

# Statewide Drug Policy Advisory Council



## Public Meeting Book

July 20, 2021  
9:00AM-12:30PM

**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 (DPAC) Meeting

**July 20, 2021**  
**9:00 am to 12:30 pm**  
**4052 Bald Cypress Way, Tallahassee**  
**Room 301**

### AGENDA

Time	Item	Topic	Topic Facilitator / Presenter
9:00 am - 9:10 am	1	Welcome/Introductions/Opening Remarks	Scott A. Rivkees, MD State Surgeon General, Florida Department of Health
	2	Approval of April 20, 2021 meeting minutes	DPAC
9:10 am - 9:30 am	3	Medical Examiner's Report on Overdose Deaths	Brett Kirkland, Chief of Policy & Special Programs Florida Department of Law Enforcement
9:30 am - 9:50 am	4	Florida Association of Nurse Anesthetist's Critical Task Forces: Lowering Opioid Use	Amy Suralis, CRNA Florida Association of Nurse Anesthetists
9:50 am - 10:10 am	5	The Certified Community Behavioral Health Clinic Model	Ute Gazioch, Senior Director of Behavioral Health Policy, Florida Behavioral Health Association
10:10 am - 10:30 am	6	2021 Annual Report Discussion	DPAC
10:30 am - 12:00 pm	7	Agency and Member Updates	DPAC
12:00 pm - 12:15 pm	8	Public Comment	
12:15 pm - 12:30 pm	9	Next steps and future meeting date Motion to Adjourn	Scott A. Rivkees, MD State Surgeon General, Florida Department of Health

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## Statewide Drug Policy Advisory Council Meeting Minutes

**April 20, 2021**  
**8:30 AM to 12:30 PM**

### Microsoft Teams Meeting

<http://floridahealth.gov/DPACMeeting>

Dial-in Number: 850-792-1375

Phone Conference ID: 861 461 119#

**Due to COVID-19, the Statewide Drug Policy Advisory Council (DPAC) meeting was held virtually via Microsoft Teams. A recording of the meeting can be found at this link:**

<https://web.microsoftstream.com/video/b4d0c031-2c74-49c7-bafd-3b46f13764d9>

### Welcome/Introductions:

Scott Rivkees, MD, Chair, State Surgeon General, opened the meeting of the Statewide Drug Policy Advisory Council (DPAC). Dr. Rivkees thanked all Council members, designated appointees and other participants for their partnership in this critical work and attention to the important issue of substance abuse and drug policy. Dr. Rivkees asked that Nathan Dunn, MSA, Staff Liaison, proceed with roll call.

### The following members or designees were in attendance:

Scott A. Rivkees, MD, Chair, State Surgeon General  
Rachel Kamoutsas for Ashley Moody (Office of the Attorney General)  
Eric Mountin (U.S. Attorney's Office)  
John McClellan for Rick Swearingen (Florida Department of Law Enforcement)  
Jeffrey Cece, MS, CPM for Shevaun Harris (Department of Children and Families)  
Maggie Agerton for Mark Inch (Department of Corrections)  
Tracy Shelby (Department of Juvenile Justice)  
Joy Bennink (Department of Juvenile Justice)  
Tim Hay for Richard Corcoran (Department of Education)  
COL Gene Spaulding for Terry Rhodes (Department of Highway Safety and Motor Vehicles)  
MAJ Nathan Dinger for COL John Steele (Department of Military Affairs)  
Anastasia Tyson for Representative Spencer Roach (Florida House of Representatives)  
Judge Steve Leifman (11th Judicial Circuit Court of Florida)  
Mark Fontaine (Florida Behavioral Health Association)  
Peggy Sapp (Informed Families)  
Dotti Groover-Skipper (HeartDance Foundation, Inc.)  
Doug Leonardo (Chrysalis Health)  
Roaya Tyson (Gracepoint)

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### Florida Department of Health

#### Office of the State Surgeon General

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[FloridaHealth.gov](http://FloridaHealth.gov)



