

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Statewide Drug Policy Advisory Council Meeting Minutes

**July 21, 2020
8:30 AM to 12:30 PM**

**GoToMeeting Information Meeting link:
<https://global.gotomeeting.com/join/478266613>
Dial: United States (Toll Free): 1 877 309 2073
Access Code: 478-266-613**

Due to COVID-19, the Statewide Drug Policy Advisory Council meeting was held virtually via GoToMeeting. A recording of the meeting can be found here:

Welcome/Introductions/Opening Remarks:

Nathan Dunn, MSA, Strategic Projects Manager, DOH, introduced himself as the appointed Chair and opened the meeting. He reported that Scott A. Rivkees, MD, Chair, State Surgeon General, was not able to be in attendance as he is currently immersed in COVID-19 response efforts. Mr. Dunn thanked members of the Council for their respective organizations' hard work and dedication to COVID-19 response efforts. Mr. Dunn announced that the meeting was being recorded and is a public meeting. He proceeded to call roll to determine which Council members were in attendance and provided an overview of the agenda. Mr. Dunn reported on some national data that reveals opioid overdoses have increased since March 2020 and he spoke briefly about the HEROS program, which distributes Naloxone to organizations around the state. Lastly, Mr. Dunn reminded the Council that he sent out a document outlining the Florida Department of Health's opioid response efforts.

The following members or designees were in attendance:

Rachel Kamoutsas for Ashley Moody (Attorney General)
Annie White for Rick Swearingen (Department of Law Enforcement Commissioner)
Jeffrey Cece, MS, CPM for Chad Poppell (Department of Children and Family Services)
Maggie Agerton for Mark Inch (Department of Corrections)
Tracy Shelby, PhD for Simone Marsteller (Department of Juvenile Justice)
Nicole Wilder for Richard Corcoran (Department of Education)
Lt. Jason Britt for Terry Rhodes (Department of Highway Safety and Motor Vehicles)
The Honorable Michelle Towbin-Singer (17th Judicial Circuit Court of FL)
Mark Fontaine (Florida Behavioral Health Association)
Beth Labasky for Peggy Sapp (Substance Abuse Prevention)
Dotti Groover-Skipper (HeartDance Foundation)
MAJ Nate Dinger (Florida National Guard)
Walter Liebrich (Executive office of the Governor)
Aaron Gerson (Office of the State Courts Administrator)
Doug Leonardo (Chrysalis Health)
Vince Monlyn for Kimberly Spence (Keaton Corrections, Inc.)

Florida Department of Health

Office of the State Surgeon General

4052 Bald Cypress Way, Bin A-00 • Tallahassee, FL 32399-1701
PHONE: 850/245-4210 • FAX: 850/922-9453

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Public Health Accreditation Board

Nathan Dunn, MSA (Staff Liaison)

Guests and staff:

Katie Black, DOH
Dr. Tim Buehner, AHCA
Shay Chapman, DOH
Michelle Harkness, DOH
Melissa Jordan, DOH
Lee Marks
Lori Reeves, DOH
Tari Rossitto-Van Winkle
MAJ James A. Suber, Florida National Guard
Susan Williams, AHCA

Business

- 1. Review and Approval of Meeting Minutes from January 28, 2020:**
The minutes were approved.
- 2. Presentation-Community Partnerships to Reduce Neonatal Abstinence Syndrome & Improve Maternal Recovery from Opioid Use Disorder – Lori Reeves, MPH, Health Planning Administrator, DOH**

Ms. Reeves addressed the Council and provided a PowerPoint presentation focused on reducing neonatal abstinence syndrome and improving maternal recovery from Opioid Use Disorder (OUD). She spoke about the work of the Maternal Opioid Recovery Efforts (MORE) initiative and the “Urgent Maternal Mortality Message.” This work is extremely important because drug-related deaths are now the leading cause of death to mothers during pregnancy or within one year afterwards in Florida. There are several issues regarding treating pregnant women with OUD: stigma and bias by professionals, underlying depressive issues that complicate care, and the risk of relapse for women who stop Medication Assisted Treatment (MAT) without support services in place. Ms. Reeves talked about general recommendations for pregnant women with regard to care, such as screening all women for substance use, assessing the patient’s prescription history through the Prescription Drug Monitoring Program (PDMP), developing a Plan of Safe Care, and providing a direct referral for MAT and providing a prescription for Naloxone.

