

Statewide Drug Policy Advisory Council



Public Meeting Book

October 27, 2022
8:30AM-12:30PM

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

Statewide Drug Policy Advisory Council (DPAC) Meeting

October 27, 2022
8:30 am to 12:30 pm

Meeting Location:
Florida Department of Health
4052 Bald Cypress Way, Conference Room 301, Tallahassee, FL 32399

AGENDA

Time	Item	Topic	Topic Facilitator/Presenter
8:30 am – 8:50 am	1	Welcome/Introductions/Opening Remarks	Shay Chapman, BSN, MBA Division Director, Community Health Promotion Florida Department of Health
	2	Approval of July 19, 2022 Meeting Minutes	Council Members
8:50 am – 9:20 am	3	Naloxone: Overcoming Pharmacy Barriers	Lori Reeves, MPH Florida Department of Health Krista M. Riveron, PharmD, JD, MS Medication Safety and Quality Coordinator Pharmacy, Boca Raton Regional Hospital
9:20 am – 9:50 am	4	Cross-Agency Partnerships to Support Naloxone at Hospitals	Jeffrey Cece, MS, CPM Florida Department of Children and Families
9:50 am – 10:50 am	5	2022 Annual Report Discussion	Council Members
10:50 am – 11:00 am	6	Break	
11:00 am – 12:00 pm	7	Agency and Member Updates	Council Members
12:00 pm – 12:15 pm	8	Public Comments	
12:15 pm – 12:30 pm	9	Next Steps/Future Meeting Date Motion to Adjourn	Shay Chapman, BSN, MBA Division Director, Community Health Promotion Florida Department of Health



Statewide Drug Policy Advisory Council

Meeting Minutes

July 19, 2022
8:30 am – 12:30 pm

Meeting Location:
4052 Bald Cypress Way, Conference Room 301
Tallahassee, FL 32399

Welcome/Introductions

Melissa Jordan, MS, MPH, State Surgeon General Designee, opened the Statewide Drug Policy Advisory Council (Council) meeting. Ms. Jordan thanked all members of the Council, designated appointees, and other participants for their continued partnership in this critical work. Ms. Jordan asked that Nathan Dunn, MSA, Staff Liaison Designee, proceed with roll call.

The following members or designees were in attendance:

Melissa Jordan, MS, MPH, State Surgeon General Designee
Maggie Agerton for Ricky Dixon (Department of Corrections)
Joy Bennink for Eric Hall, Ed.D. (Department of Juvenile Justice)
Melanie Brown-Woofter for Mark P. Fontaine (Governor Appointee: Substance Abuse Treatment, Florida Behavioral Health Association)
Jeffrey Cece, MS, CPM for Shevaun Harris (Department of Children and Families)
Elaina Cosentino for Representative Spencer Roach (Florida House of Representatives)
Dottie Groover-Skipper (Governor Appointee, Faith-Based Substance Abuse Treatment, HeartDance Foundation, Inc.)
Timothy Hay for Manny Diaz, Jr. (Department of Education)
Robert Heere for Senator Darryl Rouson (Florida Senate)
Gary Howze for Ashley Moody (Office of the Attorney General)
Major Bennett LaCour for COL John Steele (Department of Military Affairs)
Judge Steve Leifman (11th Judicial Circuit Court of Florida)
John McClellan for Mark Glass (Florida Department of Law Enforcement)
Peggy Sapp (Governor Appointee: Substance Abuse Prevention, Informed Families)
Doug Simon for Chris Spencer (Governor's Office of Policy and Budget)
Kimberly Spence (Governor Appointee: Drug Enforcement, Keaton Corrections, Inc.)
Roaya Tyson (Governor Appointee, Expertise in Drug Enforcement and Substance Abuse Services, Gracepoint)
John Van Delinder, PhD (Governor Appointee: Faith-Based Substance Abuse Treatment – Sunshine State Association of Christian Schools)

Guests and Staff:

Grace Boran, Member of the Public
Kerri Bryan (Department of Health)
Shay Chapman (Department of Health)
Ryan Cox, Member of the Public
Nathan Dunn, MSA (Department of Health)
Jesseka Forbes, PharmD (Agency for Health Care Administration)
Aaron Gerson (Office of the State Courts Administrator)
Joanna Greene (Martin County Human Services)
Joe Anne Hart (Florida Dental)

Cynthia Henderson, Member of the Public
Alexandra Johnson (Florida Department of Law Enforcement)
Jennifer Johnson (Florida Behavioral Health Association)
Ramon Maury (Informed Families)
Cassandra Pasley, BSN, JD (Department of Health)
Ashley Peterson, Member of the Public
Danielle Rice (Florida Department of Children and Families)
Lori Reeves, MPH (Staff Liaison, Florida Department of Health)
Kenneth Scheppke, MD, FAEMS, Deputy Secretary for Health (Department of Health)
Anna Simmons, MSW (Department of Health)
Ellen Snelling, MS (Hillsborough County Anti-Drug Alliance)
Stuart Waldo (Florida Department of Health)
Lauren Whiteman, MPH, CPH (Department of Health)
Jennifer Williams (Florida Department of Children and Families)

Opening Remarks

Ms. Jordan provided an overview of the meeting agenda and the presentation to follow.

Ms. Jordan reflected on the efforts within the Florida Department of Health (FDOH) related to the Council's work to address substance use in the state of Florida. Continued work on the State Health Improvement Plan (SHIP) and the Addiction Stabilization Centers (ASC) project has been added as a strategic objective in the Priority Area Workgroup (PAW) of Mental Well-being and Substance Abuse Prevention.

On July 8, 2022, FDOH issued a Public Health and Safety Alert regarding fentanyl overdoses. State agencies, including FDOH, Florida Department of Children and Families (DCF), and Florida Department of Law Enforcement are working together to investigate and immediately address this public safety and health issue.

Business

1. Review and Approval of Meeting Minutes from April 19, 2022:

A motion was entered to approve the meeting minutes. Motion carried, all in favor. Minutes were approved with no opposition.

