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CITY OF JACKSONVILLE • PROJECT SAVE LIVES STATUS REPORT

January 13, 2021

PROJECT MANAGEMENT TEAM

NAME	ORGANIZATION	AREA OF RESPONSIBILITY
David Castleman, MPA	Jacksonville Fire and Rescue Department	Contract Administration
Dr. Raymond Pomm, MD	Gateway Community Services	Program Medical Director
Dr. F. Huson Gilberstadt, MD, FACEP	St. Vincent's / Ascension Health	Chief Clinical Officer
Courtney Robinson, LMHC	Gateway Community Services	Lead Care Coordinator
Rico Bodin, MS, MCAP	Gateway Community Services	Peer Coordinator
Mark Rowley, BSN, RN	Jacksonville Fire and Rescue Department	Data & Reporting
Dr. Lori Bilello, PhD, MBA, MHS	UF College of Medicine – Jacksonville	Research and Analysis

PROJECT OBJECTIVE

The purpose of the Opioid Epidemic Project dubbed "Project Save Lives" is to establish a program within Duval County that provides specialized, coordinated and seamless services for the treatment of drug addiction and substance misuse, thereby reducing dependence on drugs and alcohol and reducing drug-related deaths. The targeted services are provided by healthcare providers and include but are not limited to stabilization and treatment for withdrawal, connection to a Peer Specialist, medication assisted treatment and seamless transfer to detox/recovery services. Program services are currently provided through a partnership with the City of Jacksonville, Jacksonville Fire and Rescue Department, Gateway Community Services, St. Vincent's/Ascension Health, Memorial Hospital, Orange Park Medical Center, Baptist Health and UF Health.

PROJECT OPERATIONS

When overdose patients arrive at a participating hospital emergency department (ED), lifesaving stabilization is the priority. Once stabilized, patients are met by a Peer Specialist who is housed in the ED. The Peer Specialist establishes a rapport with the patient and works as part of the multidisciplinary healthcare team to aid in the early recognition and treatment of withdrawal symptoms. The Peer Specialist also offers recovery services as appropriate. Patients who elect to participate are provided transportation directly to Gateway Community Center or another local provider. Patients who refuse services are closely followed by a Peer and are offered Nasal NARCAN®. The continued follow up and connection encourages patients to enter treatment later. In addition to Peer Specialists being housed in the ED, the program also places Peers in the hospital and maternity units, functioning as Peer Navigators. This ensures that mothers and families of newborns with neonatal abstinence syndrome are provided a *Plan of Safe Care* to advance personal and family recovery and resiliency.

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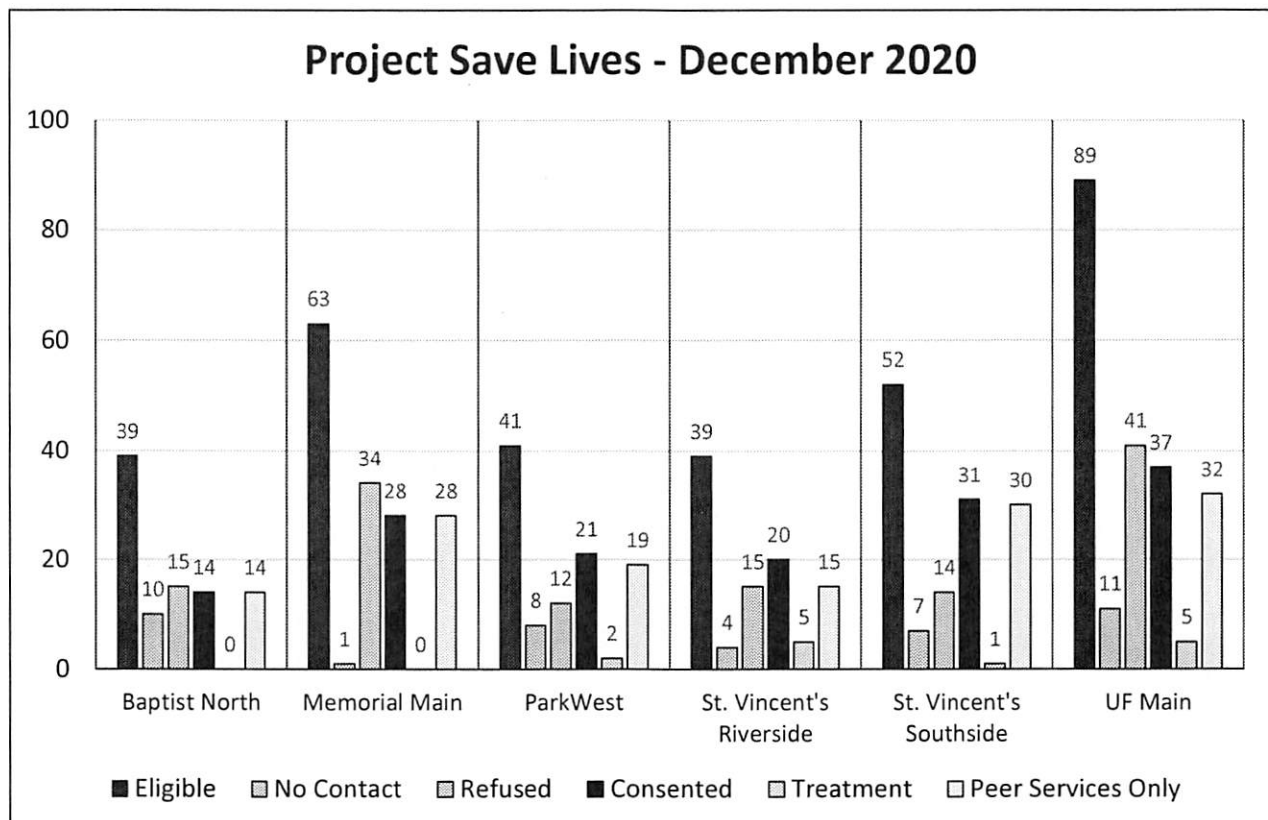
PROJECT STATUS

