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## MEMORANDUM

**To:** Sandra Wilson – City Manager  
Ken Whitehead – Assistant City Manager  
William Kauffman – Assistant City Manager/Chief Financial Officer, City of Ocala  
Pete Lee – Assistant City Manager  
Tiffany Kimball - Contracting Officer, City of Ocala  
Clint Welborn – Fire Chief, City of Ocala  
Mike Balken – Police Chief, City of Ocala  
Robert W. Batsel, Jr., Esq. – City Attorney, City of Ocala

**CC:** Amanda Tart – Assistant County Administrator, Marion County  
Russell Ward, Esq. – Assistant County Attorney, Marion County  
Rodney Mascho – Division Chief, Marion County Fire Department

**From:** Daphne M. Robinson, Esq., - Deputy Director, Contracting

**Date:** September 1, 2021

**Re:** Current Status of Opioid Abatement Strategies Utilized by the City of Ocala

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On August 18, 2021, an informal conference was held between representatives for the City of Ocala ("City") and Marion County ("County") to discuss the pending allocation agreement for settlement proceeds stemming from the National Prescription Opiate litigation. Opiate litigation settlement proceeds ("Opioid Settlement Funds") issued to qualified counties will be required to be utilized for strategies, programming, and services dedicated to expanding the availability of treatment for individuals impacted by substance use disorders. As an express condition to the receipt of opioid settlement funds, Marion County is required to reach an agreement with the City of Ocala as to how the settlement proceeds will be spent.

The Florida Attorney General's Office has prepared and distributed a Memorandum of Understanding (the "MOU") intended to serve as a basis for the preparation of a formal agreement between the City and County regarding the use of opioid settlement funds. Attached to the Memorandum of Understanding as Exhibit A is a list of programs and strategies prioritized by the U.S. Department of Justice and U.S. Department of Health & Human Services as "Core Strategies" to be utilized in the abatement of the opioid crisis. Exhibit B includes additional "Approved Uses" for the opioid settlement funds. Once finalized, the MOU will set forth that the definitive percentage of opioid settlement funds that must be devoted to Core Strategies.

During the meeting, it was noted that the City's Community Paramedicine Program was performing work that would satisfy several of the Core Strategies and Approved Uses identified in the MOU. It was also noted that the funding received via an OD2A Grant from the Florida Department of Health was insufficient to meet the full needs and desired scope of the Community Paramedicine Program. The purpose of this Memorandum is to provide information about the

Community Paramedicine Program, to catalogue the Core Strategies and Approved Uses currently in play, and to identify those areas where additional funding would be of benefit to the scope and impact of the program as it relates to first responder diversion and outreach efforts.

## **A. THE CITY OF OCALA'S COMMUNITY PARAMEDICINE PROGRAM**

In September 2019, the Centers for Disease Control ("CDC") launched its Overdose Data to Action Initiative to partner with and provide funding to sixty-six jurisdictions (state, territorial, county, and city health departments) across the United States to collect comprehensive data regarding nonfatal and fatal overdoses<sup>1</sup>. The data collected by the participating jurisdictions is intended to be used by the CDC to develop and improve overdose prevention and response efforts throughout the country including prescription drug monitoring programs, linkage to care, partnering with public safety and first responders, and peer-to-peer learning.

The CDC's OD2A grant award to the Florida Department of Health ("DOH") provides \$58.8 million in funding to address opioid misuse and deaths in the state for the period September 2019 through August 2022<sup>2</sup>. Marion County is one of only fourteen (14) counties in the state of Florida to receive funding through the OD2A Grant and one of only two (2) counties selected to receive additional funding to implement community paramedicine projects to improve patient follow-up among individuals most at risk of overdosing<sup>3</sup>.

The OD2A Grant for Marion County is administered by the Marion County Health Department. The \$558,736 OD2A Grant is for a term of two years from July 1, 2020 through August 31, 2022. The OD2A Grant provides for annual renewals, upon written agreement, for no more than three years beyond the initial term.

Generally, the OD2A Grant for Marion County sets forth four broad areas of community paramedicine services that are to be provided by OFR to adult residents of Marion County who are at risk of overdose, who have recently overdosed, or who have a history of substance abuse (the "target population"):

- provision of substance abuse education to target population and their families;
- providing medical assessments and medical status monitoring for target population;
- assisting target population with Medication Assisted Therapy (MAT); and
- linking target population to community resources for substance abuse disorder management.

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<sup>1</sup> See Overdose Data to Action Program available at <https://www.cdc.gov/drugoverdose/od2a/index.html>.

