

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

**October 20, 2020
8:30 AM to 12:30 PM**

GoToMeeting Information Meeting link:
<https://global.gotomeeting.com/join/868127213>
Dial-in number: 1-866-899-4679
Access code: 868-127-213

Due to COVID-19, the Statewide Drug Policy Advisory Council meeting was held virtually via GoToMeeting. A recording of the meeting can be found at this link:
<https://ww14.doh.state.fl.us/pub/dpac/DPAC-meeting-October2020.m4v>

Welcome/Introductions/Opening Remarks:

Scott Rivkees, MD, Chair, State Surgeon General, opened the meeting. Dr. Rivkees thanked all for their efforts around COVID-19 and for their continued attention to the important issue of substance abuse and drug policy. Dr. Rivkees gave an overview of the meeting agenda, including the presentations that would follow. He asked that Nathan Dunn, MSA, Staff Liaison, proceed with roll call.

The following members or designees were in attendance:

Scott Rivkees, MD, State Surgeon General
Rachel Kamoutsas for Ashley Moody (Attorney General)
Annie White for Rick Swearingen (Florida Department of Law Enforcement Commissioner)
Maggie Agerton for Mark Inch (Florida Department of Corrections)
Tracy Shelby, PhD for Simone Marsteller (Florida Department of Juvenile Justice)
Nichole Wilder for Richard Corcoran (Florida Department of Education)
Lt. Jason Britt for Terry Rhodes (Florida Department of Highway Safety and Motor Vehicles)
Mark Fontaine (Florida Behavioral Health Association)
Beth Labasky for Peggy Sapp (Informed Families)
Dotti Groover-Skipper (HeartDance Foundation)
MAJ Nate Dinger (Department of Military Affairs)
Amanda Muller for Chad Poppell (Florida Department of Children and Families)
Judge Steve Leifman (Chief Justice of the Supreme Court appointee)
Nathan Dunn, MSA, Staff Liaison (Florida Department of Health)

Guests and staff:

Aaron Gerson (Office of the State Courts Administrator)
Mary Mayhew (Florida Hospital Association)
Yuri Maricich, MD (Pear Therapeutics)
Jared Jashinsky (Florida Department of Health)
Susan Williams (Florida Agency for Health Care Administration)
Lori Reeves (Florida Department of Health)
Melanie Brown-Woofter (Florida Behavioral Health Association)

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

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

Jennifer Johnson (Florida Behavioral Health Association)
Kim Streit (Florida Hospital Association)
Melissa Jordan (Florida Department of Health)
Keshia Reid (Florida Department of Health)
Avalon Thames (Florida Department of Health)
Katie Black (Florida Department of Health)
Michelle Harkness (Florida Department of Health)
Holly Wheeler
Doug Bell
Alexandria Lloyd
Monica Corbett
Kerri Bryan
Brandie Bockwoldt
The Florida Channel

Business

- 1. Review and Approval of Meeting Minutes from September 8, 2020 –**
The minutes were approved.
- 2. Preventing Overdose Deaths in Hospitals –** Mary Mayhew, CEO, Florida Hospital Association

Ms. Mayhew addressed the Council and led a discussion about preventing overdose deaths in hospitals. Ms. Mayhew pointed out some of the major issues and challenges tied to the opioid epidemic. She stated that timely access to Narcan is critical, and that we all know the “door needs to be open” when a person is ready for treatment. She also spoke about the role of hospitals in these efforts and around forming partnerships. She additionally addressed the challenge related to Substance Use Disorder (SUD) treatment when it comes to galvanizing efforts focused on identified best practices and evidence-based protocols and improving access to care. Ms. Mayhew said one of her priorities is for hospitals to focus on targeted aggressive approaches, like maternal recovery efforts concerning moms with Opioid Use Disorder (OUD), and improving outcomes for babies. It is her opinion that meaningful data needs to be tracked and, hospitals should work with both Federal Perinatal Quality Collaboratives (FPQCs) and other partners to implement best practices. Ms. Mayhew also discussed the importance of patient-centered care and the need for warm hand-offs from Emergency Departments (Eds) to treatment providers and residential programs. She stressed the importance of working with Medicaid, the Managed Medical Assistance (MMA) health plans and the Department of Children and Families as well as regional coalitions. Ms. Mayhew reported that the number of overdose deaths during the pandemic is alarming and momentum must be created around the state to focus on this issue. She stressed the need for collecting data to help focus efforts on improved education, better access to Narcan and adopting other best practices. Continuity of care, timely access to care, evidence-based practices and a focus on recovery are vital. Ms. Mayhew concluded by saying she is excited about partnering with the Council and other partners to work on these important issues.