Ms. Reeves reported that 23 hospitals participate in the MORE initiative, which represents 35% of births in the state. The goal is to link these hospitals with community partners, as they all touch substance-affected mothers, infants, and families.

Since coming into her role at DOH, Ms. Reeves has been making community visits to assess the following: engagement of partners to support MORE hospitals; identification of best practices; identification of strengths; community resource mapping; and identification of system barriers/challenges. Strengths identified include communities having partnerships with multiple agencies and programs; also, it was noted that successful communities have a “champion” who has pulled groups together and moved the work forward because of their passion on the issue. Some challenges/barriers identified include stigma, language/cultural issues, families most in need are hardest to engage, funding issues, availability of services and access to care. Two major barriers are access to MAT and a lack of inpatient treatment beds. Strategies for capacity building include mapping services, linking hospitals and community stakeholders, sharing of best practices and elevating voices of mothers impacted by OUD.

Ms. Reeves talked about some current awareness initiatives:

- Webinar series developed by FPQC and FHA, AHCA, and DOH: “Florida’s Response to the Maternal Opioid Crisis: Five Things Hospitals Can Do” which was presented May-July 2020.

- Community webinar series: Showcasing Best Practices (June 2020 and September 2020)
 - Plans of Safe Care Workgroup (in conjunction with Department of Children and Families)
- Lastly, Ms. Reeves discussed some of the challenges and opportunities brought about by COVID-19. Community meetings in person came to a halt. Challenges include increased risk of overdose and mental health issues with isolation. Opportunities brought about are increased access to MAT due to prior authorization being eliminated and increased use of telehealth services.

Questions/Comments:

Mark Fontaine – Asked about whether AHCA is allowing Medicaid billing for SBIRT; Ms. Reeves stated that this is a question that would need to be answered by an AHCA representative. Mr. Fontaine also commented that he thinks that the 2020 DPAC Annual Report should reflect the importance of certain policies continuing beyond COVID-19, such as use of telehealth and AHCA's policy related to prior authorization for MAT having been eliminated.

3. Addressing Behavioral Health through Community Health Improvement Planning – Michelle Harkness, LCSW, Bureau of Community Health Assessment, Health Improvement Planning Section – DOH

Ms. Harkness provided a PowerPoint presentation describing the community health improvement planning (CHIP) process, reviewing behavioral health activities addressed in CHIPs, and recognizing the impact of COVID-19 on health improvement planning.

Health Improvement Planning is important for many reasons: it assesses the current health status of a community, determines a community's assets and resources for promoting health, assists in setting health priorities, develops and implements a strategy for action, and establishes responsibility for achieving and maintaining specific results.

Health Improvement Planning is done at the state level as well as at the county/community level. The "Mobilizing for Action through Planning and Partnerships (MAPP)" process is used as a basis for health improvement planning. The four assessments included in the MAPP process are Community Themes & Strengths, Public Health System, Health Status, and Forces of Change. These assessments help to answer major questions about a community's health. Once these assessments are completed, priority health issues are selected on which to focus and a health improvement plan is developed (State Health Improvement Plan – SHIP or Community Health Improvement Plan – CHIP). Examples of health priorities include Health Equity, Maternal and Child Health, Chronic Disease, and Behavioral Health. Many CHIP priorities align with SHIP priorities.

As of March 2020, 88% of Florida counties address behavioral health within their CHIPs. Common behavioral health themes in CHIPs include: Education/Awareness (substance use, opioid prescribing practices, trauma), Trainings (Mental Health First Aid, Naloxone administration), Access to behavioral health services (transportation, telehealth), and Screening/Care Coordination (warm hand-offs and integration of behavioral health services into primary care settings).

Five counties funded by the Overdose Data to Action (OD2A) grant have been given funds specifically for school-based collaborations to implement substance abuse health education and activities in public schools and two counties received additional funding to implement community paramedicine projects to improve patient follow-up among individuals most at risk for overdosing.

Other behavioral health innovative activities in CHIPs: mental health diversion program, ACES Action Plan, and Drug Endangered Children (DEC) training.

Ms. Harkness discussed the impact of COVID-19 on health improvement planning, with the biggest challenges being that partners and stakeholders are difficult to engage at this time due to being immersed in COVID-19 response efforts and many competing priorities. Critical planning meetings have had to be postponed or held virtually, which can limit participation/engagement.