Project Save Lives began on November 16, 2017. Below is the activity for December 2020 and program totals.

DESCRIPTION	HOSPITAL						DEC 2020 TOTAL	PROGRAM TOTAL
	BN	MM	PW	RS	SS	UF		
PATIENTS ELIGIBLE FOR SERVICES	39	63	41	39	52	89	323	4583
NO PROGRAM CONTACT	10	1	8	4	7	11	41	417
REFUSED ALL SERVICES	15	34	12	15	14	41	131	2027
CONSENTED TO SERVICES	14	28	21	20	31	37	151	2139
TRADITIONAL TREATMENT	0	0	2	5	1	5	13	426
PEER SERVICES ONLY	14	28	19	15	30	32	138	1705
DRUG-RELATED DEATHS								8

BN = Baptist North, MM = Memorial Main, PW = ParkWest, RS = St. Vincent's Riverside, SS = St. Vincent's Southside, UF = UF Main

PROJECT MONTHLY ACTIVITY



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PROJECT OUTCOMES

Initial analysis revealed a 52% decrease in JFRD's overdose responses to program participants who accepted services in 2018. The analysis was performed by comparing the number of JFRD overdose responses to each participant for 12-months prior to accepting program services and 12-months post-services. The same analysis was conducted for participants who accepted services in 2019. The post analysis for the 2019 participant group ran through June 2020 (during the COVID-19 pandemic). While JFRD experienced a 27% spike in overdose calls to the general public, overdose responses to participants of Project Save Lives decreased by 28%. To better understand program outcomes, a comparative analysis was conducted in March 2020 between the program participant group and the non-participant group. The analysis was conducted by reviewing death records from the Florida Department of Health Vital Statistics Office, which demonstrated that persons who accept services from Project Save Lives had a lower death rate than persons who refused services. To date, there have been eight known drug-related deaths among program participants.

PROJECT FUNDING AND LEGISLATION

Project Save Lives is funded in part by the City of Jacksonville and by each participating hospital. The City's FY 2020/21 budget includes a line item request for \$1,160,999. The program also receives funding from the Florida Department of Health in Duval County's Overdose Data to Action grant (for Peer Navigators).