**Accredited Health Department**  
Public Health Accreditation Board

**Guests and Staff:**

Nathan Dunn, MSA, Staff Liaison  
Lori Reeves (Department of Health)  
Avalon Adams-Thames (Department of Health)  
Kerri Bryan (Department of Health)  
Karen Card, DrPH (Department of Health)  
Shay Chapman (Department of Health)  
Christopher Cogle, MD (Agency for Health Care Administration)  
Wesley Evans (Department of Children and Families)  
Kelli Ferrell (Department of Health)  
Gangul Gabadage (Department of Health)  
Sean Goldfarb (Florida State University)  
Jared Jashinsky (Department of Health)  
Melissa Jordan (Department of Health)  
Alexandria Lloyd (Agency for Health Care Administration)  
Andrew Love (Office of Legislative Planning)  
Steve McCoy (Department of Health)  
JoAnn Steele (Department of Health)  
Susan Williams (Agency for Health Care Administration)

**Opening Remarks**

Nathan Dunn introduced a new member of the DPAC facilitating team, Lori Reeves, MPH, Florida Department of Health Opioid Program Administrator, Maternal/Neonatal Opioid Prevention Coordinator in the Division of Community Health Promotion, Bureau of Family Health Services. Mr. Dunn will be working to transition the facilitation of DPAC to Ms. Reeves in collaboration with the Florida Overdose Date to Action team.

Dr. Rivkees reflected on efforts related to COVID-19 and vaccination updates. Dr. Rivkees stated that as of the morning of the meeting, April 20, 2021, 13 million doses of vaccines had been administered to more than 8 million Floridians. More than 5 million Floridians have completed the vaccination series, and half of all eligible adults in Florida have received the first dose of the vaccine. In addition, 75% of persons age 65+ in Florida are vaccinated. Decreased rates of hospitalization are being seen due to vaccination efforts. Per the Governor's executive order, Florida residents ages 16 and older are now eligible to be vaccinated. There are 1,000+ active vaccination sites across the state. More information is available at [floridahealth.gov](http://floridahealth.gov). There is also a vaccine locator for visitors.

Dr. Rivkees gave an overview of the meeting agenda, including the presentations that would follow.

**Business****1. Review and Approval of Meeting Minutes from January 26, 2021:**

The meeting minutes were approved.

**2. Presentations:****a. Update on Data Dashboard – Nathan Dunn, MSA, Staff Liaison**

Development of a dashboard is a DPAC recommendation. Under recommendation number 18 from the 2020 Annual Report it states:

Create a statewide dashboard of substance abuse data measures that are readily available to both policy makers and the public and can be used to monitor trends and identify emerging threats.

The Department of Health worked with the FLHealthCHARTS team to review the existing data database. They reached out to other agencies, i.e. the Department of Children and Families and the Agency for Health Care Administration, to better understand which data points would be most significant to expand the data dashboard for opioid drug use and additional areas of importance.

JoAnn Steele presented the current Opioid Use Dashboard and reviewed the cleaned-up layout. Ms. Steele walked through the dashboard's current indicators and demonstrated that data can be displayed by county or state, and that it dates back to 2015. Florida's dashboard currently offers more measures than many other states.

Ms. Steele previewed a demo of the next release of the Substance Use Dashboard. She highlighted the addition of tabs at the top that focus on Overdose, Prescriptions, Risk Behaviors, Consequences, Pregnancy and Neonatal and Health Services.

Data shown are provisional and subject to change

Overdose Prescriptions Risk Behaviors Consequences Pregnancy and Neonatal Health Services

Print/PDF without Case Definitions Print/PDF with Case Definitions Export to Excel

Fatal and Non-Fatal Overdose - Florida 2020							
Indicator	Measure	Year	Jan-Mar (Provisional)	Apr-Jun (Provisional)	Jul-Sep (Provisional)	Oct-Dec (Provisional)	Year-to-Date (Provisional)
<b>Fatal Overdoses</b>							
Opioid Overdose deaths	Count	2019	993	1,012	1,080	1,209	4,294
Drug Overdose deaths	Count	2019	1,271	1,367	1,388	1,351	5,577
Opioid Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	2019					21.4
Drug Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	2019					27.1
<b>Non-Fatal Overdoses</b>							
Suspected Non-fatal Opioid-involved Overdose	Count	2020	4,425	5,540	5,100		15,065
Suspected Non-fatal All Drug Overdose	Count	2020	10,081	11,410	13,638		35,129
All drug non-fatal overdose emergency department visits	Count	2020	11,306	11,554			22,860
Opioid-involved non-fatal overdose emergency department visits	Count	2020	4,992	5,831			10,823
Heroin-involved non-fatal overdose emergency department visits	Count	2020	2,435	2,681			5,116
Stimulant-involved non-fatal overdose emergency department visits	Count	2020	696	633			1,329
All drug non-fatal overdose hospitalizations	Count	2020	7,089	7,089			14,178
Opioid-involved non-fatal overdose hospitalizations	Count	2020	1,940	2,241			4,181
Heroin-involved non-fatal overdose hospitalizations	Count	2020	484	652			1,136
Stimulant-involved non-fatal overdose hospitalizations	Count	2020	1,188	1,228			2,416
<b>Poison Information Network Calls</b>							
Florida Poison Information Network - calls related to opioids	Count	2020	606	543	623	590	2,362

Data Notes:

Ms. Steele presented dashboard examples from other states: [www.hawaiiopioid.org](http://www.hawaiiopioid.org), [www.michigan.gov/opioids/](http://www.michigan.gov/opioids/), and [www.tn.gov/health](http://www.tn.gov/health). Florida's dashboard has plenty of space for additional graphical information as seen in the examples from other states.

**Questions/Comments:**

Dr. Rivkees asked about the source of the data. Multiple sources feed into the current dashboard such as the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), the Overdose Detection Mapping Application Program (ODMAP), the Florida Department of Law Enforcement (FDLE) and the Emergency Medical Services Tracking and Reporting System (EMSTARS). The Case Definitions document is available on the dashboard and lists all sources. Data is loaded as soon as it is received. In most cases, this is on a quarterly basis. The ESSENCE data is near real time for rapid response time.

The new dashboard will allow for a geographic rich perspective and will be able to dive deeper into the demographics of the at-risk populations. It will also assist in driving local responses.

Mark Fontaine questioned how an overdose death is counted if there are multiple drugs in the patient's system (i.e., How do we determine the main cause of death?). Mr. Dunn indicated that more information may be coming on this later in the meeting.

Mark Fontaine, Dottie Groover-Skipper and Steve Leifman stated that they would like to see more visuals, maps and graphs incorporated into the new dashboard.

Steve Leifman asked if each of the counties are sending the same information. Ms. Steele stated that the data comes collectively through systems, so there is a standardization around the different measures. Where there is a national standard in place, it is followed. There are detailed criteria for each measure regarding how it is counted and is defined in the Case Definitions document. Ms. Steele can provide more detailed follow up if needed.

Jared Jashinsky noted that fatal overdoses are tracked by Medical Examiners throughout the state, and in general, there is a strong death investigation system in Florida. It is at the discretion of the Medical Examiners and their professional opinion as to what caused the death, and how the fatal overdose is counted.

Mark Fontaine asked if there is any information on the substances people are using when entering treatment facilities, and if there is a primary drug being used. Jeff Cece, with Department of Children and Families, advised that treatment records do capture primary, secondary and tertiary drugs of choice. It is valuable to see trends of those entering treatment facilities.

Peggy Sapp asked about referrals once drugs have been identified. This is helpful information out in the field. The public is wanting additional information and there is a missing link with the referrals.

Lori Reeves stated that we are taking note of all suggestions and will follow up on them. If there are any additional questions or suggestions, they should be sent to Lori Reeves or Nathan Dunn.