However, Ms. Harkness pointed out that communities have come out in full force in their COVID-19 response efforts. For example, utilizing telehealth services to increase access to care, establishing COVID-19 testing sites, providing community education/prevention messaging, and engaging in contact tracing.

In conclusion, Ms. Harkness stated that the DOH Health Improvement Planning Team plans to reach out to all county health departments (CHDs) during the remainder of 2020 to discuss health improvement planning and how behavioral health is impacting their communities, especially in light of COVID-19 and will ensure CHDs have all the tools and resources needed to address behavioral health initiatives.

4. Florida Medicaid Coverage of Telemedicine & Telehealth – Dr. Tim Buehner, Program Administrator, Agency for Health Care Administration (AHCA)

Mr. Buehner provided a PowerPoint presentation on Florida Medicaid's Coverage of Telemedicine & Telehealth. He began by stating that his presentation was completed and approved prior to the onset of COVID-19, so if anyone has a question about Medicaid telehealth coverage during the pandemic, he will be happy to address those.

Mr. Buehner first gave an overview of the Florida Medicaid program. Florida Medicaid serves approximately 4 million of Florida's most vulnerable citizens, including children, pregnant women, the aged and the disabled. The Statewide Medicaid Managed Care (SMMC) program was implemented in 2013-2014 and updated in 2019-2020. Almost all of Florida's Medicaid population that receives Medicaid services gets them through a managed care delivery system. The three components of the SMMC program are: Managed Medical Assistance (MMA) – acute care like doctor visits, etc., Long-Term Care (LTC) – care given in a nursing home or assisted living facility, and Dental. Managed care plans cannot be more restrictive than the Fee-for-Service program.

Mr. Buehner next provided an overview of Telehealth, which encompasses the following services:

- Telemedicine
- Store and Forward
- Remote Patient Monitoring

Telemedicine is the practice of health care delivery by a practitioner located at a site other than the site where the patient is located for the purpose of evaluation, diagnosis, or treatment. It includes two-way audio and video for real time interactive communication between the enrollee and the provider and must be performed by licensed practitioners within their scope of practice.

Mr. Buehner pointed out the many benefits of telemedicine for both patients and providers. Benefits to patients include expanded access and after-hours care, remote monitoring and management for chronic conditions, reduced hospital readmissions, reduced waiting time to see a practitioner, reduced travel time and cost and better access to specialists. Additional benefits for those with behavioral health disorders, including SUD are that there is more expedient access to specialists or other providers not otherwise available, for example crisis intervention, evaluation to determine diagnosis or treatment recommendation and medication management. The benefits to practitioners include cost savings, improved convenience, better patient outcomes, better care coordination, and increased patient satisfaction.

Mr. Buehner next discussed telemedicine specific to Florida Medicaid. He stated that Florida Medicaid reimburses the practitioner who is providing the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located. Florida Medicaid does not reimburse for telephone conversations, chart review(s), electronic mail messages, or facsimile transmissions. It also does not reimburse for equipment required to provide telemedicine services.

The SMMC health plans must cover telemedicine to the extent that Medicaid Fee-for-Service does, and

enrollees must have a choice (that is, they can choose to have a face-to-face encounter as opposed to telemedicine). SMMC health plans are required to comply with telemedicine expectations as detailed in the contract between the plans and the Agency for Health Care Administration.

During the time of the COVID-19 health emergency, there have been additional telehealth flexibilities provided, especially with regard to behavioral health.

Questions/Comments:

Lori Reeves- Question regarding access to specialists; if an OB/GYN does not have behavioral health expertise and they do a screening, and it's indicated that a woman needs a referral to treatment, having access to specialists is crucial. What about geographic barriers-if a woman in Alachua county needs a service that is provided in another county (outside of her health plan's network), how could this be handled? Dr. Buehner stated it may be able to be worked out with the specific health plan; he asked that Ms. Reeves send her question in an email so that he could provide her with a more detailed answer.

Mark Fontaine – Commented that primary care physicians often hesitate becoming involved with women who have SUD. It is important for women to have access to specialists; OB/GYNs may be more likely to work with a woman with SUD if they had the help and connection with the right specialists.

