

**Mission:**

Eliminate substance abuse in Florida by coordinating statewide efforts to protect individuals, families, and communities from substance abuse and to treat those with addiction.

**Vision:** A future without substance abuse in Florida



Rick Scott  
Governor

Celeste Philip, MD, MPH  
Surgeon General and Secretary

## Statewide Drug Policy Advisory Council

### Meeting Minutes

**Betty Easley Conference Center  
4075 Esplanade Way  
Room 182  
Tallahassee, FL 32399  
May 11, 2017  
9:00AM to 4:00PM**

Welcome, Introductions and Roll Call- Dr. Jennifer Bencie, Manatee DOH, Chair

Meeting called to order at 9:00 AM by Dr. Jennifer Bencie. The following Members attended:

1. Dr. Jennifer Bencie (Chair, State Surgeon General Designee)
2. Jeff Cece (Department of Children and Families Secretary Designee)
3. Patrick Mahoney (Department of Corrections Secretary Designee)
4. Dr. Gayla Sumner (Department of Juvenile Justice Secretary Designee)
5. Lt. Joseph Harrison for Colonel Gene Spaulding (Department of Highway Safety and Motor Vehicles Executive Director Designee)
6. Colonel John Pelleriti (Adjutant General Designee)
7. Brandon Miller for Honorable Representative Pigman
8. Aaron Gerson (Judiciary Member Representative)
9. Mark Fontaine (Governor Appointee with expertise in substance abuse treatment)
10. Roaya Tyson (Governor Appointee with expertise in substance abuse services)
11. Dr. John VanDelinder (Governor Appointee with expertise in faith based services)

**Staff:**

Rebecca Poston  
Lynne Drawdy

**Guests:**

Mike Ladd, Florida National Guard  
Nathan Dinger, Florida National Guard  
WFSU- Reporter  
Brad Dalton, Deputy Press Secretary, Department of Health, Office of Communication  
Paul Runk, Director, Department of Health Office of Legislative Planning  
Nicole Stookey Albers, Deputy Director, Department of Health, Office of Legislative Planning  
Alexandra Abboud, Governmental Affairs Coordinator, Florida Dental Association  
Alan Johnson, Chief Assistant State Attorney 15th Judicial Circuit  
Gayla S. Sumner, Ph.D., Director of Mental Health and Substance Abuse Services, Department of Juvenile Justice, Office of Health Services  
Nikole Helvey, Bureau Chief, Agency for Health Care Administration, Florida Center for Health Information Transparency  
Beth Eastman, Administrator, Agency for Health Care Administration, Office of Data Dissemination and Communication

## Business

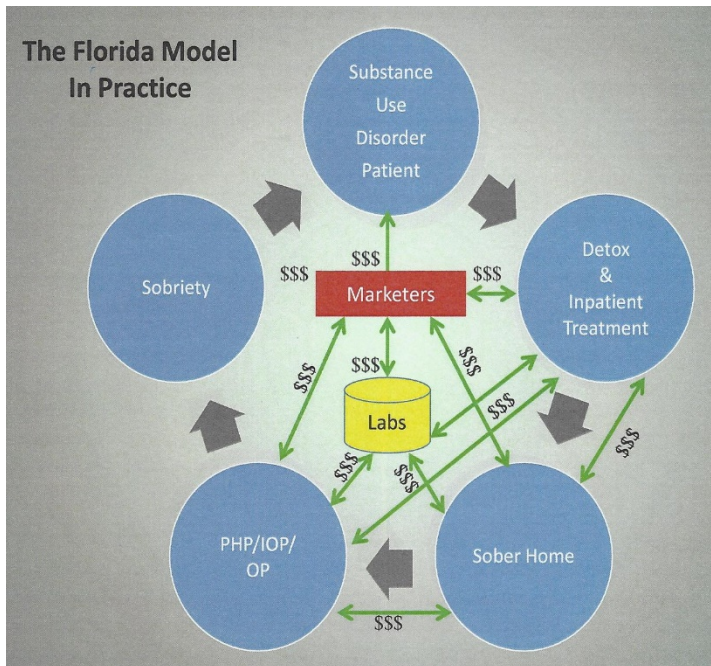
1. **Review and Approve January 12, 2017 Meeting Minutes** - Motion by Gerson second by Cece to approve the January 12, 2017 meeting minutes. Motion carried.
2. **Review Action Plan - Lynne Drawdy** - The Council reviewed the action plan and discussed specific strategies for each recommendation. Please see attached action plan.
3. **Presentation #1: Sober Home Task Force Report - Alan Johnson, Chief Assistant State Attorney, 15<sup>th</sup> Judicial Circuit.** Chief Assistant State Attorney Johnson provided an update on the Task Force Report, Grand Jury Report and legislation.