Questions/Comments:

Dr. Rivkees asked about how Ms. Mayhew plans to mobilize resources of the Florida Hospital Association (FHA) in order to move forward on substance use disorders/overdose issues. Ms. Mayhew responded that the FHA needs to be a convener of initiatives around Neonatal Abstinence Syndrome (NAS) and SUD issues. She said workgroups should be formed, and there is a need to collect data to build support for promising and best practice models of care.

Mark Fontaine commented that one of the recommendations in the Drug Policy Advisory Council (DPAC) report focuses on warm hand-offs. He wanted to know how many EDs are practicing warm hand-offs at this point, and he also asked about the use of peer specialists. Ms. Mayhew stated that the FHA will obtain information about the number of EDs that conduct warm hand-offs and emphasized the

need for a data-informed approach (real-time data). Ms. Mayhew also stated she is a big supporter of peer specialists for behavioral health services. She emphasized that the issue of behavioral health in hospitals is a significant priority.

3. Prescription Digital Therapies – Yuri Maricich, CMO, Pear Therapeutics

Dr. Maricich provided a PowerPoint presentation on prescription digital therapies. He described prescription digital therapies (PDTs) as the concept that software can actually treat disease. His company has worked with the Federal Drug Administration (FDA). This software is developed in the same manner as insulin pumps and is evaluated in clinical trials. This is sent to the FDA for approval, and this approval facilitates reimbursement/billing for the service. PDTs follow the traditional therapeutics model and are integrated into the patient treatment. (Their use is actually prescribed as a treatment.) Patients use the software between visits and report back to the provider about their experiences. Dr. Maricich pointed out that opioid use drives high cost inpatient hospital stays and ED visits. He described the software called reset (for SUD) and reset-O (for OUD), which is derived from the content of the Therapeutics Education System. This digital therapy is designed to increase engagement and retention, and to improve patient access to treatment. This therapy is delivered via a mobile app. Patients download their treatment methods which may include Cognitive Behavioral Therapy (CBT) Modules, Fluency Training, Contingency Management and Craving/Trigger Assessment. The clinicians have a dashboard that allows them to track patient progress. This software was the first software approved by the FDA to treat a disease. Dr. Maricich discussed results of a study conducted by the National Institutes of Health (NIH) and the National Institute on Drug Abuse (NIDA) which compared the use of PDTs in conjunction with face-to-face treatment to the use of face-to-face treatment alone. There was a 40.3% rate of abstinence for the PDTs inclusive group vs. a 16.1% abstinence rate for the intensive face-to-face treatment only group. Studies have shown that for patients who use PDTs, the likelihood is greater that they will be retained in treatment.

Questions/Comments:

Dr. Rivkees asked how the use of PDTs compares to face-to-face counseling. Dr. Maricich emphasized that including PDTs is not considered a replacement for traditional face-to-face counseling. Rather, PDT use is integrated into a patient's existing treatment as an extension of treatment.

Dr. Rivkees asked whether there is a particular age group for which this modality is most effective. Dr. Maricich said they looked at patients between the ages of 18-70. Patients most engaged (patients who most utilized the treatment) were in the age range of 40-49.

Mark Fontaine commented that same age group (40-49) heavily uses Medication-assisted treatment (MAT), so there seems to be a correlation. Mr. Fontaine also talked about this modality being different from medication as a treatment because if the patient is not using it every day, the clinician is able to monitor and see what the patient is doing or not doing. Dr. Maricich stated that it is very important for clinicians to emphasize to the patient that this is part of the patient's treatment, the same way medication is introduced as part of treatment.

Dotti Groover-Skipper asked about the use of this modality with individuals in residential treatment. Dr. Maricich reported that the studies were done with individuals in outpatient treatment, but he recognizes the transition of care from residential to outpatient treatment is critical.

Mark Fontaine asked if this modality is covered by Medicaid or commercial insurance. Dr. Maricich said there are a number of commercial insurance companies that are covering PDTs, and they are working with Medicaid to explore the possibility of Medicaid patients being covered for this treatment.

