learned about the contingencies that must be addressed if a successful warm handoff program is going to be implemented. While not all hospitals or partnerships experienced the same challenges, some common issues emerged.

Coordinating Activities between Highly Regulated Healthcare Organizations

Both hospitals and behavioral health treatment providers are highly regulated entities. In Florida, hospitals are licensed and regulated by the Agency for Health Care Administration (AHCA). Substance use disorder treatment providers are licensed and regulated by the Florida Department of Children and Families (DCF). In addition, there are federal and state regulations that govern parts of their operations and the credentialing of their staff. These entities also have different funding streams. The warm handoff requires that all these mandates and regulations be coordinated across the partners.

Patient Management and Confidentiality Concerns

In addition to the entities regulating the operation of hospitals and treatment providers, patient management and confidentiality adds another layer of regulations that must be navigated when implementing a warm handoff. In this case, it is helpful that most of these regulations apply to all the partners, so all parties are familiar with them.

Formalizing the Partnership

In any partnership, understanding each party's role is key to success. This is especially true in partnerships between complex, highly regulated systems such as hospitals and treatment providers. A vehicle such as a Memorandum of Understanding (MOU) can serve to commit to writing the role of each partner. While a MOU is not typically binding, it helps to communicate and clarify roles and responsibilities. One important role of an MOU is to secure a commitment on what data will be shared and how. Securing an MOU proved to be a difficult and lengthy process.

Prescriber Credentialing

Inducting patients using buprenorphine while in the ED has emerged as a promising practice in engaging patients into treatment. Prescribers must complete the DATA 2000 Waiver to prescribe buprenorphine.[14] Hospitals often identify the need for their physicians to secure this credential as a challenge. However, under certain conditions ED physicians may not be required to secure the waiver in order to administer buprenorphine. This exemption enables a physician to administer, but not prescribe, narcotic drugs to a patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment, under certain conditions.

Capacity Concerns

Hospitals, especially those in areas with high incidence of opioid overdoses, express concerns in beginning a treatment protocol and then experience challenges placing the patient in treatment due to issues with capacity at the community-based treatment providers. This is of particular concern when the hospital uses buprenorphine induction at the ED and there is a possibility that a continuum of care will not be available. While this is one of the most noted concerns, the number of referrals to treatment has not reached levels that could not be served during the pilot phase.

Using Technology

The effective use of technology proved critical in the development and operation of a warm handoff process both in the coordination efforts to develop the program and in its implementation. At the development stage, technology allowed the partners to sustain frequent communications, share documents, and work together in the development of the protocols. During implementation, technology can help really improve the success of the program. Many hospitals found that automation helps warm handoff to occur in a consistent basis regardless of the time of day, attending physician, diagnosis, and others.

---

[14] Substance Abuse and Mental Health Services Administration (2021). Become a Buprenorphine Waivered Practitioner. Available at https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner.

Transportation

Transportation typically presents a challenge in Florida. Public transportation is limited since the state is not densely populated. Transporting the patient from the ED to the receiving substance treatment center is not an exception. Typically, these patients were taken to the ED by emergency services and may or may not have a family or friend available for transport. Rural areas typically have fewer transportation choices available.

Integrating the Peer into the Hospital Setting

The ED is a fast paced, often high energy and stressful environment. The ED teams develop their own rhythm to help them adapt and respond to the everchanging environment. Inserting a peer into this environment proved to be one of the most challenging parts of the implementation phase. The peers were not accustomed to the pace and stress of the environment and they were not familiar with the typical medical protocols that are commonplace for medical staff from the use of personal protective equipment to the use of technology to both provide treatment and document treatment. Special care must be invested in the onboarding process for peers.