**Discussion:** Florida is amid an opioid crisis. Although South Florida has experienced the worst of this crisis, it is present and growing in other areas of the State. The crackdown on physician dispensing of opioid drugs, such as oxycodone and hydrocodone, has contributed to the rise in heroin addiction. The introduction of synthetic opiates such as fentanyl (100 times more potent than morphine), and carfentanil (1000 times more potent than Morphine), puts Florida on a pace to double the number of overdose deaths over last year's horrific numbers. Specifically, Palm Beach County has seen a 314 percent increase in fatal opioid overdoses over the past five years. The synthetic opioid fentanyl and its analogues such as carfentanil, sufentanil, alfentanil, remifentanil, and lofentanil have been used as additives to heroin thus increasing potency and is a contributing factor to the overdose death seen throughout the state. Carfentanil, created in 1974 is 10,000 times more potent than morphine and is used as an anesthetic for elephants. In 2015, there were 2,538 deaths where the direct cause was attributed to opioids and 3,896 deaths with opioids present in Florida.

Recognizing the problem, the Florida Legislature asked Dave Aronberg, State Attorney for the 15th Judicial Circuit, to form a Task Force to study the issue and recommend changes to Florida law and administrative rules to combat this crisis. State Attorney Aronberg established three groups. First, a Law Enforcement Task Force to investigate and arrest the rogue players in the treatment and recovery residence industries, using current laws. Second, a Proviso Task Force, including members of organizations named in the legislative proviso, was created to study the issues and make specific recommendations for positive change through legislation and regulatory enhancements. Lastly, a third, larger and more inclusive group, was created from a broad-based combination of industry representatives, public officials, private organizations and individuals to further study the problem and recommend solutions.

There are many causes contributing to the explosive expansion of this tragic opioid epidemic. A Florida Department of Law Enforcement study in conjunction with the Medical Examiners Commission, released in September 2016, aptly shows that this is not solely a Palm Beach County, or South Florida crisis. Statewide, in 2015, heroin caused 733 deaths, fentanyl, 705, oxycodone, 565, and hydrocodone, 236. Deaths caused by heroin increased by 79.7 percent, and fentanyl by 77.6 percent statewide when compared with 2014. Total deaths in 2015 with morphine detected, 1,483; fentanyl detected, 911; heroin, 779. All indications are that the statewide death toll for 2016 will be significantly higher. According to the Palm Beach County Medical Examiner's Office, there have been 377 opiate overdose deaths in Palm Beach County alone through September 2016.

The economic environment of substance abuse treatment in Florida, primarily in the private sector, creates the opportunity for abuse: overbilling for services, most notably confirmatory and quantitative urinalysis testing (UA); marketing abuses; patient brokering; unregulated "flophouses" masquerading as sober homes and a system that encourages relapse. There is an incentive for marketers to refer patients to an out-of-network program, resulting in more referrals of out-of-state patients to providers in Florida. Out-of-network providers are generally not bound by contract to a set fee schedule for services. Thus, there is an economic incentive for providers who are not bound by pre-set charges to treat out-of-network patients. In a recent Optum report, it was estimated that insurance company reimbursement for out of network drug treatment was, on average, three times the amount paid for the same in-network services. The same report showed that 75 percent of private sector patients actively being treated in Florida are from out-of-state.



Currently, there is little oversight of the industry. Recovery residences, connected to treatment providers by commerce, housing vulnerable patients in intensive outpatient treatment is not regulated at all. Substandard housing is encouraging anything but sobriety. Marketing is another unregulated area that contributes to this crisis. No marketing norms or standards exist within the industry. Marketers and admissions personnel are not required to obtain licensing or certification. There is no minimum education, training or experience required. Some marketers create an online presence whereby potential patients and their families are willfully misled and misdirected by unqualified individuals who offer diagnoses and placement recommendations.

The Legislature recently passed HB807 which expands the current prohibitions on referrals between licensed treatment providers and recovery residences that do not obtain voluntary certification from DCF; prohibits a service provider, a recovery residence operator, or a third party who provides advertising or marketing services from engaging in deceptive marketing practices and provides criminal penalties for violations; makes it unlawful for any person to knowingly and willfully make a materially false or misleading statement or provide false or misleading information about the identity, products, goods, services, or geographical location of a licensed service provider, with the intent to induce a person to seek treatment with that provider; expands the items that may not be used to induce a patient referral to include any “benefit”; and adds patient brokering to the offenses that can be investigated and prosecuted by the Office of Statewide Prosecution and to the crimes that constitute “racketeering activities.” Additionally, the bill creates enhanced penalties for higher volumes of patient brokering; requires entities providing substance abuse marketing services to be licensed by the Department of Agriculture and Consumer Services under the Florida Telemarketing Act; and creates a new provision for applications for disclosure of patient records for individuals receiving substance abuse services in an active criminal investigation, permitting the court, at its discretion, to enter an order authorizing the disclosure of an individual’s substance abuse treatment records without prior notice.