2. Presentation:

Addiction Stabilization Centers – Kenneth A. Scheppke, MD, FAEMS, Deputy Secretary for Health, Florida Department of Health

Dr. Kenneth Scheppke provided an overview of the ASC project. Dr. Scheppke shared personal experiences treating thousands of people with substance use disorders (SUD) and thanked the Council for their efforts to find answers for this widespread problem. Dr. Scheppke's presentation provided an overview of how systems of care can be restructured to provide effective care including medication-assisted treatment (MAT). ASCs can remove barriers to care by concentrating resources and expertise into facilities that are staffed with addiction specialists and provide transitions for appropriate follow up and long-term care. ASCs can provide relief support to emergency departments (EDs) with patients transported directly to these facilities for treatment.

3. Discussion of 2022 Annual Report:

Nathan Dunn, Staff Liaison Designee, addressed the Council and provided an overview of the 2021 recommendations and requested input from the Council to be added to the 2022 Annual Report. The content of the report is a compilation of information from the members of the Council. The Council recommendations were addressed, and discussion followed.

Recommendation #1

Dottie Groover-Skipper reported that Recommendation #1 is complete with the appointment of Doug Simon as the Director of the Office of Drug Control.

Recommendation #2

Jesseka Forbes from the Agency for Health Care Administration (AHCA) reported that many of the service flexibilities implemented during the pandemic have been extended through October of 2022, including the telehealth service options. Ms. Forbes will provide a comprehensive update to be included with the 2022 Annual Report. Recommendation #2 remains incomplete for 2022.

Recommendation #3

Melanie Brown-Woofter noted that workforce issues continue to be challenging for the mental health and SUD service areas, but efforts are underway to increase recruitment and retention. The Florida Behavioral Health Association is also exploring physician extenders to expand the clinical workforce. Progress is ongoing but recommendation remains incomplete for 2022.

Recommendation #4

Peggy Sapp provided an overview on the Red Ribbon Week campaign. Occurring every year in October, the campaign has widespread participation. Red Ribbon Week is accessible for all to participate in and increases visibility. Red Ribbon Week is an opportunity to collect large quantities of unused prescription drugs from homes. Ms. Sapp suggested expanding the recommendation to birth to 25-year old. Ms. Sapp discussed the importance of prevention along with intervention strategies. Progress has been made under Recommendation #4 but needs further discussion, including the consideration of a prevention sub-council.

Judge Steve Leifman suggested that messages be created on evidence-based practice to ensure good outcomes, that trauma-related issues that affect drug use among youth be addressed and add to the recommendation the need to increase screening among youth, particularly those with trauma issues. Recommendation #4 remains incomplete for 2022.

Recommendation #5

Peggy Sapp discussed the Alcohol Literacy Challenge™, which is a certified, brief, classroom-based program currently available in Florida, and the Red Ribbon Certified Schools program, which is recognized by the Substance Abuse and Mental Health Services Administration as certified by science. Throughout the school year, four modules are completed together to help educate about healthy environments. The Red Ribbon Certified Schools program helps people create a positive school environment. Ms. Sapp suggested coordinating additional prevention education efforts through a statewide council, perhaps facilitated by the Office of Drug Control. Recommendation #5 remains incomplete for 2022.

Recommendation #6

The Council had no additional updates for Recommendation #6, remains incomplete for 2022.

Recommendation #7

Peggy Sapp suggested creating a single database with one QR code that can be used to locate medication disposal drop boxes within communities. Ms. Sapp suggested a statewide Lock Your Meds campaign in partnership with pharmacies and retailers. Recommendation #7 remains incomplete for 2022.

Recommendation #8

During the last session, the legislature appropriated \$600,000 to provide education at two universities. The Council will confirm details on funding to determine if this action completes Recommendation #8.

Recommendation #9

Dottie Groover-Skipper provided an update on kratom which is known around the world for its stimulant effects and as an opioid substitute. The United States Drug Enforcement Administration includes kratom on its list of substances of concern, which are not illegal but that pose risks to persons who abuse them. Kratom is not federally regulated, and quality is not measured or reinforced. Kratom is banned in some states and municipalities, others have imposed age restrictions, and Sarasota County in Florida banned kratom in 2014. Kratom is recognized as an addiction drug with no medicinal benefits. Florida has seen several efforts to pass legislation around kratom in recent years, but all bills have failed. Ms. Groover-Skipper suggested changing the recommendation to regulate any kratom, without regard to specific derivatives. A full ban might prevent youth from obtaining kratom and suffering potential physical or criminal repercussions. FDOH has a section on kratom at [kratom-final-faq-2021.pdf \(floridahealth.gov\)](#). Kratom is widely available in smoke shops and other retail facilities and is prominently advertised.

There are concerns about quality control and regulation versus a complete ban. Banning something entirely is not always the most efficient way to move forward and could substantially increase felony charges for possession and use of kratom. Jeffrey Cece spoke against a full ban, due to the potential unintended consequences of criminalizing possession of kratom. Council members advocated for additional research to examine the number of deaths from kratom to develop an evidence-supported recommendation for moving forward. Recommendation #9 remains incomplete for 2022.

Recommendation #10

Jeffrey Cece provided an update on expanding access to naloxone to prevent deaths from overdose. DCF is implementing a naloxone saturation plan. The first tier would focus on distribution at syringe exchange programs, and the second tier would distribute at EDs and floor units. DCF is expecting over 20,000 kits to be distributed through hospital EDs, and an additional 30,000 kits through hospital floor units. The goal is to get kits in the hands of Floridians rather than a prescription, which can be difficult and expensive to fill. A DCF lead workgroup of state level partners has identified all barriers that have prevented hospitals from participating. DCF will also focus on Federally Qualified Health Centers (FQHC). Currently, there are 10 out of 45 FQHCs participating, which have distributed 4,000 kits so far. Since the inception of the program in 2017, DCF has distributed over 340,000 kits into the community, and more than 21,000 people have reported a life was saved. In addition to the program funded through State Opioid Response dollars via DCF, the state of Florida funds the Helping Emergency Responders Obtain Support (HEROS) program to distribute kits through first responders. Recommendation #10 is complete for 2022.

A question was asked regarding the Council's role on weighing in on how opioid settlement dollars should be distributed in Florida. Mr. Cece recommended that there might be a role for the Council to provide guidelines for the program, however, the settlement itself already provided guidelines. The settlement also establishes a task force to oversee distribution of funds.

Recommendation #11

There is legislation that enables counties and cities to implement syringe exchange programs. Recommendation #11 is complete for 2022.