4. Overdose Detection Mapping Application Program (ODMAP) – Annie White, Assistant Special Agent in Charge, Office of Statewide Intelligence, Florida Department of Law Enforcement (FDLE)

Ms. White provided a PowerPoint presentation on the Overdose Detection Mapping Application Program (ODMAP). Ms. White defined ODMAP as a free, Web-based, mobile-friendly software platform which supports reporting of suspected fatal and nonfatal overdoses. The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) launched ODMAP in 2017. The goal of ODMAP is to provide near real-time data to public safety and public health agencies, enabling them to mobilize responses to overdoses as quickly as practically possible. ODMAP displays overdose data within and across jurisdictions to help agencies identify spikes and clusters. Ms. White stated that there was no consistent mechanism to track overdoses, which is why ODMAP was created. She explained that there are two levels of ODMAP users: Level I and Level II. Level I users are law enforcement and emergency medical services, whereas Level II users are those who provide leadership from public health entities and data analysts. Ms. White explained how Level I and Level II work, and she described “spike alerts.” Spike alerts can be set-up to notify an agency by email if the total overdoses in an area exceeds a pre-determined threshold within a 24-hour period. Spike alerts can be established for an agency’s own county as well as nearby or neighboring counties. By establishing spike alerts for nearby counties, the program can serve as an early warning feature. If a spike in overdoses occurs in a neighboring area, officials can anticipate a spike in their area and prepare. Ms. White stated that ODMAP has been a benefit to law enforcement because it has served as a bridge between law enforcement and health partners. Through its use, they can work together to identify hot spots and sources of supply while attempting to curb overdoses. She went on to explain that data in ODMAP is protected; therefore, there is no Personal Identifying Information or Personal Health Information. The data can be shared with non-governmental agencies if the agencies are receiving funding to provide substance abuse prevention/intervention services.

Questions/Comments:

Rachel Kamoutsas wanted to know how easy it is for law enforcement agencies to have access. Ms. White stated that it is fairly easy if FDLE verifies that it is indeed a law enforcement agency. She reported all but one county in Florida is participating in ODMAP at this time.

Rachel Kamoutsas asked if the verification warrants extra overhead and whether analysts have to be hired. Ms. White stated it depends on the jurisdiction because some do not have the resources to hire analysts. In the Tallahassee region, there are four analysts for thirteen counties.

Mark Fontaine asked about community treatment providers having access to ODMAP, as they often do not know about spike alerts. Ms. White stated that treatment providers can get access if a government agency recommends that they have access, and they must be providing prevention/intervention services. Mark Fontaine said it would be good for treatment providers to have a contact person to help them get access to ODMAP.

Mark Fontaine commented that he thinks there should be a recommendation to have an analyst at FDLE included in the DPAC report.

Dr. Rivkees recapped some of Ms. White’s comments about how information about overdoses comes in a lot of different ways (EMS/Law Enforcement), and that there needs to be a standard approach. Dr. Rivkees asked what the role would be of a statewide analyst if there was one. Ms. White clarified that she cannot make any recommendations about hiring an analyst for FDLE. Her opinion is that a good fit for an analyst would be with the Office of Drug Control if that office is going to be opened back up. She stated it will probably take more than just an analyst to provide the necessary information needed, and it will also take significant outreach.

5. Recent Trends in Fatal and Nonfatal Overdoses – Jared Jashinsky, PhD, Epidemiologist & Project Manager, Bureau of Emergency Medical Oversight, Florida Department of Health

Dr. Jashinsky provided a PowerPoint presentation on Recent Trends in Fatal and Nonfatal Overdoses. He began with an overview of the Florida fatal overdose trends and noted that caution should be taken when looking at the data. The Florida Department of Health Bureau of Vital Statistics tracks all deaths in

Florida using ICD-10 codes. These codes can be searched to determine overdose deaths. A drawback of vital statistics is that the most recent data will be incomplete. For example, Dr. Jashinsky pointed out that the 2020 overdose data is preliminary and there appears to be a big spike in overdoses in March, April and May. He stated that even though August's numbers appear to be lower, this data is incomplete. The data for more recent months are going to be underestimated until the data are finalized. He went on to explain how data are finalized and reported that there appears to be a correlation between COVID-19 and the increase in fatal overdose deaths. Although it cannot be said conclusively, there has definitely been a spike during this time of COVID-19. Dr. Jashinsky went on to discuss fatal overdoses in women of childbearing age; there appears to be an increase in fatal overdoses in this population during the pandemic as well. He stated that all demographic groups seem to be experiencing the same trend. Dr. Jashinsky also discussed EMSTARS, which is a surveillance system that tracks EMS incidents across the state.