Overcoming Stigma in the ED

Stigma remains the most significant barrier to people seeking care for mental health and substance use disorders. Stigma was identified as the number one barrier to success to implementing MAT and warm handoff protocols in the ED. It is important to recognize that stigma can occurs in the individual with a SUD, their families, and in the ED staff. The personal stigma can lead a patient to deny or hide their struggles with a SUD or miss-report their recent use. Public stigma, the negative attitude that people may have about SUD is often related to a lack of understanding of the problem.[15]

FLORIDA'S LEGISLATIVE RESPONSE

The legislature and the Governor's office have been active participants in the efforts to manage and reverse the opioid crisis in Florida. The efforts of entities that seek to serve individuals with a SUD such as hospital and community-based treatment systems have recently been enhanced by legislative initiatives and a significant influx of federal funding to support a targeted response to the opioid crisis. The actions of recent sessions of the Florida Legislature are summarized below.

2017 Legislative Session

The Florida Alcohol and Drug Abuse Association launched a statewide public information campaign in January 2017 called *Ten a Day Die This Way* to promote legislative initiatives aimed at addressing the opioid crisis. The campaign began with a press conference attended by Florida's Attorney General, more than a dozen policymakers and more than 25 key stakeholders representing law enforcement, Emergency Medical Services (EMS), hospital staff, emergency department physicians, community treatment providers, local government officials, and individuals in recovery. As a result of the

[15] Corrigan, Pw, Druss, BG, Perlick, DA. The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. Psychological Science in The Public Interest. 2014, 15(2);37-70.

heightened attention to the opioid crisis in Florida, in 2017 the Legislature passed laws that incorporated the following critical actions:

- Added punishments to the trafficking of fentanyl and its derivatives (SB 150)
- Changed Florida's Prescription Drug Monitoring Program (PDMP) to mandate that an electronic report be filed to the PDMP within 24 hours of dispensing a controlled substance (HB 557)
- Developing data collection points for first responders on drug overdoses (HB 249)
- Requiring hospitals to develop best practices when treating opioid overdoses (HB 249)

In April 2017, then Governor Rick Scott ordered a statewide listening tour to ascertain the impact of the opioid crisis in Florida. Meetings were held in Palm Beach, Manatee, Duval, and Orange counties, all who had been severely affected by the opioid crisis. Upon conclusion of the tour, Governor Scott declared a Public Health Emergency. The declaration authorized immediate release of the federal State Targeted Response Grant (STR) fund of $27.35 million, which went immediately into providing intervention and treatment services to individuals with opioid use disorders.

2018 Legislative Session

In 2018, the Florida Legislature took significant steps to combat the opioid epidemic in Florida. In March 2018 Governor Rick Scott signed into law HB 21, a broad-ranging measure which established new prescription limits for a Schedule II opioid for acute pain (a three-day supply). A seven-day supply can be prescribed if deemed medically necessary by the provider. The bill exempts certain conditions from these limits. The law (Section 456.44(3)(d), F.S.) mandates that a prescribing practitioner conducts a face-to-face visit with any patient being treated with controlled substances for chronic nonmalignant pain at least once every three months.

The Legislature also allocated considerable funding in the 2018-2019 budget to address the opioid crisis:

- $27,035,532 in non-recurring Federal Grants Trust Fund to the Department of Children and Families (DCF) for the State Targeted Response to the Opioid Crisis grant (authorization to spend federal funding),
- $14,626,911 in recurring revenue to DCF for enhancement of community-based substance abuse services to address the opioid crisis for outreach, addiction treatment, and recovery support services,
- $5,000,000 in recurring funds to the Department of Health (DOH) for naloxone to be made available to first responders,
- $6,000,000 in recurring general revenue to the Office of State Court Administrator (OSCA) for medication assisted treatment (MAT) for patients involved in the criminal justice system, and
- $873,089 in recurring general revenue and, $117,700 in non-recurring funds to the Department of Health for improvements to the Prescription Drug Monitoring Program (PDMP).

Since HB 21 was implemented, the number of new prescription opioid users per month dropped by 16% immediately. According to the study conducted by the University of Florida, the number of new

users continues to decline each month. This law has been associated with an immediate drop in the use of hydrocodone. [16]

2019 Legislative Session

The 2019 Legislative Session addressed the opioid issue on several fronts. One such effort, SB366, Infectious Disease Elimination Programs, allows counties to authorize needle exchange programs that swap clean syringes for used ones. Needle exchanges have been shown to reduce the spread of blood borne infections—like HIV and hepatitis C—among intravenous drug users.[17] This legislation was signed into law by Governor Ron DeSantis on June 27, 2019.