Recommendation #12

One of the key obstacles to building effective bridge programs is ED providers not starting a course of MAT if there is no community mental health service that will manage the patient after hospital discharge. FDOH is working to institutionalize the model of ASCs and is preparing to roll out the statewide program in 12 pilot counties. There are strong examples in several counties with partnerships between EDs and managing entities and there are 15 certified community behavioral health programs. Housing and other social determinants must be addressed in the treatment process and are included in the comprehensive models

in collaboration with community partners. Some of the Medicaid health plans are addressing housing for their enrolled members. Recommendation #12 will continue for 2022.

Recommendation #13

Nathan Dunn indicated that information regarding Addiction Medicine Graduate Medical Education (GME) programs had previously been provided by Dr. Joan St. Onge, who served on the GME workgroup of the Council of Florida Medical School Deans. Although no new information had been received regarding fellowships, the American College of Academic Addiction Medicine indicated three ongoing programs in Florida: HCA Healthcare/University of South Florida Morsani College of Medicine GME in Brandon, the University of Florida Addiction Medicine Fellowship Program in Gainesville, and the Larkin Community Hospital Palm Springs Campus Addiction Medicine Program in Hialeah. Florida's physician survey results indicate that 33 more physicians identified a specialty in Addiction Medicine since last year, bringing the total number to 168. Physicians completing the survey practice in the areas of Anesthesiology, Family Medicine, Internal Medicine, Neurology and Psychiatry. Recommendation #13 continues for 2022.

Recommendation #14

Some legislation was passed in 2022, but the Council will need more information.

Recommendation #15

Jesseka Forbes from AHCA discussed that access to MAT therapy has been expanded. Products are available through an automated process that looks for a diagnosis of opioid use disorder or SUD, and when present, Medicaid will pay. However, after a period of time, the drug may need to be authorized again.

Recommendation #16

Recommendation #16 has been carried forward for several years with no action to date.

Recommendation #17

DCF continues to support the Recovery Oriented System of Care. This system also provides training on naloxone administration. Recommendation #17 is largely complete.

Recommendation #18

The Council had no additional updates for Recommendation #18.

Recommendation #19

Major legislation introduced last year related to Recommendation #19 made it through several committees and is being refiled for 2023 with some adjustments. Judge Leifman will share bill language with the group once it is out of bill drafting and there is a bill number. The bill is recommending changes to expand Baker Act criteria a small amount to better enable treatment after Baker Act implementation. The bill will also merge processes to provide inpatient or outpatient treatment for both Baker and Marchman Acts ensuring accessibility for individuals to get assistance and ensure continuity of care. Recommendation #19 continues for 2022.

Recommendation #20

The 988 Suicide and Crisis Lifeline went into effect July 2022, but full implementation could take decades. Florida needs legislation to fund 988 to enable implementation throughout the entire state. Recommendation #20 continues for 2022.

4. Agency and Member Updates:

Doug Simon, Governor's Office of Policy and Budget

The Governor's Office of Policy and Budget had no additional updates for the Council.

Gary Howze, Office of the Attorney General

The Office of the Attorney General had no additional updates for the Council.

John McClellan, Florida Department of Law Enforcement

The Florida Department of Law Enforcement is working with teams to use the HEROS grant to support distribution of naloxone and to encourage family members of people at risk to use naloxone.

Jeffrey Cece, Department of Children and Families

DCF is utilizing all available tools to work in partnership to develop ASCs, low barrier access models to buprenorphine, and other efforts to work more effectively across agencies.

Maggie Agerton, Department of Corrections

The Department of Corrections is working with DCF to get naloxone in the hands of probation officers and into prisons, as well as getting treatment started in prison. Ms. Agerton proposed inviting Dr. Schepke to present to staff on the science of this approach and said the Department of Corrections is working to implement these changes over the next year.

Joy Bennink, Department of Juvenile Justice

The Department of Juvenile Justice is working in collaboration with the HEROS program to get naloxone into all 21 juvenile detention centers as well as residential commitment programs.

Timothy Hay, Department of Education

The Department of Education had no additional updates for the Council.

Major Bennett LaCour, Department of Military Affairs

The National Guard remains committed to working with coalition partners like DCF and the Department of Education as a no-cost resource to the state. Major Bennett LaCour stated that National Guard programs are primarily federally funded.

Robert Heere, Senator Rouson's Office

Robert Heere reported that House Bill 5013 passed through the budget process and created the Opioid Settlement Trust Fund for depositing settlement funds. There is currently no budget authority, but the bill requires the trust fund to be subdivided as outlined in the bill and dispersed or transferred to abate the opioid epidemic. Mr. Heere noted that there are no more specific guidelines as of the morning of the meeting.

Elaina Cosentino, Representative Roach's Office

Representative Roach's office had no additional updates for the Council.

Judge Steve Leifman, 11th Judicial Circuit Court of Florida

Judge Steve Leifman stated that the Supreme Court system is working to ensure that courts are using evidence-based practices and tying practices to funding. Problem-solving courts will be required to be certified to ensure the judges are appropriately trained, and staff are using best practices. Judge Leifman volunteered to present on this at a future meeting. Construction is coming to completion in Miami-Dade County on a new mental health diversion facility that will be a medical home incorporating crisis stabilization for mental health and addiction, job skills training, health clinics, courtrooms, trauma services, housing and more.

Peggy Sapp, Informed Families

Informed Families is assembling physical and social media toolkits for Family Day, the 4th Monday of September, and the Red Ribbon Campaign week is October 23-31, 2022. The campaign theme of “Celebrate Life” was designed by students.

Melanie Brown-Woofter, Florida Behavioral Health Association

Melanie Brown-Woofter noted that the Florida Behavioral Health Association currently partners with many of the agencies represented on the Council and is available for continued partnership when needed.

Dottie Groover-Skipper, HeartDance Foundation, Inc.

HeartDance Foundation, Inc. continues supporting First Lady Casey DeSantis’ campaign, “The Facts, Your Future.” The Hillsborough County Drug Alliance continues work on awareness, along with other alliance partners throughout the state. Statewide campaigns and efforts are essential in connecting people who need treatment with evidence-based programs.

Kimberly Spence, Keeton Corrections, Inc.

Keeton Corrections, Inc. had no additional updates for the Council.

Roaya Tyson, Gracepoint

Roaya Tyson stated that workforce issues continue to be a challenge. Gracepoint is encountering difficulties to find nursing and other staff, and the issue has become critical for community substance use and behavioral health providers throughout the state.