5. Overdose Data to Action (OD2A) Grant Update – Melissa Jordan, Interim Director, Division of Community Health Promotion, DOH

Ms. Jordan provided a PowerPoint presentation on the Overdose Data to Action (OD2A) Grant.

Ms. Jordan began with an overview of the OD2A grant. Florida's Overdose Data 2 Action (OD2A) grant provides \$58.8 million in funding from the CDC for comprehensive strategies to address opioid misuse and deaths over three years (September 2019 through August 2022). Ms. Jordan's presentation focused on the fourteen counties that received state funding.

The grant supports the Department of Health's opioid response activities in the following ways:

- Supports awareness and education informed by media campaigns and community and school-based collaborations for prevention
- OD2A includes Florida's Drug Overdose Surveillance and Epidemiology (FL-DOSE)
- OD2A supports increased Medication Assisted Treatment and community paramedicine for patient follow-up
- Supports the State Health Improvement Plan (SHIP) goals of reducing the number of newborns experiencing neonatal abstinence syndrome (NAS) and reducing the number of opioid overdoses in Florida

Ms. Jordan stated that DOH recognizes the importance of evaluation of our activities as they relate to OD2A. To that point, she stated that DOH has a contract with Florida State University's College of Medicine, which has established an evaluation team to monitor OD2A activities.

Ms. Jordan talked about the two main components of the grant:

- Surveillance
- Prevention

Ms. Jordan discussed the strategies around each of these components.

Regarding surveillance, the three strategies include morbidity surveillance (such as ED/Hospital discharge data), mortality surveillance (such as medical examiners' data), and innovative surveillance (such as Neonatal Abstinence Syndrome and Emergency Medical Services).

She mentioned that DOH has contracted with four major laboratories that medical examiners can bill

against for toxicology screenings, which helps lessen the cost burden on individual medical examiners.

Ms. Jordan indicated that some of the hospital projects have slowed down a bit due to COVID-19 priorities at the current time.

Ms. Jordan discussed the EMSTARS database – will be analyzing non-fatal EMS overdose data; this will make the morbidity and mortality surveillance more robust.

Strategies around prevention include: Prescription Drug Monitoring Program (PDMP), integration of state and local response efforts, establishing linkages to care, providers/health systems support, partnerships with public safety and first responders, empowering individuals to make safer choices, and prevention innovation projects.

Ms. Jordan talked about several projects being funded under prevention, including:

Trainings will be rolled out to educate on how to use PDMP; trainings are being piloted in Florida and will be rolled out into other states with Florida being the PDMP experts.

Funding for peer navigators in hospitals (5 positions).

Funding for hospitals to work with their electronic health records (EHR) vendors to integrate with PDMP.

Projects in schools (these may look a little different due to COVID-19 and schools being virtual).

Innovative projects: community paramedicine project in two counties (Marion and Clay) to provide follow-up to people who recently overdosed to ensure they are in treatment, getting MAT, etc. until they are able to get into inpatient treatment.

Ms. Jordan presented some data from Pasco County (put out by Pasco Sheriff's Office). She indicated this is a good example of trends at the state level. From January 2017-May 2020, OD have been increasing, nonfatal and fatal. The trend for 2020 is increasing. Heroin and fentanyl are most common ODs. They have already had 87 Narcan deployments in 2020 which is more than they had in all of 2017 or 2018.

Ms. Jordan stated this data underscores the importance of all of us working together to address this issue throughout our state.

6. Discussion of 2020 Annual Report – Nathan Dunn, MSA, Florida Department of Health

Nathan Dunn addressed the Council and opened discussion by requesting input from the Council to be added to the Statewide Drug Policy Advisory Council 2020 Annual Report. He pointed members to the 2019 Annual Report, which now includes a “summary of findings.” The content of the report is a compilation of information from the members of the Council.

Mr. Dunn stated that he had emailed everyone letting them know he needed their input or recommendations for content and invited members to provide feedback.

Council members provided the following feedback:

In addition to the summary of each meeting, several members stated there should be a summary of findings included as well as what the 2019 recommendations were and a list of accomplishments.