Questions/Comments:

Dr. Rivkees asked if it was known in which regions of the state the changes in overdoses are occurring. Dr. Jashinsky referred to his PPT slide that showed a graphic of nonfatal overdose rates in regions throughout the state.

Dr. Rivkees asked if there has been a shift in the drug that is causing these overdoses as compared to last year. Dr. Jashinsky stated he has not looked at this, but he will report back to Dr. Rivkees on this point.

Mark Fontaine commented that the overdose trend is getting worse and it seems overwhelming. The recent data is dramatic, and initiatives need to be ramped up. He would like to know if this is all due to COVID-19 and would like to see some type of analysis be done on this possibility.

Dr. Rivkees stated that with COVID-19, people have had gaps in health care; we need to try to get information about whether referrals have decreased. He stated the Department of Health has been messaging that people need to try to get caught up on their health care such as vaccinations, primary care visits and other medical needs not related to COVID-19. Dr. Jashinsky added that during the pandemic, people are not visiting Emergency Departments (Eds) as much as they were prior to the pandemic. Consequently, when looking at data from EDs, it may seem that overdose numbers are going down. However, lower numbers could be deceiving.

Judge Leifman asked about known data for individuals, including whether they were in treatment and if they were having problems getting access to MAT during the pandemic. He also questioned whether inpatient beds are being utilized and in which geographic areas the overdoses are happening so that additional targeting could be attempted. Dr. Jashinsky answered that a lot of this information is unknown, with the only information currently available being demographic (age/sex/race/ethnicity). However, he stated that he does have information by county (i.e., fatal overdoses by county) which he will provide to the DPAC members.

BREAK

6. Review and Approve 2020 DPAC Annual Report – Nathan Dunn, MSA, Staff Liaison, Florida Department of Health

Nathan Dunn addressed the Council after the break and introduced Judge Steve Leifman as a new appointee to DPAC. Judge Leifman said a few words including emphasizing that he believes COVID-19 may not be causing unrelated problems but is rather highlighting problems that already existed in our health care system.

Nathan Dunn began the review of the 2020 DPAC Annual Report. He mentioned that the highlighted portions in the report reflect last year's information as a placeholder for this year's information.

Rachel Kamoutsas stated that she made a couple of substantive changes after she reviewed the report. She also said the past work of the Office of Drug Control (ODC) was good, and this needs to be mentioned in the DPAC report. Ms. Kamoutsas will send prior ODC reports as a reference point for the DPAC report.

Nathan Dunn instructed members to check their names and information in the report for accuracy.

Mark Fontaine suggested adding data presented by Jared Jashinsky into the report. Nathan Dunn agreed that this information can be placed into the summary of findings in the report.

Nathan Dunn pointed out that pages 8-10 of the report provide a summary of the 2020 report recommendations.

Amanda Muller with the Department of Children and Families (DCF) asked a question about recommendation #13, pointing out that under Florida Medicaid, naloxone is covered without a prior authorization at least once per year. She also suggested editing "naltrexone" to "naloxone."

Susan Williams with the Florida Agency for Health Care Administration (AHCA) referenced a written response that the AHCA had provided regarding recommendation #13. Ms. Williams stated she would work with Nathan Dunn to revise this section to change some of the wording that is no longer correct. For example, changing *7 day* supply access to buprenorphine to *30 day* supply access to buprenorphine. There were no objections from the Council for Mr. Dunn to work with Ms. Williams on this section. Mr. Dunn stated he would send the changes out to the Council.

Mark Fontaine mentioned that recommendations #3 and #4 appear to be the same, and suggested they be combined into one recommendation. Major Nate Dinger stated the reason they were separate is because #3 is focused on a communication plan and #4 focuses on integrating community agencies (integrating all prevention activities, not just communication). He said he would read through them to see where they may be able to be consolidated.