John Van Delinder, Sunshine State Association of Christian Schools

The Sunshine State Association of Christian Schools had no additional updates for the Council.

Jesseka Forbes, Agency for Health Care Administration

Jesseka Forbes updated that there is a new naloxone product called Kloxxado® that provides 8mg instead of 4mg of naloxone for patients who may need a higher dosage due to fentanyl exposure. Kloxxado® has been added to the Florida Medicaid Preferred Drug List effective July 1, 2022.

5. Public Comments/Open Discussion:

No public comments received.

6. Adjournment:

For closing items, Ms. Jordan reminded the Council that written updates on current recommendations, language for new recommendations, and background information to support new recommendations should be submitted to Lori Reeves no later than September 1, 2022, to be incorporated into the draft of the 2022 Annual Report for review at the October 11, 2022, meeting.

A motion was entered to adjourn. Motion carried with no opposition. Meeting was adjourned at 11:11 am.

Additional Department of Health Staff in Attendance:

Avalon Adams-Thames, DrPH, MPH

Mohammad Alak, MPH

Williams Barrs

Brandie Bockwoldt, MPH

Suzanne Bring, MA

Marianne Dean, MS

Steven Diaz, MSW, RSWI

Reem El-ankar, MPH

Courtney Ellis, MPH, BSN, RN
Amanda Evans, MPH
Carol Ferranti, MAEM
Helena Girouard
Samantha Goodfellow
AnnJeanette Haro
Carmen Hernandez, MHA, CWWPM, CWWS, TTS
Todd Hockert, BS, NRP
Heather Huffman, MS, RDN, LD/N, IBCLC
Natalie Kenton, MBA
Adrian Kinkead, MPH
Nina Mattei, MS, APR, FPED
Kimberly Pace
Mark Pagnotto, MPH, CPH
Houston Park
Kristin Peacock
Patricia Pearce
Vanessa Phillips
Mary Porter
Concha Prieto, MPH
Diana Prieto, MPH, CPH
Daniel Rocha, MPH
Rachael Shaw, MPH
Alexandria Stevenson, MPH
Kayla Thomas
LaTerica Thomas
Carolynn Wilhite, CAPM, PMP
Mary Zeni, ScD

Florida Department of Health

Statewide Drug Policy Advisory Council Meeting

Naloxone Kits Before Hospital Discharge:
A Key Intervention Opportunity

October 27, 2022



Opportunity

While working with the Florida Perinatal Quality Collaborative on the MORE project, we identified multiple barriers that prevented pregnant and postpartum women at risk of overdose from receiving naloxone prior to hospital discharge.

According to Florida's Maternal Mortality Review Committee, overdose is the leading cause of death for women during pregnancy and in the first year postpartum, with the majority of those deaths occurring after the birth of the baby.

Naloxone *in hand* can help reduce the risk of death from overdose after hospital discharge.

Supporting Priority Areas

DPAC Recommendation #10:

Expanding naloxone availability among people who use drugs and their peers through hospital emergency departments and floor units.

Florida State Health Improvement Plan (SHIP):

Mental Well-being and Substance Abuse Prevention Priority

Description: Increase and expand the number of Hospitals distributing naloxone kits in-hand prior to discharge for all persons at risk of overdose.

Challenges

Some hospitals have both inpatient and outpatient pharmacies, but many only have inpatient pharmacies.

The lack of an outpatient pharmacy is one of the major challenges preventing hospitals from putting naloxone kits into the hands of people at risk of overdose.

Inadequate knowledge regarding the risk of overdose and a lack of policies encouraging distribution of naloxone are also challenge.

Hospital Naloxone Workgroup

In February of 2022, Florida Department of Health brought together pharmacy leaders and representatives from multiple state agencies to find solutions.

Partners:

- Florida Agency for Healthcare Administration
- Florida Blue
- Florida Department of Children and Families
- Florida Department of Health
- Florida Hospital Association
- Florida Perinatal Quality Collaborative
- Florida Society of Health System Pharmacists

Florida Society of Health System Pharmacists

Who We Are

3,000 + Pharmacist/Technician/Student members

Represents pharmacists in Health Systems in Florida

Collaborates with Florida Hospital Association (FHA)

Collaborates with DOH, DCF

Seeing solutions to Save lives from Opioid Epidemic

An educational offering to 500 + members several years back

Profiled families of Opioid Epidemic victims

Asked everyone in room to stand if directly impacted by Pandemic – ALL stood

Health System Pharmacists

Work in emergency departments

Work in Intensive Care units

Live the opioid Epidemic daily

Experience patients saved from the brink (naloxone drip)

Who go AMA

Provide babies with medications for NAS

We see, we know, we *feel the pain* of the Epidemic

This is a Disease like Cancer



FSHP Strategic Plan

Work with key stakeholders to reduce opiate overdose deaths

Promote the free naloxone grant program to Florida hospitals

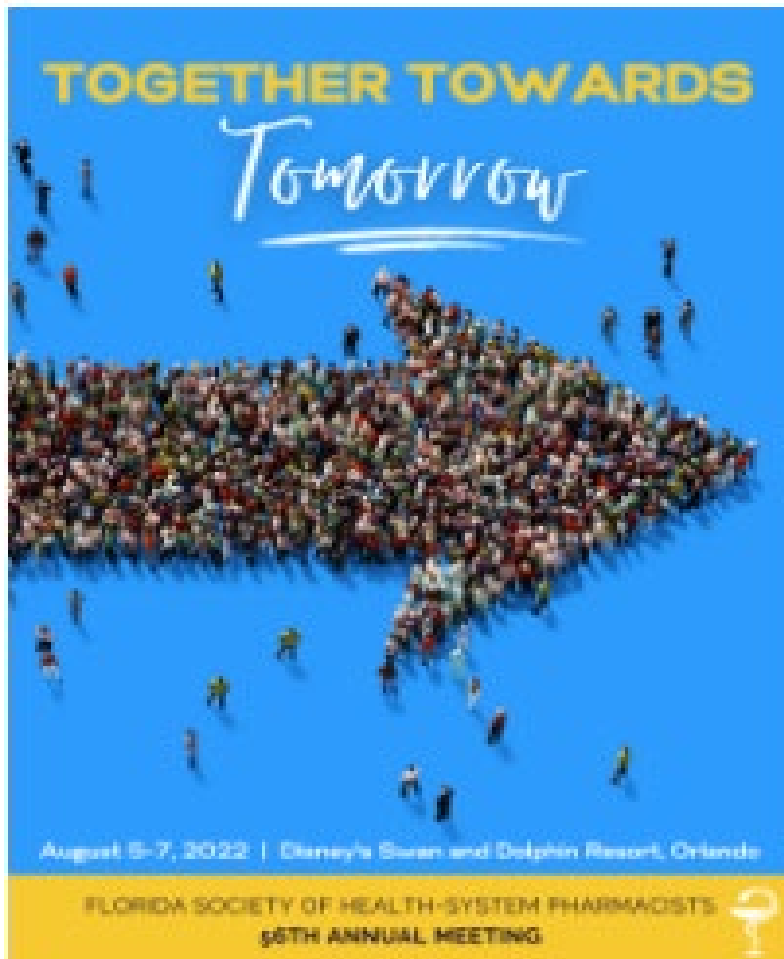
Discuss involvement in the drug epidemiology network (DEN) throughout the state