**Recommendations:** Chief Assistant State Attorney Johnson recommended DPAC request an increase in funding for the Department of Children and Families (DCF) to support the additional resources needed for oversight and licensing of facilities if the bill is signed into law. Program costs for oversight and licensing of facilities should be revenue neutral. Mr. Fontaine suggested including an update at the next meeting regarding the licensure data.

**4. Legislative Update- Paul Runk, Legislative Director, Florida Department of Health.** Mr. Runk provided an update on 2017 legislative session. Bills of interest included:

HB 249 Drug Overdoses - Permits certain entities to report controlled substance overdoses to the Department of Health; provides immunity for persons who make reports in good faith; requires a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses, etc. The bill passed.

HB 557 Controlled Substance Prescribing - Revises requirements for reporting the dispensing of controlled substances; limits an exemption to reporting requirements for certain facilities that dispense controlled substances; authorizes certain employees of the United States Department of Veterans

Affairs access to certain information in the prescription drug monitoring program database, etc. The bill passed.

HB 7097 Direct Support Organization of the Prescription Drug Monitoring Program - Provides for future repeal of provisions relating to organization. The bill passed.

HB 5203 Prescription Drug Monitoring Program - Authorizes use of state funds for administration of the program; removes requirement that implementation of the program is contingent on non-state funding. The bill passed.

HB 477 Controlled Substances - Provides that certain crime laboratory personnel may possess, store, and administer emergency opioid antagonists; provides that unlawful distribution of specified controlled substances and analogs or mixtures thereof which proximately cause death is murder; adds certain synthetic opioid substitute compounds to Schedule I; prohibits possession of more than 10 grams of specified substances; revises substances that constitute certain trafficking offenses; creates certain trafficking offenses; provides specified minimum terms of imprisonment and fines based on quantity involved in for certain offenses. The bill passed.

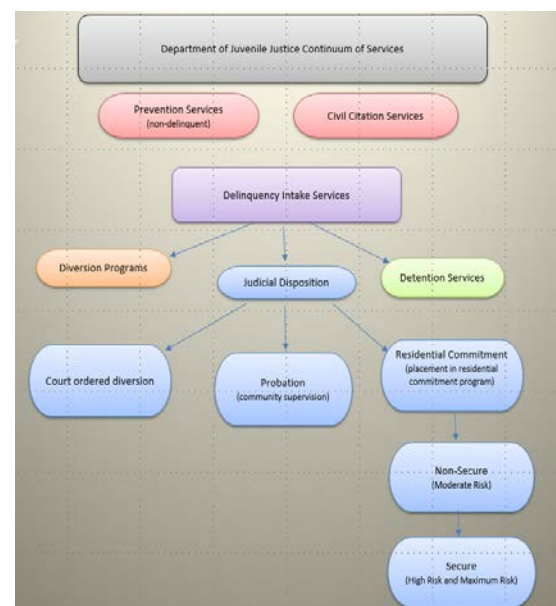
HB1397 Medical Use of Marijuana - Provides an exemption from the state tax on sales, use, and other transactions for marijuana and marijuana delivery devices used for medical purposes; provides requirements for designating a qualified physician or medical director; requires the Department of Health to issue licenses to a certain number of medical marijuana treatment centers; requires the department to establish, maintain, and control a computer seed-to-sale marijuana tracking system; establishing the Coalition for Medical Marijuana Research and Education within the H. Lee Moffitt Cancer Center and Research Institute, Inc., etc. The bill did not pass, it died in the House.

**5. Presentation #2: Florida Department of Juvenile Justice Substance Abuse Services for DJJ Youth - Gayla S. Sumner, Ph.D., Director of Mental Health and Substance Abuse Services, Department of Juvenile Justice Office of Health Services.** Dr. Sumner provided an overview of *Substance Abuse Services for the Department of Juvenile Justice Youth*. In fiscal year 2015-2016, 44,046 youths received prevention and victim services; 47,000 youths received probation and community intervention services; 12,600 youths received civil citations; 15,142 youths entered detention centers; and 4,349 youths were placed in residential services.

The Florida Department of Juvenile Justice (DJJ) is charged with overseeing the entire continuum of juvenile justice in the State of Florida, including civil citation, prevention, probation, detention, commitment and aftercare. The mission of DJJ is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

During FY 2015-16, there were just over 1.86 million youth at risk for delinquency in Florida. Youth between the ages of 10 and 17 are considered the population most at risk of becoming delinquent. During FY 2015-2016, there were 69,749 arrests for delinquent offenses in Florida. This represents a rate of 37 arrests for every 1,000 youth among the at-risk population.