Mark Fontaine asked if recommendation #7 has been completed and commented that it cannot be stated that it is complete if a recommendation is being made concerning it. Nathan Dunn stated the consensus is that this recommendation should be kept because there are still pieces of it being worked on.

Judge Leifman commented regarding recommendations #3 and #4; he brought up developing assessment tools for kids at risk (ACES) and other resources. Major Nate Dinger responded that the Florida Youth Survey addresses some of these questions.

Major Nate Dinger circled back to recommendations #3 and #4. He stated that #3 pertains to strategic communication and the increase or maintenance of substance abuse prevention efforts. Recommendation #4 speaks to evidence-based practices and integrating community agencies. Major Dinger does not think these two recommendations should be merged. He will change it such that the lead sentences in both recommendations are not the same; he will get this change to Nathan Dunn.

Nathan Dunn proceeded to go through the report:

Recommendations #1 and #2: No comments on these.

Recommendations #3 and #4: No further comment here. (The aforementioned change from Major Nate Dinger will be obtained.)

Recommendation #5: Changes were inserted by the Bureau of Tobacco Free Florida through the Florida Department of Health (DOH). No comments here.

Recommendation #6: Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Mark Fontaine provided changes. No comments here.

Recommendation #7: Disposal of medications – Rachel Kamoutsas’s one-line bullet about the website, **doseofreality.com**, will be added. No comments here.

Recommendation #8: Naloxone – One section that was also stated in #10 was deleted. No comment here.

Recommendation #9: Syringe Exchange Program – Amanda Muller (DCF) suggested the remainder of the first sentence can be deleted after “establish syringe exchange programs...” Nathan Dunn will delete the remainder of that sentence. It was also suggested to reach out to the HIV section at the Department of Health regarding a list of counties. Nathan Dunn will insert this here.

Recommendation #10: Emergency Department /Warm hand-offs. No comment here.

Recommendation #11: The recommendation will be maintained.

Recommendation #12: Parity – Mark Fontaine stated the parity report is not a public document. He said the AHCA has stated they have done an analysis and parity is met, but no one outside of the agency is able to see the analysis. This is an internal review not available to the public. Mark Fontaine will provide the edit to the sentence containing the word “periodicity”, and he will add a statement about making the report available to the public.

Recommendation #13: Nathan Dunn will work with Susan Williams (AHCA) to insert new information from the AHCA into this section. Mr. Dunn also reached out to the Florida Association of Health Plans (FAHP) regarding MAT and prior authorization. Paul Runk of the FAHP stated this varies by health plan on the commercial side and depends on policy. It was agreed that the phrase starting with “especially” will be stricken. Susan Williams confirmed she would get changes to this section to Mr. Dunn.

Recommendation #14: No comment here.

Recommendation #15: No comment here.

Recommendation #16: Stigma-reduction campaign – It was agreed that the first paragraph will be deleted.

Recommendation #17: Background screening of peers – The word “to” before “provide” will be removed.

Recommendation #18: Substance Abuse Dashboard – Nathan Dunn has reached out to the State Health Improvement Plan (SHIP) Behavioral Health Priority Area Workgroup, which will look at how to approach this item. No comment here.

Recommendation #19: Mark Fontaine asked if the Council should add a recommendation for funding for the FDLE to hire an analyst to head this initiative. Nathan Dunn suggested it is not within the Council’s scope to recommend funding for a position. Mark Fontaine agreed. No further comment here.

Judge Leifman asked about making a recommendation to modernize the Baker Act and Marchman Act. This is something he has been working on for a couple of years, and he will provide information to Nathan Dunn to circulate to the Council. The laws need to be updated, modernized and funded in order to benefit clients/patients.

It was agreed that there will be a Recommendation #20 added to the report, which will state “DPAC recommends updating and providing appropriate funding for the Baker and Marchman Acts to increase the effectiveness of these laws to serve the people of Florida.”

Dr. Rivkees requested a motion to approve the DPAC 2020 Annual Report. Rachel Kamoutsas provided the first motion, and Dotti Groover-Skipper provided the second motion. The DPAC 2020 Annual Report was approved. No opposition.

7. Public Comment – No Comment was received.

8. Closing, Next Steps and Future Meeting Date –

Dr. Rivkees closed out the meeting and thanked presenters and all Council members.

The next DPAC quarterly meeting will be held January 26, 2021.

Motion to adjourn. Meeting adjourned.