FSHP Mission Statement

- Provide high-quality pharmaceutical care services aimed at drug-use control and rational drug therapy.
- Develop professional standards for pharmaceutical services.
- Promote pharmacy as an essential component of the healthcare team.
- Foster an adequate supply of well-trained, competent pharmacists, pharmacy technicians and associated supportive personnel.
- Develop and conduct programs for maintaining and improving the competence of its members.
- Disseminate information about pharmaceutical services and rational drug use.
- Contribute to programs that emphasize the health needs of the public and the prevention of disease.
- Improve communication among pharmacists, other members of the health care industry and the public.
- Promote research in the health and pharmaceutical sciences and in pharmaceutical services.
- Promote the economic welfare of its members.



Call to Action FSHP 2022 Annual Meeting



990 attendees
Continuing Education
Offering
Director's Workshop
Spoke to DOPs
Inaugural Speech
Recruited members
Successful
Heard from Health Sx

Leaders Heeding the Call

John Armistead, MS RPh

Lee Health

Jeff Bush Pharm D

HCA

Madeline Camejo, Pharm D

Baptist South

So many more....

Lee Health System



John Armistead MS, RPh,
FASHP
Past **ASHP** President
Active FSHP member

Donated Lee Health
System processes to
FSHP/FHA/DOH/DCF

De-identified process
Placed on webpage for
easy access

Share with hospitals

LEE HEALTH PHARMACY POLICY & PROCEDURES

NALOXONE RESCUE KIT PROTOCOL - LEE PHARMACY		LOCATOR NUMBER			
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System. <input type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies. <input checked="" type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	<div style="text-align: center; color: blue; font-weight: bold; margin-bottom: 10px;"><u>PHARMACY</u></div> CHAPTER: PH1 TAB: 02 POLICY #: 012			
Disciplines / locations to which this interdisciplinary policy applies:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Health Information Management <input type="checkbox"/> Environmental Services <input type="checkbox"/> Information Systems <input type="checkbox"/> Laboratory <input type="checkbox"/> Legal Services <input type="checkbox"/> Nutrition </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Plant Operations <input type="checkbox"/> Radiology <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Respiratory <input type="checkbox"/> Public Safety </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Acute Care Hospital Nursing <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Home Health <input type="checkbox"/> Skilled Nursing Services <input type="checkbox"/> Physician Offices <input type="checkbox"/> Rehab Hospital </td> </tr> </table>			<input type="checkbox"/> Health Information Management <input type="checkbox"/> Environmental Services <input type="checkbox"/> Information Systems <input type="checkbox"/> Laboratory <input type="checkbox"/> Legal Services <input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Plant Operations <input type="checkbox"/> Radiology <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Respiratory <input type="checkbox"/> Public Safety	<input type="checkbox"/> Acute Care Hospital Nursing <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Home Health <input type="checkbox"/> Skilled Nursing Services <input type="checkbox"/> Physician Offices <input type="checkbox"/> Rehab Hospital
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Date Originated: 3/17	Reviewed/No Revision: 4/18, 3/18, 4/20, 4/21	Dates Revised: 5/19, 6/21			
		Next Review Date: 6/22			
Author(s): Anson Phetteplace, PharmD, CPh, DPLA; David Ondrako, MD					

LEE HEALTH POLICY & PROCEDURES

NALOXONE INTRANASAL EMERGENCY DEPARTMENT DISPENSING PROTOCOL		LOCATOR NUMBER			
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System. <input checked="" type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies. <input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	CHAPTER: M03 TAB: 03 POLICY #: 612			
Disciplines - locations to which this interdisciplinary policy applies:					
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Date Originated: 5/19	Reviewed/No Revision: 5/20, 5/21	Dates Revised:			
		Next Review Date: 5/22			

LEE HEALTH POLICY & PROCEDURES

SUBSTANCE USE SCREENING, TESTING AND TREATMENT - GUIDELINES IN OBSTETRICS		LOCATOR NUMBER			
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System. <input checked="" type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies. <input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	CHAPTER: M03 TAB: 09 POLICY #: 773			
Disciplines / locations to which this interdisciplinary policy applies:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Health Information Management <input type="checkbox"/> Environmental Services <input type="checkbox"/> Information Systems <input checked="" type="checkbox"/> Laboratory <input type="checkbox"/> Legal Services <input type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Obstetric Services </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Pharmacy <input type="checkbox"/> Plant Operations <input type="checkbox"/> Radiology <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Respiratory <input type="checkbox"/> Public Safety </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Acute Care Hospital Nursing <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Home Health <input type="checkbox"/> Skilled Nursing Services <input type="checkbox"/> Physician Offices <input type="checkbox"/> Rehab Hospital </td> </tr> </table>			<input type="checkbox"/> Health Information Management <input type="checkbox"/> Environmental Services <input type="checkbox"/> Information Systems <input checked="" type="checkbox"/> Laboratory <input type="checkbox"/> Legal Services <input type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Obstetric Services	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Plant Operations <input type="checkbox"/> Radiology <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Respiratory <input type="checkbox"/> Public Safety	<input checked="" type="checkbox"/> Acute Care Hospital Nursing <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Home Health <input type="checkbox"/> Skilled Nursing Services <input type="checkbox"/> Physician Offices <input type="checkbox"/> Rehab Hospital
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Date Originated: 5/20	Reviewed/No Revision:	Dates Revised: 3/21			
Next Review Date: 3/23					



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FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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Office of Substance Abuse and Mental Health

Overdose Prevention Naloxone Distribution Program

Click for more >>>

Lee Health De-identified Processes
DOH grant enrollment form



HCA Hospitals Florida



Championing Naloxone
Grant program to HCA

Largest Health System in
Florida

Soon to be 50 hospitals

Jeff Bush, Pharm D
Past FSHP President
West Coast Pharmacy Division
Director HCA

Section 381.887, Florida Statutes (Emergency Treatment for Suspected Opioid Overdose)

14

The purpose of this section is to provide for the prescribing, ordering, and dispensing of emergency opioid antagonists to patients and caregivers and **to encourage the prescribing, ordering, and dispensing** of emergency opioid antagonists by authorized health care practitioners.