In addition, on June 25, 2019, the HB 451 (Opioid Alternative) bill was signed into law. The bill requires that before any healthcare provider (except a pharmacist) can provide anesthesia or prescribe, order, dispense or administer a Schedule II opioid drug for the treatment of pain, the healthcare provider must complete the following:

- Educate the patient of the available non-opioid alternatives for the treatment of pain.
- Discuss the advantages and disadvantages of the use of non-opioid alternatives.
- Provide the patient with the educational pamphlet developed by the Department of Health.
- Document the non-opioid alternatives considered (if any) in the patient's record.

2020 Legislative Session

Florida's 2020 Legislative Session was impacted by the COVID-19 pandemic. While the legislative session ended as originally scheduled, the transfer of new legislation to the governor to be signed into law was delayed as the legislature and the governor tried to understand what impact the pandemic would have on the state.

SB 1120, Substance Abuse Services, was signed into law by Governor Ron DeSantis on June 19, 2020. This legislation changes the background screening rules for certain individuals providing services to individuals with a SUD. This legislation requires, rather than authorize, an exemption from disqualification from employment for certain substance abuse service provider personnel under certain circumstances; providing that certain persons may be granted such exemption without a waiting period under certain circumstances. Background screening rules are often identified as a barrier to engage peer recovery specialists who may have a criminal history from the time they were actively using substances.

COVID-19 PANDEMIC

The COVID-19 pandemic began in the US in early 2020. In March 2020, cities began experiencing closures and stay at home orders. To safeguard both patients and staff, many hospitals began

[16] Scott, J. (n.d.). Non-Opioid Alternatives: What Florida's New Law Requires. Retrieved from https://www.flmedical.org/Florida/Florida_Public/Docs/HB-451-Opioid-article.pdf

[17] Knight, V. U. T. (2019, May 8). Needle exchanges find new champions among Republicans. Retrieved from https://eu.usatoday.com/story/news/nation/2019/05/08/needle-exchange-programs-more-accepted-republican-states/1139672001/

implementing restrictions as to who could access the facilities. The restrictions negatively impacted the ability of peers to remain in the ED and have a face-to-face interaction, or warm interaction, with individuals presenting with an overdose. Most hospitals replaced the in-person warm handoff with remote options such as telephone conversations and web-based telehealth. This had a negative impact on program success. For example, Halifax Hospital and the community treatment provider SMA reported to FADAA that from November 2019, when the program was started, to February 2020, the last time peers where in the ED, over 50 percent of eligible overdose patients providing consent led to a physician order for peer services. That number was reduced to less than 37 percent once the peers were not in the ED (March to June 2020). In the same periods the percent of patients transitioning into MAT enrollment went from 46 to less than 32 percent.

The key to the project and what makes it different from typical referral services lays in the "warm" aspect. Many struggle to provide that via web-based platforms. Peers also report that they often approach the patient with a snack, a hug or handshake, or other actions designed to communicate concern for the welfare of the patient. This is difficult to achieve via telehealth. The hospital that reported the findings above allowed the peers to return to the ED in July 2020 in an effort to regain the progress they had achieved before COVID-19.