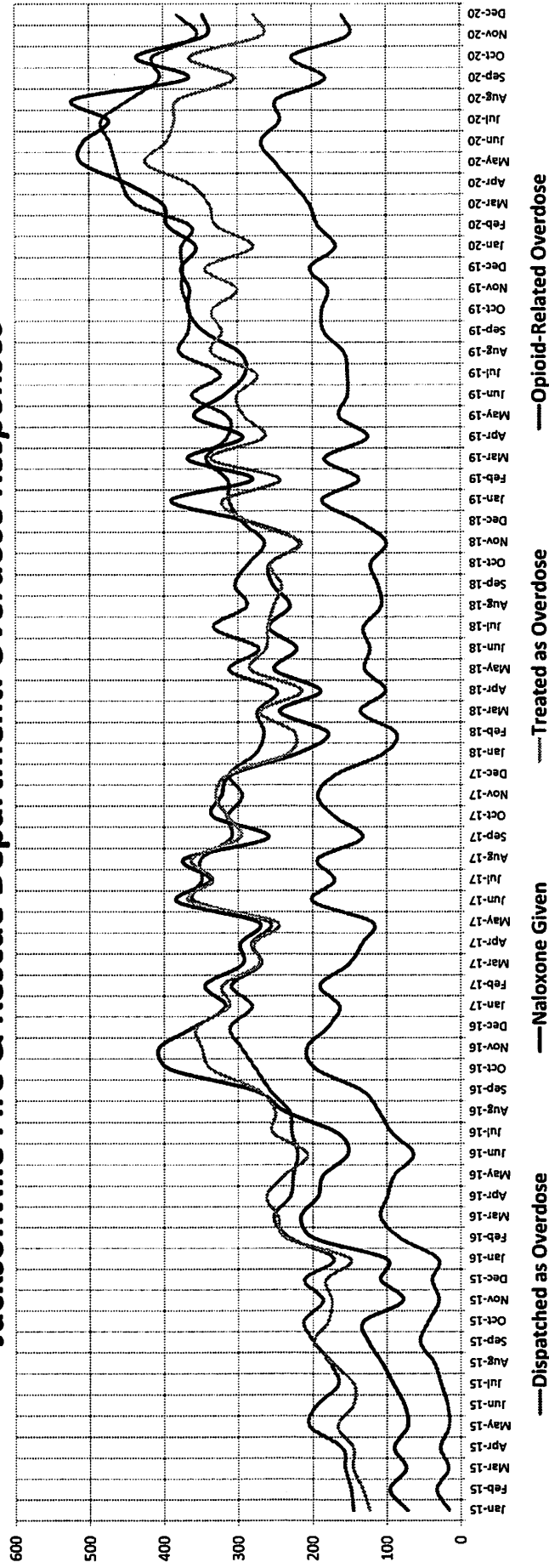
PROJECT EXPANSION

The program is now operating in six Jacksonville emergency departments (EDs): St. Vincent's Riverside, St. Vincent's Southside, Memorial Hospital, Park West, Baptist North and UF Health Main.

DSC/mr

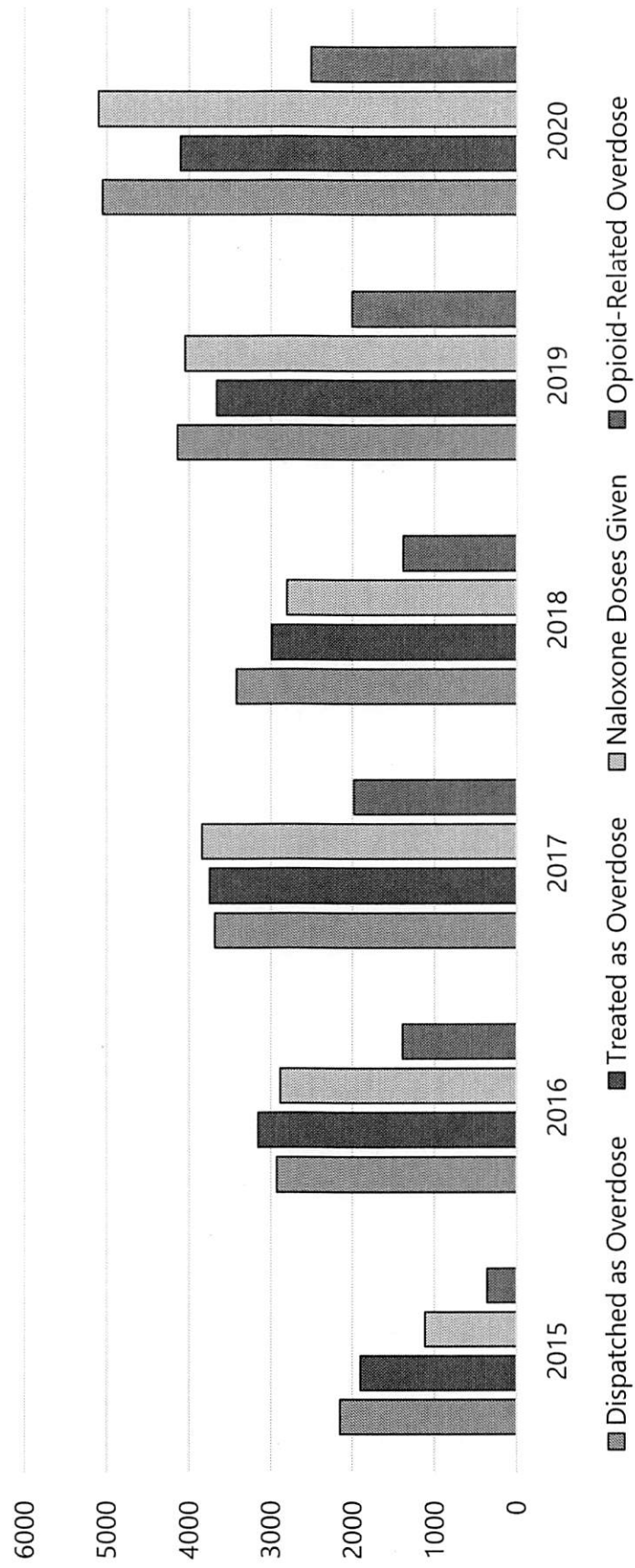
Please note: Florida has a very broad public records law. Most written communications to or from government officials regarding government business are public records and may be subject to public disclosure upon request.