Jeff Cece – He stated he realizes the group has been wanting to learn more about how stimulant use can be tackled; he had a chance to dive into the empirical data while writing a grant (State Opioid Response Grant-SOR2) which includes opioid and stimulant disorders; he provided some recommendations out of their application which covers clinical trials of treatment for stimulant use disorders and SAMHSA

provided a guidance document for stimulant use disorder evidence-based treatments and provided recommendations. SAMHSA treatment recommendations; prior authorization on stimulant use disorder services (AHCA). Mr. Cece's other recommendation is around the removal of the prior authorization requirement for Medicaid treatment providers regarding treating SUD (MAT, etc.).

Dotti Groover-Skipper – requested an opportunity to review the 2019 Annual Report prior to giving input on the 2020 report.

Mark Fontaine – asked if there was an analysis of which recommendations on which there was progress and those for which there was no progress. He did a review of recommendations from last year and some have shown progress and it appears that more than half have not indicated any progress. He stated maybe there should be a discussion about what exactly has been done to address each recommendation. He pointed out the five prevention recommendations in particular-he's not sure that any of those have been implemented. If they haven't been done, they may not want to have them in the current report or go ahead and include them in the next report.

Beth Labasky – stated there needs to be mention of the COVID-19 impact in the 2020 report, since there have been challenges in moving forward with some recommendations, especially for prevention services in schools. With schools moving more online, what ongoing prevention services are going to look like at this point is unknown right now.

Doug Leonardo – stated that for any goal or objective not completed, the report should identify why (i.e. challenges or barriers to completing).

Dotti Groover-Skipper – Asked about the status of the recommendation to establishing an office of drug control? What has happened to this?

Mark Fontaine – stated this was not in last year's report; asked about the status of the Executive Order pertaining to the Office of Drug Control & Policy and suggested this (establishing Office of Drug Control) possibly be put back in the report. Dotti Groover-Skipper and Michele Towbin-Singer agreed.

Rachel Kamoutsas– Stated that on p. 17 of last year's report, in the accomplishments section, it talks about the establishment of the Office of Drug Control. She stated the Executive Order has expired as of 4/1/20 but she cannot speak to the Office of Drug Control and the status of it. Reported that the final recommendations of the Statewide Opioid Task Force were approved on April 1, 2020. Recommendations can be found at doseofrealityflorida.com, opioid task force tab. Many recommendations corroborate the recommendations from the DPAC report. The task force has expired and she is not aware of the status around re-initiation of the task force.

Mark Fontaine – suggested looking at the Statewide Opioid Task Force recommendations and possibly adding these to the DPAC 2020 report. He also suggested that the Council may want to make fewer recommendations in hopes that there will be more accomplishment, rather than having numerous recommendations and not seeing very much movement on them. He stated he knows there are good things happening, but we need to discuss and decide what recommendations should be put in the report.

Dotti Groover-Skipper – expressed concern that maybe the report is not being read. Suggested making a plan to educate and make people (especially decision-makers and leaders) aware that the report is available and make sure the recommendations are shared, which may lead to more movement toward achieving objectives.

Rachel Kamoutsas– suggested that members review the 2019 report and draft of 2020 report and prioritize recommendations for 2020 report. That is, members could come to a consensus and adopt the top ten recommendations to focus time and energy on. She stated that the Statewide Opioid Task Force did something similar to this.

Doug Leonardo – stated that the Council is going to have to realize we are going to be challenged to get

a lot of attention on this right now due to COVID-19 and competing priorities. The state has to pay attention to the impact of COVID-19 right now (ex. There are people in recovery who had jobs and have been stable but now have lost their jobs and stability and are in jeopardy of losing their recovery as well).

Nathan Dunn – summarized the discussion surrounding the 2020 Annual Report. He will send out an email, requesting members to send him any content and/or recommendations for the 2020 report by a certain date. These suggestions can be discussed at the next meeting.

Mark Fontaine suggested that there should be a meeting scheduled prior to the next regularly scheduled DPAC meeting, which is October 20, 2020. The interim meeting would be used as the platform to discuss the content/recommendations for the 2020 report. Nathan will discuss with leadership about this possibility.

7. Agency and Member Updates – DPAC

Walter Liebrich, Governor's Office:

No updates.

Rachel Kamoutsas, Office of the Attorney General:

Announced that she is the OAG's new designee for DPAC. The OAG has highlighted the importance of the HEROS program to law enforcement partners and the importance of access to naloxone throughout the community and state. The OAG is also involved in carrying out recommendations from the Statewide Opioid Task Force. No updates regarding the lawsuit.

Annie White, Florida Department of Law Enforcement

Announced that FDLE should have Karen Weaver's position filled in the next month or so and that person will continue to stay fully engaged with DPAC moving forward.

Ms. White provided the following additional updates via email:

Arrests:

In reviewing statewide arrest charges data for calendar year 2019:

- Charges for illegal possession, sale, and trafficking of some opioids, heroin and prescription opioids specifically, are beginning to trend downward from quarter to quarter in 2019. Both of these drug categories continued that trend through the first quarter of 2020.
- Problems continue to be with fentanyl and fentanyl derivatives. Substantial increases were seen in the CY data from 2017 through 2019. All drug charges related to fentanyl in 2019 increased 83% over 2018. Between the 1st and 4th quarters of CY 2019, charges for Possession of Fentanyl increased 72.9%; Sale of Fentanyl increased 323%, and Trafficking in Fentanyl increased 5.7%.
- **Laboratory Data**

We continue to see evidence of multiple drugs including fentanyl and fentanyl analogs within the submissions of other drugs including heroin, methamphetamine, and increasingly cocaine. Tramadol is making an appearance in increasing numbers
- **Bureau of Justice Assistance Grant Application**

As previously reported on the BJA Grant providing for expansion of ODMAP that was awarded in September 2019. Two of the priorities are:

 - To get 100% of counties within Florida to have at least one LE agency utilizing ODMAP. The data will be useful to LE in identifying spikes (geographically) in overdoses so that resources can be placed strategically.
 - Since first reporting on ODMAP Expansion Grant, the efforts in Florida to expand the use of

ODMAP across the state has so far resulted in 97.1% of counties having at least one law enforcement agency participating. This constitutes 65 of 67 counties in Florida.

- Since the last meeting, the Florida Department of Health, EMSTARS (emergency services) data is being transmitted to ODMAP through their API, (Application Programming Interface). This data constitutes suspected overdoses in patients to which emergency medical services (EMS) respond. (Duplicates with LE are deconflicted)
- In Florida the DOH was already collecting data on overdose location, the deployment of Naloxone, and whether the OD was fatal or non-fatal. With the API, which launched in February 2020, that data is now available to Level 2 ODMAP participants.
- An additional goal is to establish best practices for the hand-off from medical services to behavioral services for overdose prevention and substance abuse treatment.

This initiative enhances the ability of local communities within the grant-awarded states to effectively leverage ODMAP data, identify “hot spots” and trends of concern, and develop coordinated public safety, public health, and behavioral health intervention strategies.

A 60-day review (February 15 – April 15, 2020) of suspected overdoses in Florida (responded to by EMS or LE participating in ODMAP) captured in ODMAP revealed the below regarding the selected substances.

	Substance Total	Fatal	Naloxone
Fentanyl	199	29	152
Heroin	1267	104	906
Oxycodone	47	13	104
Cocaine/Crack	158	11	37
Methamphetamine	76	6	31
Grand Total	1747	163	1230

Seminole County Sheriff’s Office (Lead); State of Florida DOH (EMSTARS), Florida Department of Law Enforcement, the 4 Florida HIDTAs, the Florida National Guard Counterdrug Group and others are collaborating on a BJA Grant of \$700,000 over 2 years regarding ODMAP.

Jeffrey Cece – Department of Children and Families (DCF):

The Department has submitted an application for SOR2 round of funding to start in September 2020 and would run for a year. It would be \$100 million if awarded. The Department has been awarded \$300 million over the past five years so they have been funded adequately through Congress and SAMHSA. The Department has also received an emergency COVID behavioral health response grant as a result of the impact of COVID-19 which involves funding for telehealth services.

Mr. Cece stated that his main recommendation for the 2020 Annual Report is to focus on ensuring that Narcan is able to be accessed by individuals at risk for overdose and those who are likely to be witnesses to an overdose.

Maggie Agerton, Florida Department of Corrections (FDC)

Ms. Agerton reported that DOC is focusing on providing services during this difficult time of COVID-19. No substantial updates at this time.

Tracy Shelby, Florida Department of Juvenile Justice (DJJ)

Dr. Shelby stated the Department of Juvenile Justice is also focusing on alternative service delivery provision due to impact of COVID-19. No substantial updates at this time.