CONCLUSION

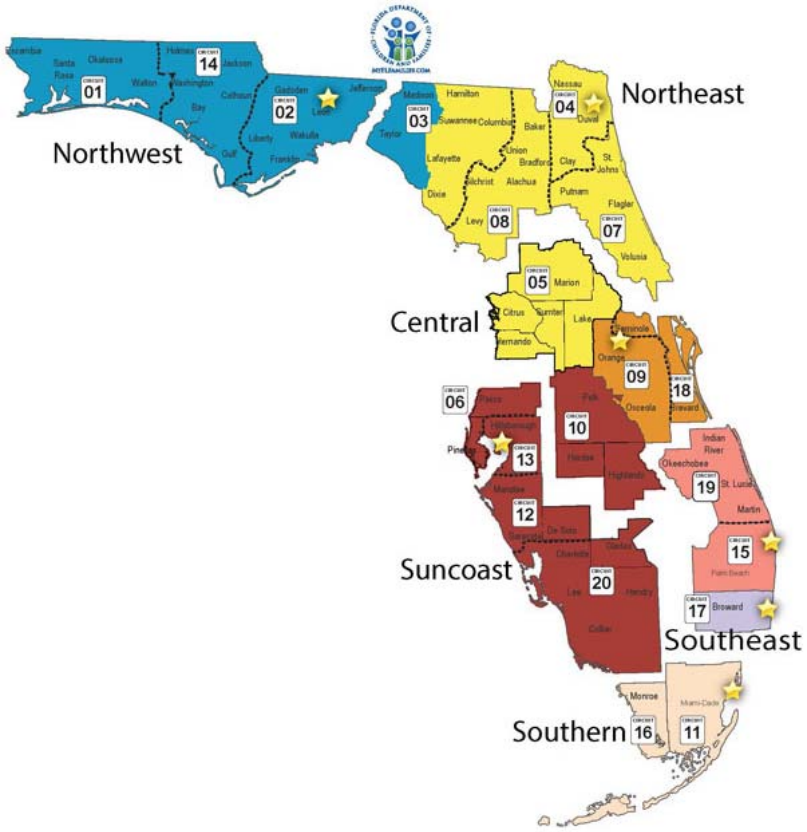
While the negative impact of the opioid epidemic on Florida continues, there has been significant progress towards the implementation of evidence-based promising practices that create intervention and treatment pathways for individuals experiencing an opioid overdose. One of these innovations has been the creation and implementation of hospital emergency department warm handoff programs. Since the commencing of the *Aetna All in Florida: ER Intervention Project* and other targeted efforts to address warm handoffs, the number of identified hospital warm handoff programs in the state has grown from four to almost 40. These initiatives are proving to be a successful strategy to both identify patients with an opioid use disorder and to create a bridge from the emergency room or inpatient hospital care to community substance use disorder treatment. In addition, in several location the induction of buprenorphine has commenced in the emergency room with a direct link to a community MAT provider for follow up medication management and care.

It has become clear in these initiatives that the role of a peer, an individual in recovery with lived experience, has surfaced as a critical and valuable asset to facilitating the warm handoff. Finally, these initiatives have also resulted in local hospitals and community substance use disorder treatment providers working more closely together to coordinate care to individuals presenting with a substance use disorder. While the COVID-19 pandemic has impacted the operation of warm handoff programs, it is anticipated the warm handoff initiatives in emergency departments will resume once the impact on the emergency department subsides.

The resources provided by the Aetna Foundation were extremely beneficial is raising awareness and enhancing skills related to the need for and effective strategies to implement warm handoff programs.

Appendix A - Florida's Managing Entities

DCF contracts for behavioral health services through regional systems of care called Managing Entities (MEs). These entities do not provide direct services; rather, they allow the department's funding to be tailored to the specific behavioral health needs in the various regions of the State. Executed Managing Entity contract documents are available on the Florida Accountability Contract Tracking System (FACTS), maintained by the Florida Department of Financial Services using the links provided.



- Big Bend Community Based Care, Inc. d/b/a NWF Health Network - Contract AHME1
  Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.
- Broward Behavioral Health Coalition - Contract JH343
  Serving Broward county.
- Central Florida Behavioral Health Network, Inc. - Contract QD1A9
  Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties.
- Central Florida Cares Health System - Contract GHME1
  Serving Brevard, Orange, Osceola, and Seminole counties.
- Lutheran Services Florida - Contract EH003
  Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia counties.
- South Florida Behavioral Health Network, Inc. d/b/a Thriving Mind South Florida - Contract KH225
  Serving Miami-Dade and Monroe counties.
- Southeast Florida Behavioral Health Network - Contract IH611
  Serving Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties.