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

Vision: A future without substance abuse in Florida

Florida HEALTH

Statewide Drug Policy Advisory Council

Workshop
Betty Easley Conference Center
4075 Esplanade Way
Room 182
Tallahassee, FL 32399
Health@FLHealth.gov
January 29, 2016
9:00AM to 4:00PM

Purpose: Develop plan to finalize, prioritize and plan to achieve priorities
Process: See Agenda, Draft Priorities & Planning Tool
Outcome: Draft Plans & Identified Next Steps

AGENDA:

Time	Topic	Topic Facilitator
9:00 – 10:00 am	Opening: • Welcome/Introductions • Approval of Minutes • Review of Meeting Purpose, Process & Tool, Outcome	Dr. Jennifer Bencie & Lynne Drawdy
10:00 am – 11:30 am	Group Discussion: • Finalize, prioritize and plan for Focus Area: Research & Analysis Priorities	Lynne Drawdy
11:30 – 12:30 pm	Lunch	
12:30 – 2:30 pm	Breakouts (participants will self-select into a breakout group): Finalize, prioritize and plan for: • Focus Areas: Coordination/Outreach and Prevention (Room 182) • Focus Areas: Treatment and Harm Reduction (Room 178)	Lynne Drawdy Laura Reeves
2:30 – 3:30 pm	Breakout Reports & Discussion • Focus Areas: Coordination/Outreach and Prevention • Focus Areas: Treatment and Harm Reduction	Breakout Reporters
3:30 – 4:00 pm	Wrap-up: • Next Steps • Meeting Evaluation (Plus-Delta) • Travel Reimbursement	Dr. Jennifer Bencie Lynne Drawdy Becki Poston

Welcome, Introductions, - Dr. Jennifer Bencie, Manatee DOH, Chair

Meeting called to order at 9 a.m. by Dr. Jennifer Bencie. Ms. Poston called the roll and the following members were in attendance.

Members Present:
1. Dr. Jennifer Bencie (Chair, State Surgeon General Designee)
2. Andy Benard (Attorney General Designee)
3. Gayla Sumner (Secretary of Juvenile Justice Designee)
4. Mark Baker (FDLE Commissioner Designee)
5. Bill Beiswenger (Adjunct General of the State as the Chief of the Department of Military Affairs Designee)
6. Gene Spaulding (Executive Director of the DHSMV Designee)
7. John VanDelinder (Governor Apointee Faith Based Substance Abuse Treatment Designee)
8. Patrick Mahoney (Department of Corrections Secretary Designee)
9. Jeff Cece (Department of Children and Families Secretary Designee)
10. Colonel Gene Spaulding (DHSMV)
11. Representative Cary Pigman (Member of the House of Representatives)
12. Mark Fontaine (Member of the public with expertise in substance abuse treatment appointed by the Governor)
13. Doug Leonardo (Member of the public with expertise in substance abuse programs and services appointed by the Governor)
14. Peggy Sapp (Member of the public with expertise in substance abuse prevention appointed by the Governor
15. Beth Larasky, Informed Families
16. Diane Prest (Kimberly Spence Designee)
17. Aaron Gerson (Chief Justice of the Supreme Court Designee)

Staff Present:
- Tim Parson, Department of Children & Families
- Rebecca Poston, Department of Health

Discussion
Lynne Drawdy and Laura Reeves lead the discussion as the Council reviewed the Drug Policy Advisory Council Planning tool to prioritize, plan and finalize expected outcomes in the areas of research and analysis, coordination and outreach, treatment, management and harm reduction.

Disposition:
Lynne Drawdy will summarize and provide the Goal, Outcomes, Objectives and Action Plan for the next scheduled meeting.

Next Steps:
- Schedule conference call for March 11, 2016 to review planning tool.

Meeting adjourned at 4:00 p.m.

Note: Statutory responsibilities displayed in blue text.

Research and Analysis

1. Need comprehensive situational awareness and data analysis – Drug Control Strategy?

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.
   a. Potential Data Sources
        i. Florida Youth Substance Abuse Survey
       ii. Drugs Identified in Deceased Person by Florida Medical Examiners
      iii. National Survey on Drug Use and Health: Risk and Protective Factors and Initiation of Substance Abuse
       iv. Prescription Drug Monitoring Program Reports
        v. FDLE drug arrest data?
       vi. EMSTARS

3. Review various substance abuse programs and recommend, where needed, measures that are sufficient to determine program outcomes. The council shall review different methodologies for evaluating programs and determine whether programs within different agencies have common outcomes. The methodologies shall be consistent with those established under former s. 216.0166.
   a. Create a catalog of existing substance abuse programs and any related performance metrics

4. Review the drug control strategies and programs of, and efforts by, other states and the Federal Government and compile the relevant research.
   a. Office of National Drug Control Policy may be a resource
   b. DCF has contacts with other states

5. Review and make recommendations to the Governor and Legislature on funding substance abuse programs and services, consistent with the state drug control strategy, as developed. The council may recommend the creation of a separate appropriations category for funding services delivered or procured by state agencies and may recommend the use of performance-based contracting as provided in s. 414.065.
   a. Use GAAs to determine how substance abuse funding is currently allocated and determine how the funds are being spent.