The Honorable Michelle Towbin-Singer, 17th Judicial Circuit Court of FL

Drug Courts are up and running but not fully operational due to COVID-19. Some attorneys were objecting to having hearings remotely and this was problematic. But more recently, the hearings have been happening remotely. Clients have been honest about relapsing without undergoing drug testing and they have been able to provide treatment and services to the Drug Court clients. She announced that she is no longer with Drug Court; she is now presiding over civil court. This was her last DPAC meeting and she thanked the Council and stated she was honored to be a part of it.

Nicole Wilder, Department of Education (DOE):

Mr. Dunn reported that Ms. Wilder is new to DPAC. Ms. Wilder stated she looks forward to serving on the Council. She reported that DOE has required that school districts submit reports related to substance abuse education (what programs/curriculum they are using, etc.). These reports were submitted July 1, 2020. She will be able to discuss this further at the next meeting, once reports are reviewed. She requested that if members had any curriculum or programs to share, that would be much appreciated.

Lt. Jason Britt, Florida Highway Patrol:

Lt. Britt reported that the Department Highway Safety along with the Florida Highway Patrol supports the work of the Council and supports the state in its response to COVID-19.

MAJ Nate Dinger, Florida National Guard

The Florida National Guard Counterdrug Program (FLNG-CDP) is developing an online gateway drug awareness course that will assist Florida educators in meeting the “New Sunshine State Substance Use Prevention Standards.” The curriculum is designed to meet the needs of brick-and-mortar, distance learning, and virtual students equally. The course has a pre and post questionnaire, check-on-learning questions, and is designed to be used anywhere.

Mark Fontaine, Florida Behavioral Health Association

The world of providers changed dramatically in March 2020 with the onset of COVID-19. Within about three weeks, there was a lot of flexibility and providers were able to keep providing care to people through the use of telehealth. FBHA has been meeting weekly with providers. There has been an increase in overdose, accelerated due to COVID-19 and this should be stated in the DPAC report. There has been a downturn in services with regard to corrections (harder to hold probationers accountable, etc.).

Beth Labasky, Substance Abuse Prevention

No update.

Dr. John Vanderlinder

Not present; no update given.

Dotti Groover-Skipper, Salvation Army

The Salvation Army Women's Rehabilitation Treatment Center in Tampa continues to be very successful. The 30-bed facility opened its doors December 2018 and has graduated several classes of women. It continues to be a beacon of light in Tampa Bay.

Florida Recovery Schools of Tampa Bay, Inc., in partnership with public schools, plans to open its first facility in Pasco County in January 2021. The school is a Recovery High School for youth ages 14-19 offering therapeutic services for qualified youth seeking recovery from substance use disorders and co-occurring disorders.

The Hillsborough County Anti-Drug Alliance has successfully pivoted during COVID 19 to continue their

great prevention work in tobacco and substance use disorder, under the great leadership of Executive Director, Cindy Grant.

Doug Leonardo, Chrysalis Health

Mr. Leonardo reported he is thankful for the ability to utilize telehealth. They have been doing about 5,000 sessions per week. Before COVID-19, they were doing 800 sessions per month. This has been a lifesaver for many clients; increase in access to care has been significant.

Roaya Tyson, Gracepoint

No updates.

Agency for Health Care Administration (AHCA)

No updates.

8. Public Comment –

No public comment was received.

9. Closing, Next Steps and Future Meeting Date –

Mr. Dunn requested members email him summaries of their updates so that they can be included in the meeting minutes.

Ideas for next meeting:

- Presentation on Naloxone in Emergency Departments
- Presentation on ODMAP
- DCF possibly sharing a map of where programs are available for treatment of pregnant women with SUD. Jeff Cece will reach out to Kim Brown in his office about this.
- Presentation on prescription for counseling protocol (evidence-based practice which involves prescription for behavioral health services tied to an opioid medication). Mark Fontaine will find out what this is officially called and will let Mr. Dunn know.
- Dotti Groover-Skipper suggested presentation on connection between SUD and human trafficking

The next quarterly meeting will be held October 20, 2020.

Mr. Dunn stated that he would reflect on a date for an interim meeting to discuss 2020 Annual Report. He also thanked all attendees for their flexibility and patience with the virtual platform of today's meeting and thanked all presenters for their presentations.

The meeting adjourned at 12:00 PM.