Jacksonville Fire & Rescue Department: Overdose Responses



Source: Jacksonville, Florida Fire & Rescue Department, Asst. Chief Mark Rowley. A 9-1-1 Call Received as overdose and/or Naloxone administration does not necessarily confirm an overdose, opioid use or opioid misuse. Definition: Dispatched as Overdose = a 9-1-1 call in which the caller stated that the victim was suffering from a known or suspected overdose. Treated as Overdose = an incident in which the on scene paramedics assessed the victim and determined the cause to be a known or suspected overdose. Naloxone Doses Given = the count of naloxone administered, which may include repeat doses to same patient. Opioid-Related Overdose = incidents in which the patient was treated as overdose AND naloxone was administered. Transported as Overdose = incidents in which the patient was transported to a hospital. Each of these definitions and events are independent of the other and are not mutually exclusive.

JFRD Overdose Responses by Year



27	Mar-17	269	272	294	
28	Apr-17	282	279	297	
29	May-17	258	248	273	
30	Jun-17	359	366	383	
31	Jul-17	349	334	337	
32	Aug-17	350	363	373	
33	Sep-17	309	297	259	
34	Oct-17	314	314	334	
35	Nov-17	294	330	322	
36	Dec-17	312	313	309	
37	Jan-18	276	232	220	
38	Feb-18	265	224	179	
39	Mar-18	274	270	244	
40	Apr-18	248	214	189	
41	May-18	312	283	251	
42	Jun-18	272	262	221	
43	Jul-18	333	260	259	
44	Aug-18	288	252	230	
45	Sep-18	304	241	253	
46	Oct-18	286	256	257	
47	Nov-18	264	215	217	
48	Dec-18	295	286	286	
49	Jan-19	312	320	390	
50	Feb-19	314	243	280	
51	Mar-19	343	337	368	
52	Apr-19	314	264	293	
53	May-19	313	291	359	
54	Jun-19	362	301	319	
55	Jul-19	323	274	290	
56	Aug-19	378	335	296	
57	Sep-19	367	321	345	
58	Oct-19	365	335	367	
59	Nov-19	375	300	365	
60	Dec-19	374	344	376	
61	Jan-20	376	279	356	
62	Feb-20	363	328	394	
63	Mar-20	436	338	400	
64	Apr-20	455	364	447	
65	May-20	464	424	510	
66	Jun-20	472	396	508	
67	Jul-20	483	385	473	
68	Aug-20	445	380	521	
69	Sep-20	405	303	367	
70	Oct-20	414	365	436	
71	Nov-20	355	267	343	
72	Dec-20	382	278	347	

Source: Jacksonville, Florida Fire & Rescue Department., Asst. Chief Mark Rowley. A 9-1-1 Call Received as overdose and/or Narcan admin misuse Definitions: **Dispatched as Overdose** = a 9-1-1 call in which the caller stated that the victim was suffering from a known or suspect paramedics assessed the victim and determined the cause to be a known or suspected overdose. **Naloxone Doses Given** = the count of nal. **Opioid-Related Overdose** = incidents in which the patient was treated as overdose AND naloxone was administered. **Transported as Over** patient was transported to a hospital. Each of these definitions and events are independent of the other and are not mutually exclusive.