<sup>2</sup> See DOH's Opioid Response activities available at <http://www.floridahealth.gov/programs-and-services/opioid-response/index.html>.

<sup>3</sup> See DOH Press Release, "Florida Department of Health Launches Community Effort in Fight Against Drug Overdose and Opioid Abuse," February 11, 2020, available at: <http://www.floridahealth.gov/newsroom/2020/02/021120-od2a-alt.pr.html>.

As a recipient of OD2A Grant funds, Ocala Fire Rescue ("OFR") is currently responsible for identifying and making contact with program participants through substance overdose emergency calls made through the Marion County 9-1-1 system, hospital referrals of discharged patients following non-fatal overdoses, and individuals self-presenting to fire departments. Services are primarily provided at the participants' places of residence.

Captain Jesse Blaire of Ocala Fire Rescue serves as the Program Coordinator for the City's Community Paramedicine Program. One of the primary goals of the Community Paramedicine Program is to decrease the number of overdoses in the City of Ocala and Marion County by increasing community paramedicine services to residents with substance abuse disorders, decreasing barriers to care, and increase access to services and resources.

## **B. CORE AND OTHER APPROVED ABATEMENT STRATEGIES CURRENTLY UTILIZED BY CITY OF OCALA FIRST RESPONDERS THAT COULD BENEFIT FROM SETTLEMENT FUND DISTRIBUTIONS**

Since 2017, both OFR's Community Paramedicine Program and the Ocala Police Department ("OPD") have implemented a number of interventions targeted at aggressively tackling the opioid crisis in the City of Ocala and Marion County. These initiatives would benefit greatly from additional funding that would be available from the Opioid Litigation Settlement.

OFR and OPD first responders are embedded in the community and are often the first to arrive on the scene of an overdose emergency. OFR's community paramedics and OPD's police officers are in a prime position to fill existing gaps in prevention and outreach and can be critical to forming partnerships with emergency physicians and other community stakeholders to improve overdose survival outcomes.

### **1. Naloxone or other FDA-approved drug to reverse opioid overdoses.**

Increasing naloxone access is a well-documented strategy to reduce opioid overdose death. OFR implemented its Narcan Leave Behind ("NLB") Program in 2019. Under the NLB Program, first responders expand naloxone access for individuals at high risk for future overdoses by: (i) distributing leave behind naloxone kits on the scene of an overdose and training those present on its use; or (ii) providing in-home naloxone distribution and training to those individuals who request aid via OFR's Opiate Tragedy Prevention Program website at <https://www.ocalafl.org/government/city-departments-a-h/ocala-fire-rescue/community-outreach/narcan-leave-behind-program>. The naloxone used in OFR's NLB Program is provided to OFR free of charge via the Florida Department of Health's Helping Emergency Responders Obtain Support (HEROS) Grant.

All OPD officers also carry Narcan so that they can treat individuals that they encounter who may be experiencing an opioid overdose. Afterwards, OPD personnel perform routine follow-ups on those individuals to offer resources or encourage them to go to a treatment center.

**Settlement Fund Use:** Opioid settlement funds would assist OFR to develop and execute a targeted social marketing campaign to increase awareness of the naloxone distribution via OFR's NLB Program so that community paramedics can more consistently meet individuals "where they are" in their drug use. These marketing materials can be carried and distributed by OFR and OPD first responders that arrive on the scene of an opioid-related event.

## **2. Distribution of Medically Assisted Treatment ("MAT") and Supporting the Treatment of Opioid Use Disorder and Co-Occurring Substance Use Disorder or Mental Health Conditions**

Park Place Behavioral Health Care ("PPBHC") is the funded partner responsible for the monitoring and provision of MAT to OD2A program participants identified under the City's Community Paramedicine Program.

As a deliverable under the OD2A Grant, OFR is obligated to track and report:

- the number of participants that enter MAT during the grant period;
- the demographics of the participants
- the location where the participant enters MAT; and
- compliance data at 3, 6, 9 and 12 months of MAT treatment

PPBHC has stopped providing MAT compliance data and referrals to OFR's community paramedicine program. OFR has resorted to distributing MAT compliance surveys to monitor MAT compliance for those patients they are able to identify via 9-1-1 response and transport. Not surprisingly, the survey return rate has been low.

**Settlement Fund Use:** With additional funding, OFR's Community Paramedicine Program can increase staffing and support the expansion and availability of MAT to the individuals that need it by providing mobile intervention, treatment, and recovery services. Prior to release from inpatient treatment programs, participants are often given Naltrexone or Vivitrol injections to block the effects of opioids for thirty days. These individuals could be referred to OFR's Community Paramedicine Program where trained and qualified paramedics can perform medication reconciliation services and administer follow-up injections.