An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to, **and a pharmacist may order** an emergency opioid antagonist with an auto-injection delivery system or intranasal application delivery system for, a patient or caregiver for use in accordance with this section.

A pharmacist may dispense an emergency opioid antagonist pursuant to a prescription by an authorized health care practitioner. **A pharmacist may dispense** an emergency opioid antagonist with an auto-injection delivery system or intranasal application delivery system, which must be appropriately labeled with instructions for use, **pursuant to a pharmacist's order or pursuant to a nonpatient-specific standing order.**

A dispensing health care practitioner or pharmacist, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist in accordance with this section.

CS/SB 262 (2021 Legislative Session)

15

Approved by the Governor. Effective date was July 1, 2021.

Modified section 465.019, Florida Statutes, dealing with institutional pharmacy permits.

It allows all authorized prescribers to prescribe, and hospital pharmacies to dispense, a limited supply of medicinal drugs to emergency department patients and inpatients upon discharge when the prescriber determines the medicinal drug is warranted and community pharmacy services are unavailable.

Hospitals with Class II or Class III institutional pharmacy permit can now dispense to patients (ED or inpatient) upon discharge without a community pharmacy permit.

s. 465.019(4), Florida Statutes

16

(a) Medicinal drugs shall be dispensed in an institutional pharmacy to outpatients only when that institution has secured a community pharmacy permit from the department. However, medicinal drugs may be dispensed by a hospital that operates a Class II or Class III institutional pharmacy to a patient of the hospital's emergency department or a hospital inpatient upon discharge if a prescriber....**treating the patient in such hospital determines that the medicinal drug is warranted and that community pharmacy services are not readily accessible, geographically or otherwise, to the patient. Such prescribing and dispensing must be for a supply**

(b) of the drug that will last for the greater of the following:

1. Up to 48 hours; or
2. Through the end of the next business day.

(b) ...[I]f a state of emergency has been declared and is in effect for an area of this state pursuant to s. 252.36, a supply of a medicinal drug which will last up to 72 hours may be prescribed and dispensed under paragraph (a) in that area.

(c) A prescriber...may provide the patient with a prescription for such drug for use beyond the initial prescription period if the prescriber determines that such use is warranted.

Goals

- Pharmacists are the most accessible health care practitioners
- Just received legislation to prescribe naloxone
- Need legislation to prescribe MAT Therapy

American Society of Health System Pharmacists

EXPAND PHARMACISTS ABILITY TO TREAT **OPIOID ADDICTION**

Drug overdose deaths in the U.S. topped 100,000 in 2021 and are on track to continue at similar levels. Many of these fatalities occur because these patients do not receive or have access to medications for opioid use disorder (MOUDs), historically referred to as medication-assisted treatment.³

Many states have expanded their scopes of practice to allow pharmacists to provide a range of patient care services, including increasing access and ensuring adherence to MOUDs. The Centers for Medicare & Medicaid Services (CMS) has also urged participation of pharmacists in opioid treatment programs to dispense MOUDs to Medicare beneficiaries.

As a member of the interprofessional healthcare team, pharmacists develop pain management plans, promote access to opioid safety initiatives, and check state prescription drug monitoring programs to prevent overlapping opioid prescriptions.

Despite their clinical expertise, pharmacists are not eligible for an X-waiver, a federal regulatory barrier to ordering buprenorphine for treatment of opioid addiction. This creates a barrier to pharmacists providing access to needed medications to help treat opioid use disorder.

Congress should **pass the Mainstreaming Addiction Treatment Act (H.R. 1384/S.445)** included in the **Restoring Hope for Mental Health and Well-Being Act of 2022**. The bill would eliminate outdated and unnecessary X-waiver requirements, increasing availability of MOUDs for patients struggling with addiction.