**b. 2021 Legislative Session** – Gangul Gabadage, Office of Legislative Planning, Department of Health  
Mr. Gabadage provided a quick overview of the Legislative Session and bills of interest to DPAC members. He noted the following week of April 26th would be the last week of the 2021 Legislative Session. The following bills were reviewed:

- Senate Bill 804 and House Companion 319 – Substance Abuse Prevention and Services, on special order for Thursday
- Senate Bill 530 and House Companion 725 – Non-Opioid Alternatives and publishing of the Department of Health pamphlet
- Senate Bill 260 and House Companion 231 – Services for Veterans and their families care coordination program

These three bills are moving forward. If anyone has questions, they should reach out to Gangul Gabadage or Andrew Love. There were other bills at the time, but no additional movement on those bills needed to be noted.

#### **Questions/Comments:**

No questions.

**c. Update on Florida Overdose Deaths** – Karen Card, DrPH, Bureau of Emergency Medical Oversight, Department of Health

Dr. Card presented what the Florida Drug Overdose Surveillance and Epidemiology Team has in development. Dr. Card did not present updated numbers at this meeting due to a vendor transition. (Two quarters of data will be presented at the next meeting.) The Combined Drug Overdose Dashboard is in the routing process for approval. Dr. Jared Jashinsky is the creator of the dashboard. The dashboard was created utilizing data from two sources: 1) Fatal Drug Overdose Incident from the Vital Statistics Death Tables; and 2) Non-Fatal Drug Overdose Incident from EMSTARS. This dashboard will serve to standardize the available information, which has been and continues to be a priority.

Dr. Jashinsky provided a demonstration of the dashboard and its functionality. The data available is censored and non-identifiable; therefore, the dashboard does not display case counts below 10. Further customization is coming including visuals (maps). This will be a public-facing estimate tool. Reports will be able to be downloaded as well. This version is still in the review process.

#### **Questions/Comments:**

Mark Fontaine questioned why data is still a year behind if it is comprised of estimates (i.e., Why the delay in data?). Since this version is still in review, data has not been updated because it is in the process of routing for approval. Data will be much faster and timelier once dashboard is approved and live.

Rachel Kamoutsas asked how current the data will be once approved. Multiple decision-makers still need to weigh in on what can be presented in a public-facing dashboard. The quickest estimate would be a 3-month delay for non-fatal data and a 6-month delay for fatal data.

Mohammad Alak (via chat) asked if there are any vendor updates on ODMAP. Restoring the EMS drug overdose data incidence feed to ODMAP is a high priority activity for the Bureau of Emergency Medical Oversight, and they are currently validating the case definition in meetings with the vendor and stakeholders. There is no exact date for restoration.

Mark Fontaine noted that the DPAC report each December 1st should have as much current data as possible. At times, people are waiting until the last second to enter data. It is important to the value of the report that the data be as current as possible.

Dr. Rivkees asked for more information regarding the surveillance tools. ESSENCE information is pulled in near-real time from emergency departments. Additionally, the Bureau of Emergency Medical Oversight takes the EMSTARS data and makes it available in ESSENCE. ESSENCE is for skilled users, and it is available to all county health departments as well as at the state level. Florida EMS information is available in the Biospatial platform, which is also available to county health departments and law enforcement. Additionally, ODMAP will be an available data source once restored.

**d. Peer Recovery Support Services Presentation** – Wesley Evans, Statewide Coordinator of Integration and Recovery Services for the Department of Children and Families

Mr. Evans presented a slide deck and update on Peer Recovery Support Services, the Recovery Oriented System of Care (ROSC) and the network that has been built. ROSC are networks of formal and informal systems offering clinical and non-clinical services and supports. These networks are developed and mobilized to sustain long-term community-based recovery for individuals and families.

Recovery Management is a philosophical framework for organizing behavioral health treatment and recovery support services across the stages of pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance and quality of life enhancement for individuals and families affected by behavioral health conditions.