## **3. Expansion of Warm Hand-Off Programs and Recovery Services and Providing Transportation and Other Connections to Care**

Prior to 2020, OFR community paramedics were contacted by hospital staff post-overdose to assist in the provision of wrap-around services to individuals with opioid use disorder that presented to hospital emergency rooms. OFR's community paramedics would meet and screen opioid overdose survivors in order to address the individuals' medical, behavioral or social support needs so they could be navigated to treatment referrals (inpatient long-term or short-term treatment) and other medical, behavioral, or social recovery support programs. It was during this

period the Community Paramedicine Program was able to most effectively track and provide wrap-round recovery services for its patients.

Today, the hospital district only provides OFR with a sterilized accounting of the number of patients seen and treated for opioid-related services. Hospital emergency room personnel no longer contact OFR's program and are instead referring survivors directly to Park Place Behavioral Health Care and/or The Vines for post-overdose care and services. As stated previously, Park Place has stopped providing patient data to OFR. OFR has only received referrals from The Vines. Consequently, we are unable to provide any statistical insight into the efficacy of this intervention.

**Settlement Fund Use:** With additional funding, OFR can meet staffing deficits in its Community Paramedicine Program. OFR's community paramedics are a vital link in the treatment and survival chain because they are the first individuals on scene after an overdose. As such, community paramedics are uniquely able to *immediately* partner with case managers and social workers to find treatment facilities with openings and directly provide transportation during those instances where a patient is unwilling to go to the emergency room, but willing to enter treatment.

For those individuals transported to emergency departments, OFR community paramedics should be included as part of a quick response team (which also includes a peer coach, social workers, or behavioral health specialist) that meets with the patient within 24-48 hours of overdose to address medical, behavioral, or social support needs both during and after inpatient treatment.

Additional funds are also needed to assist OFR with the development (or purchase) of a comprehensive database system for use by Community Paramedicine Program staff to more efficiently identify, flag, and pair participants with appropriate interventions to include chronic disease management, home visits, medication reconciliation, discharge follow-up, and prevention services.

#### **4. Treatment for Incarcerated Population and Addressing the Needs of Those Transitioning Out of the Criminal Justice System**

The interventions previously considered by OFR for incarcerated or transitioning persons are being handled by the Heart of Florida Health Center.

**Settlement Fund Use:** With additional staffing, OFR's Community Paramedicine Program can assist with increasing the distribution of MAT to those transitioning out of the criminal justice system by providing MAT follow-up services. Similar to the MAT interventions noted above, the Marion County Jail and Florida Department of Corrections can refer individuals that will be residing within our service area to OFR's Community Paramedicine Program where paramedics can perform medication reconciliation services and administer follow-up injections. OFR community paramedics can also provide referrals and linkages to other care and support services.

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## 5. Prevention Programs and Other Harm Reduction Initiatives

Every OFR station serves as a Safe Station for individuals looking for help to start their path to recovery from substance abuse. Community paramedics are available 24 hours a day, 7 days a week to provide initial assessments of those addicted to opioids and then activate the system of community resources designed to quickly move those individuals into treatment, regardless of their ability to pay. If treatment and transportation is required, OFR's community paramedics are available to ensure a smooth transfer of the patient from the fire station to the hospital or treatment facility. Sharps collection containers are located at each station to facilitate the disposal of needles and other drug paraphernalia.

Ocala Police Department's Heroin/Opioid Amnesty Program was launched in 2017 as an initiative to support the City of Ocala in its fight against the opioid epidemic. The Amnesty Program allows individuals to self-present to OPD stations, relinquish any drugs that they have, and ask for assistance enrolling in a rehabilitation program without prosecution for drug possession charges.

**Settlement Fund Use:** Self-referral initiatives like Safe Stations and the Amnesty Program require marketing to promote the program to and within the community. With additional funding, OFR's Community Paramedicine Program can develop a robust marketing campaign that would include websites, traditional media, social media and word-of-mouth promotion to the recovery community and its volunteers. Additional funding can also be used to develop and distribute program materials in those areas where drug use is common.

Opioid settlement funds would also assist OPD in its acquisition of two (2) intervention specialists that can focus solely on OPD's opioid crisis intervention. Currently, OPD officers are being pulled offline to perform follow up services and transport overdose survivors that desire treatment to facilities as far as Daytona Beach when necessary. The intervention specialists will be dedicated to all opioid-related services and will also be trained to assist in identifying and securing resources and referrals for any co-occurring substance use disorder and mental health conditions.