FSHP Contacts

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Kathy Baldwin



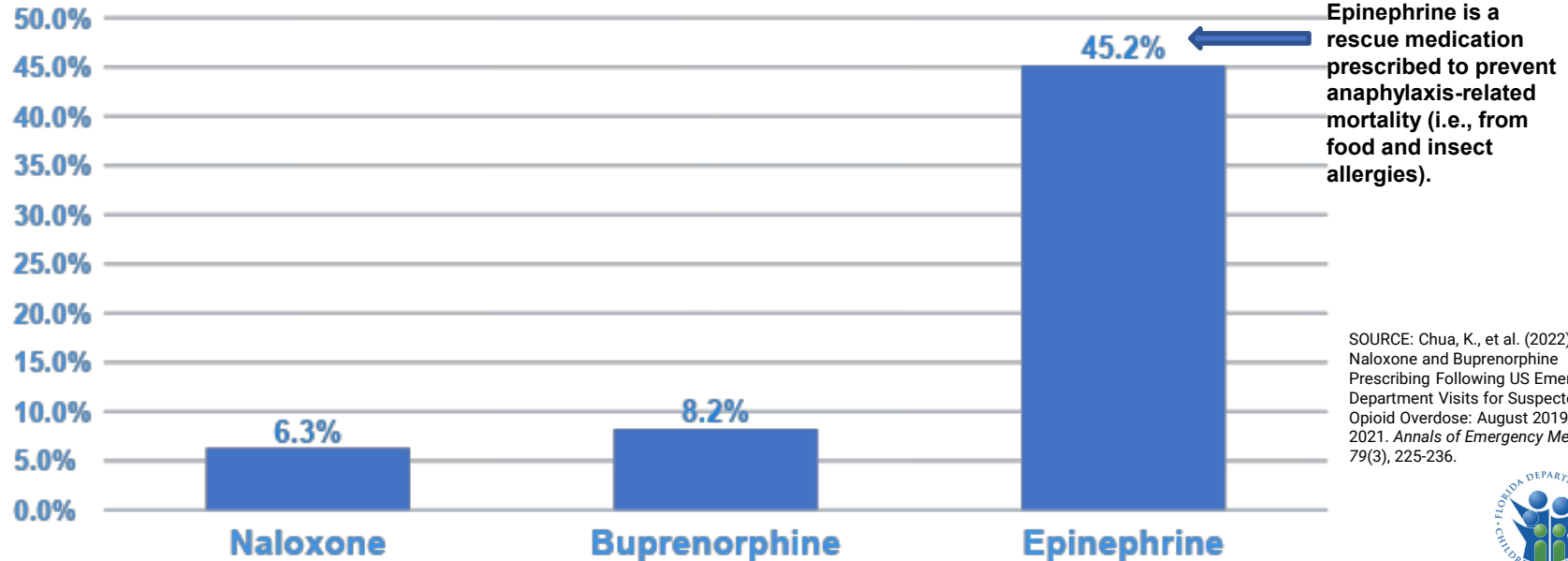


Florida Department of Children and Families

Applying the Meds-to-Beds Model of Inpatient Dispensing to Naloxone Nasal Spray

Nationwide Analysis of 148,966 ED Visits for Opioid Overdose (August 2019 to April 2021)

Dispensed Prescriptions for Naloxone, Buprenorphine, and Epinephrine within 30 days of Emergency Department Visit



SOURCE: Chua, K., et al. (2022). Naloxone and Buprenorphine Prescribing Following US Emergency Department Visits for Suspected Opioid Overdose: August 2019 to April 2021. *Annals of Emergency Medicine*, 79(3), 225-236.

Naloxone is Not Available in Approximately 1 out of 3 Community Pharmacies in Florida

- Researchers conducted a cross-sectional telephone audit of actively licensed community pharmacies in 11 states, including 683 pharmacies in Florida, from May 2020 through April 2021:
 - Trained callers asked about the availability of “a box of Narcan Nasal Spray 4mg.”
 - If asked for personal details, they replied, “It’s not for me. I’m just calling around for a friend who is getting out of rehab to find a pharmacy that can fill her medication.”
 - Only 69% of pharmacies in Florida have naloxone available.
 - Chain pharmacies are significantly more likely to have naloxone available (79%) than independent pharmacies (42%)

Ensure Low Barrier Access to Naloxone Nasal Spray: Bring the Meds-to-Beds

- Dispense naloxone nasal spray kits “meds-to-beds” style, prior to discharge:
 - Don't just issue prescriptions for naloxone and expect people to travel to a community pharmacy to grapple with out-of-pocket expenses or unavailability.
 - Use your relatively new authority (since 2021) under s. 465.019(4)(a), Florida Statutes, which states that, “...medicinal drugs may be dispensed by a hospital that operates a Class II or Class III institutional pharmacy to a patient of the hospital's emergency department or a hospital inpatient upon discharge if a prescriber....treating the patient in such hospital determines that the medicinal drug is warranted and that community pharmacy services are not readily accessible...”

Why Focus on Hospital-Based Naloxone Distribution?

- On average, 20,847 individuals are discharged from Florida Emergency Departments for opioid-related diagnoses each year (average based on 2018-2020 ED discharges).
- Additionally, on average, approximately 23,489 individuals with opioid-related diagnoses are *admitted/hospitalized on an inpatient basis*.
- In FY 22-23, the Department is committing \$3 million from the Consent Judgment in State of Florida v. McKinsey & Company to purchase and distribute about 45,000 naloxone kits through hospitals.
- This addresses goals, objectives, and recommendations in DCF's Triennial Plan, DOH's State Health Improvement Plan (SHIP), the Florida Hospital Association's guidelines, and the Drug Policy Advisory Council's Annual Report.

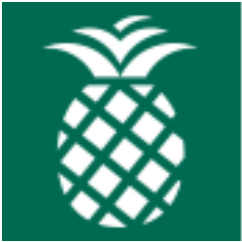
About DCF's Overdose Prevention Program (OPP)

- There are 306 enrolled organizations distributing naloxone nasal spray kits.
 - Includes 40 hospitals, some of which distribute through multiple sites.
 - Hospital sites exist in the following 16 counties: Volusia, Orange, Flagler, Lake, Miami, Broward, Hillsborough, Palm Beach, Clay, Indian River, Desoto, Escambia, Polk, Lee, Martin, and Duval.
- Approximately 372,958 kits have been distributed since the program started in 2016.
- 22,811 overdose reversals have been reported.

DCF's Overdose Prevention Program Growth (2018-2021)					
	2018	2019	2020	2021	2022*
Enrolled Organizations	66	107	181	253	306
Naloxone Kits Distributed	18,898	36,747	69,557	132,273	110,063
Overdose Reversals Reported	1,466	1,592	4,434	7,858	6,965

** 2022 figures are partial*

Questions?



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TOGETHER WE ARE



ACCOUNTABLE • VALUED
EMPOWERED • DETERMINED
TRANSPARENT • OPTIMISTIC
ENGAGED • COLLABORATIVE
IDEAL TEAM PLAYERS

Jeffrey Cece
Grant Development and Management
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Florida Department of Health

Statewide Drug Policy Advisory Council Meeting

October 27, 2022



397.333 Statewide Drug Policy Advisory Council

The Advisory Council shall:

1. Meet at least quarterly or upon the call of the chairperson;
2. Conduct a comprehensive analysis of the problem of substance abuse in this state and make recommendations to the Governor and Legislature for developing and implementing a state drug control strategy;
3. Review and make recommendations to the Governor and Legislature on funding substance abuse programs and services;
4. Review various substance abuse programs and recommend, where needed, measures that are sufficient to determine program outcomes;
5. Review the drug control strategies and programs of other states and the Federal Government;
6. Recommend to the Governor and Legislature applied research projects that would use research capabilities within the state;

DPAC Statute (*cont.*)

7. Recommend to the Governor and Legislature changes in law which would remove barriers to or enhance the implementation of the state drug control strategy;
8. Make recommendations to the Governor and the Legislature on the need for public information campaigns.
9. Ensure that there is a coordinated, integrated, and multidisciplinary response to the substance abuse problem in this state;
10. Assist communities and families in pooling their knowledge and experiences with respect to the problem of substance abuse;
11. Examine the extent to which all state programs that involve substance abuse treatment can include a meaningful work component;
12. Recommend to the Governor and the Legislature ways to expand and fund drug courts; and
13. Submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1 of each year.