During FY 2015-2016, there were 6,529 delinquency arrests for illegal substance-related offenses, a 41 percent decline since FY 2011-12. Felony drug offenses accounted for 23 percent of the total number of illegal substance-related arrests. Misdemeanor drug arrests accounted for 4,432 or 68 percent of all illegal substance-related arrests. This number was down 1,114 cases from the previous year and 3,082





cases since FY 2011-12. Arrests for possession of alcohol have declined 56 percent since FY 2011-12 (from 1,291 to 567).

During FY 2015-16, there were 4,358 individual youth arrested whose most serious offense was illegal substance-related. The number of youth arrested for felony drug offenses has declined 32 percent since FY 2011-12, from 1,692 to 1,159. Misdemeanor drug offenses accounted for 2,719 or 62 percent of all youth arrested for illegal substance-related offenses during FY 2015-16. The number of youth arrested whose most serious offense in the year was a misdemeanor drug offense has dropped 47 percent since FY 2011-12, when it accounted for 65 percent of the total number of youth arrested. The number of youth whose most serious arrest was for an alcohol offense declined 55 percent over the last five years (from 1,067 to 480).

DJJ's continuum of services also includes probation and community intervention through diversion, redirection and day treatment programs. Currently DJJ operates 21 detention centers with 1,302 detention beds available; 56 residential commitment programs, and offers substance abuse treatment programs specifically designed for youths diagnosed with serious substance abuse.

**6. Presentation #3: Agency for Health Care Administration - Nikole Helvey, Bureau Chief for Florida Center for Health Information and Transparency and Beth Eastman, Administration for the Office of Data Dissemination and Communication.** Ms. Helvey provided an update on *Information for Statewide Drug Policy Advisory Council: Available Data Sources and Supporting Initiatives*.

The Florida Center for Health Information and Transparency (Florida Center) is responsible for collecting, compiling, analyzing and disseminating health-related data for the purpose of developing public policy and promoting the transparency of consumer health care information through [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).

Ms. Eastman reported approximately 300 hospitals report hospital inpatient data (approximately 2.8 million discharges per year) on a quarterly basis, along with 679 ambulatory surgical centers (3 million visits per year), and 214 emergency departments (8.5 million visits per year). The Florida Center collects patient demographics, admission information, medical information discharge information and charge data. Ms. Eastman also reviewed the health care utilization project (HCUP) and outcomes from a national and state perspective.

Ms. Helvey discussed the Florida Health Information Exchange (Florida HIE) initiative. The Florida HIE enables the secure exchange of health information between health care providers.

The Patient Look-Up (PLU) service enables patient-authorized exchange of clinical data between participants through the PLU network of networks. Health care organizations with an operational HIE of clinical data are encouraged to join directly. Other entities may join directly or through participating organizations. The Florida HIE is a participant in the eHealth Exchange for interstate exchange.

The Florida HIE Direct Messaging service provides health care organization and providers with a way to securely send health information over the internet. This service allows for simple, HIPAA-compliant, encrypted transmission of Protected Health Information. Orders, records, results, and any other documents can be easily and securely transmitted.

The Event Notification Service (ENS) provides health plans with timely notifications about their members' hospital encounters. Information about a member's visit (including demographic information, information on the source facility, and primary complaint) are securely sent via the plans preferred method and schedule. This service offers the opportunity for health plans to better engage in care coordination and ensure proper follow-up care is received.

Ms. Helvey reviewed e-prescribing guidelines for controlled substances and provided a status update on the number of prescribers and pharmacies participating.

**7. Partnership for Success Update - Amanda Muller, Overdose Prevention Coordinator, Department of Children & Families.** Jeff Cece provided an update for Amanda Muller on the Partnerships for Success grant. Please see attached Activity Update: Partnerships for Success Grant.

**8. Opioid Community Workshop Update- Mark Fontaine, Executive Director of the Florida Alcohol and Drug Abuse Association and Rebecca Poston, DPAC Staff Director,** provided an update on the Community Opioid Workshops held in Palm Beach, Manatee, Orange, and Duval Counties.

**Discussion:**

**9. Review of Action Plan- Lynne Drawdy**

**Discussion:** Additional items identified during the meeting were added to the action plan (see attached action plan):

**10. Public Comment / Open Discussion- None.**

**11. Next Steps**

The next meeting is scheduled for July 20, 2017 in Tallahassee at the Betty Easley Conference Center.

The Council suggested topics for the next meeting include intervention, treatment and prevention resources as well as updates from the Department of Correction, Courts, and National Guard.

**12. Meeting Adjourned at 3:30PM.**