6. Recommend to the Governor and Legislature applied research projects that would use research capabilities within the state, including, but not limited to, the resources of the State University System, for the purpose of achieving improved outcomes and making better-informed strategic budgetary decisions.
   a. University of Florida Drug Policy Institute – potential resource

7. Establish an epidemiological workgroup to compile data and analyze drug trends.

8. DPAC should serve to provide early warnings based on data and situation – provide this information to Legislature.

9. Toxicological screens

Drug Policy Advisory Council
Draft Priorities

Coordination and Outreach

1. How do we coordinate the resources we have?

2. Ensure that there is a coordinated, integrated, and multidisciplinary response to the substance abuse problem in this state, with special attention given to creating partnerships within and between the public and private sectors, and to the coordinated, supported, and integrated delivery of multiple-system services for substance abusers, including a multiagency team approach to service delivery.

3. The advisory council shall determine the most effective means of establishing clear and meaningful lines of communication between the advisory council and the public and private sectors in order to ensure that the process of developing and implementing the state drug control strategy has afforded a broad spectrum of the public and private sectors an opportunity to comment and make recommendations.

4. Assist communities and families in pooling their knowledge and experiences with respect to the problem of substance abuse. Forums for exchanging ideas, experiences, and practical information, as well as instruction, should be considered. For communities, such instruction may involve issues of funding, staffing, training, and neighborhood and parental involvement, and instruction on other issues. For families, such instruction may involve practical strategies for addressing family substance abuse; improving cognitive, communication, and decision making skills; providing parents with techniques for resolving conflicts, communicating, and cultivating meaningful relationships with their children and establishing guidelines for their children; educating families about drug-free programs and activities in which they may serve as participants and planners; and other programs of similar instruction. To maximize the effectiveness of such forums, multiple agencies should participate.
    a. This seems to be a task best handled at the local level. How can the council help facilitate? Providing educational materials? Providing suggestions for local substance abuse councils?

5. Make recommendations to the Governor and the Legislature on the need for public information campaigns to be conducted in the state to limit substance abuse.
    a. Review existing sources of public information
        i. DCF webpage contains resources
        ii. "Born Drug-Free Florida"

6. Recommend to the Governor and Legislature changes in law which would remove barriers to or enhance the implementation of the state drug control strategy.

7. Make recommendation to link emergency rooms and treatment providers.

Prevention

1. Review Prescription Drug Monitoring Program
    a. Registration and use
    b. Integration of data into clinical work flow
    c. Using proactive alerting
    d. Currently funded through FY2018-2019

    e. Ensuring access to legitimate prescriptions
    f. Strengthen the use of the PDMP

2. Early detection
    a. Expansion of the Screening Brief Intervention and Referral to Treatment (SBIRT) model
    b. Require behavioral health screenings in schools

3. Increased surveillance and apprehension of importer and distributors of synthetic drugs.

4. Convene law enforcement prescription drop off events. Increase prescription return/take back and disposal programs.

5. Interdiction?

6. Partner with local organizations working through High Intensity Drug Trafficking Area (HIDTA) funding. This is a great resource. HIDTA involvement is limited in the panhandle.

7. Physician training and residency programs?

8. Educate health care practitioners about opiate prescribing.

9. Evaluate benefits of behavioral health screens in school health examinations.

Treatment and Management

1. Examine the extent to which all state programs that involve substance abuse treatment can include a meaningful work component, and identify any change in the law which would remove barriers to or enhance the work component for a substance abuse treatment program.

2. Review and expand drug courts, which have proven effective in the state's drug control strategy.
    a. Review 2014 OPPAGA Report: "***Expansion Drug Courts Can Produce Positive Outcomes Through Prison Diversion and Reduced Recidivism.***"
    b. Review Drug Court Annual Reports

3. Reduction of incidence of overdose-related deaths?

4. Expand targeted treatment capacity. Must have more treatment capacity.

5. Link emergency rooms and treatment providers.

6. Practitioners able to address needs – need enough providers to do the work – telemedicine

7. How to address children displaced from their homes due to parental drug addiction.

8. Expand targeted treatment capacity

9. Expand use of medication assisted treatment.

10. Expand access using telemedicine/telehealth technology

11. Evaluate post-treatment of acute overdoses

Harm Reduction

1. Expand the use of medically assisted treatment in coordination with therapy.

2. Expand access to Naloxone (Narcan).

3. 911 Good Samaritan?

4. Education and Intervention?

5. Clarify the ability to use the Marchman Act (must be in place effectively). There needs to be capacity to use the Marchman Act. Marchman Act training is needed. Examine the fees required to file for Marchman Act.

DRUG POLICY ADVISORY COUNCIL PLANNING TOOL

Instructions:

1. For each focus area, articulate a Problem Statement. What problem are you trying to solve? Be as specific as possible, using data where appropriate
2. For each focus area, articulate a Goal Statement. What does long-term success look like?
3. Review, group and/or sequence the draft priorities within the focus area
4. For each priority, identify short-term (2016) and long-term (2017-2020) SMART Objectives. SMART Objectives must be Specific, Measurable, Achievable, Relevant and Timed.
5. For each Objective, identify strategies / actions that should be taken. When possible, identify due dates and leads

| Focus Area: |
| Problem Statement: |
| Goal: |

(add or delete rows as needed for each priority)

Priority:		
Short-Term Objective:		
Strategies/Actions: ●	Due Date	Lead
Long-term Objective:		
Strategies/Actions: ●	Due Date	Lead

Priority:		
Short-Term Objective:		
Strategies/Actions ●	Due Date	Lead
Long-term Objective:		
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