Recommendation #1

- State agencies and commercial health plans provided service delivery flexibilities to respond to challenges related to the delivery of mental health and SUD care during the COVID-19 pandemic. It is recommended that the state agencies, commercial health plans, and other private payors permanently adopt these flexibilities, specifically:
 - Waiving prior authorization requirements and services limits (frequency, duration and scope) for all behavioral health services (including targeted case management).
 - Maintaining payment parity for telehealth services by reimbursing services provided via telemedicine at the same rate as face-to-face encounters.
 - Expanding coverage of telehealth services to include telephone communications, only when rendered by licensed psychiatrists and other physicians, physician extenders and licensed behavioral health practitioners.
 - Requiring managed care plans to waive limits on medically necessary services when additional services will maintain the health and safety of an enrollee diagnosed with COVID-19 or when it is necessary to maintain an enrollee safely in their home.
 - Using audio-only services when video capability is not available, and services can only be provided telephonically, which should be thoroughly documented.

Recommendation #2

- To effectively address the opioid crisis, the impact of the pandemic, and the anticipated growth in mental health and SUD service needs, it is critical that a vibrant, stable, and well-trained workforce be available to provide prevention, treatment and recovery services. To address the workforce crisis, the Council recommends adopting changes in payment methods, background screening, exemptions for peer specialist applications, and greater flexibility with telehealth, reimbursing providers the same amount for telehealth and in person visits.

Recommendation #3

- Develop and implement a substance-use prevention strategy designed to reduce drug use among youth 12–17 years of age. The strategy should focus on; (1) deployment of a unified anti-drug messaging campaign developed around evidence-based practices to ensure good outcomes, (2) increasing/maintaining substance use prevention efforts by securing/sustaining front-end prevention funding that increases screenings and addresses trauma-related issues among youth, and (3) expanding state partnerships with anti-drug coalitions, educational institutions, law enforcement, and other members of the 12 Community Sectors.

Recommendation #4

- Deploy an evidence-based substance use prevention program designed to reduce drug use among youth 12–17 years of age. The curriculum should focus on evidence-based and/or evidence-informed prevention strategies proven to reduce substance use, while also increasing youth resiliency, coping strategies, positive mental health and responsible decision-making. DCF should lead, in collaboration with FDOH and the Florida Department of Education (DOE), a statewide initiative designed to increase and coordinate prevention efforts across Florida through a partnership with coalitions, community SUD providers, school districts, faith-based groups, and business entities. The end goal is to better link existing prevention education programs with Florida's educators, and to reduce substance use and abuse among Florida's youth.

Recommendation #5

- Develop and implement a stigma reduction campaign designed to reduce the negative feelings associated with a SUD and other mental illness/injuries. Messaging should increase the awareness of medically assisted treatment options, reduce the stigma associated with addiction, and inform the public of the many benefits that come with obtaining psychiatric, psychological and/or therapeutic services from a licensed professional.

Recommendation #6

- Encourage pharmacies to educate consumers on safe medication storage and disposal procedures when filling prescriptions for controlled substances. Establish a media campaign that incorporates appropriate technology to educate consumers on reasons for safe use, safe storage, and safe disposal as well as the location of safe disposal boxes in each community.

Recommendation #7

- Establish medical marijuana advertisement standards that restrict the advertising methods of medical marijuana/cannabis evaluation clinics, conveyance shops and other services or businesses not currently governed by Amendment 2 (section 381.986, Florida Statutes.)

Recommendation #8

- Establish legislation to regulate (1) preparation, distribution and sale of kratom-based products (*Myragyna Speciosa*) that contain the alkaloids mytragynine and/or 7-hydroxymitragynine; (2) prohibit the preparation, distribution and sale of adulterated or contaminated kratom products; (3) assign authorities and responsibilities to ensure compliance standards are met and/or maintained; 4) incorporate strategies to prohibit market and sale of kratom to minors, and (5) establish corrective actions/penalties for actors/agencies that would violate such legislation.

Recommendation #9

- Encourage the continued establishment of warm handoff programs through hospital EDs to community opioid use disorder (OUD) treatment providers to address opioid overdoses. In addition, issue naloxone to overdose patients before they leave the ED; and have AHCA report on the extent warm handoff protocols have been implemented in EDs across the state.

Recommendation #10

- Expand additional fellowship and residency programs for physicians to obtain a specialty in addiction medicine with a goal of increasing physicians with an addiction medicine specialty.

Recommendation #11

- Pass model legislation that will align Florida law with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and require all state health agencies, health plans, and commercial insurance to report annually on the implementation of the parity act in Florida. These reports should be transparent and available to inform the public.

Recommendation #12

- Require state health agencies, health plans and commercial insurers to remove prior authorization requirements for evidence-based medication-assisted treatment (MAT) to allow for use of medications such as buprenorphine, naltrexone, naloxone and methadone.

Recommendation #13

- Promote legislation that adds the Secretary of AHCA and the Commissioner of the Office of Insurance Regulation as members to the Council.

Recommendation #14

- Continue the statewide Recovery Oriented System of Care (ROSC) initiative designed to promote and enhance recovery efforts in Florida and support the continued development of the Recovery Community Organization (RCO) and a statewide RCO that helps link community initiatives.

Recommendation #15

- Evaluate the impact of Senate Bill 1120 (2020): Substance Abuse Services on agency background screening requirements related to the eligibility of individuals with lived experience/peers attempting to enter the workforce; continue efforts to reduce the administrative burden of the background screening and exemption process; promote consistency among state agencies related to the background screening exemption process; ensure an individual with lived experience is part of the exemption review panel; and have AHCA, DCF, and the Florida Department of Corrections (FDC) provide an annual report on the number of individuals that applied for an exemption, actual timeframes for the process, and the number approved/disapproved with reasons for the decisions.

Recommendation #16

- The Council recommends the modernization, improvement and appropriate funding for the Baker and Marchman Acts to increase effectiveness of the Baker and Marchman Acts to serve the people of Florida.

Recommendation #17

- Encourage Florida legislators to draft legislation/policy to support implementation of the 988 National Suicide Prevention Lifeline launched July 16, 2022.

Florida Department of Health

10 MINUTE BREAK