The Primary Goals of a ROSC are: 1.) Prevent, 2.) Intervene, 3.) Reduce, 4.) Help and 5.) Promote. Recovery Capital refers to the sum of resources necessary to initiate and sustain recovery from substance use.

**Questions/Comments:**

Peggy Sapp asked if the members of the Peers Program are paid. It was reported that they are paid, and they are required to have 40 hours of training and 500 hours of supervision for certification. The average hourly rate is \$16.00 according to a nationwide survey.

Mark Fontaine congratulated Mr. Evans and the department on their efforts. The role of Peers in recovery is having a significant impact. He encouraged them to please continue their great efforts.

Dottie Groover-Skipper asked about the biggest barrier for expansion (i.e., Is it financial?) Buy-in, belief in the Peer Program and the stigma tied to the program are the biggest barriers. These are being tackled through education and awareness.

Mark Fontaine commented that background screening has been presented in the DPAC report as both a barrier and a roadblock. He suggested creating a report focused on the screening process. The DPAC should engage in helping people through this process.

Rachel Kamoutsas asked if there is a mechanism in place to recruit Peers and increase this workforce. It was confirmed that there is a system in place. Within each region there are trainers, a training curriculum and a training guide. Whether people know this program is an area of employment and if it is promoted were also questioned. Some providers offer a pathway from treatment to Peer Specialist. More promotion of Peer Specialists is needed.

Steve Leifman commented that four of the eight Peers in his district are graduates of their program, and they are some of their best employees. A better job is needed to be done in recruiting Peers through an electronic network.

## **BREAK**

### **3. Agency and Member Updates:**

#### **John McClellan, Florida Department of Law Enforcement**

The Department of Law Enforcement continues to partner with the Florida Department of Corrections to investigate deaths at Florida's correctional institutions. In September 2019, the Department of Law Enforcement began investigating the sudden deaths of two Columbia Correctional Institution inmates due to suspected drug overdoses. During the investigation, it was learned that an inmate was smuggling fentanyl into the prison. Last week, the Columbia County Grand Jury returned indictments on two counts of murder, selling contraband and delivering a controlled substance to suspected inmates and partners.

On April 6, 2021, the Department of Law Enforcement announced the arrest of 27 individuals due to Operation No Warning. This organization operated in Florida, Georgia, Texas and California. The operation would not have been successful without the cooperation of the Attorney Generals Office, the Leon County Sheriff's Office, the Florida Highway Patrol, the Tallahassee Police Department and the 2nd Judicial Court Circuit.

#### **Jeffrey Cece, Department of Children and Families**

Jeffrey Cece announced exciting news. The Substance Abuse and Mental Health Services Administration (SAMHSA) has released supplemental COVID-19 relief funding through the state block grant. The state of Florida has been awarded \$104.3 million in supplement funds. This is in addition to the standard \$111 million block grant award. Funds will be available through March 2023. In addition, the Department of Children and Families has received preliminary guidance and is currently planning. They provided SAMHSA with a broad plan for the funding. The funding will be treated in the same manner as standard expectations. Currently they are ranking proposals and developing a need-based allocation methodology. Each Medical Examiner will receive a portion of the grant to fund evidence-based treatment and recovery support services for individuals with gaps in insurance. The Department of Children and Families expects a comprehensive array of services and hopes to see an overlapping of strategic priorities.

#### **Gene Spaulding, Department of Highway Safety and Motor Vehicles**

COVID-19 has caused nearly everyone to alter travel plans. This is one of the main reasons the Department of Highway Safety and Motor Vehicles is gearing up for public outreach and public safety efforts. They have a great partnership with the Department of Health and are now able to use Narcan to support law enforcement. There was a report of a disabled vehicle on I 95 in the Jacksonville area with two individuals in the vehicle showing signs of overdose. Officers administered Narcan at the scene and were able to stabilize the individuals until rescue arrived.

As previously stated, there was an important case in the Leon/Gadsden County area called Operation No Warning. Combating criminal efforts through this organization is producing good dividends.

#### **Judge Steve Leifman, 11th Judicial Circuit Court of Florida**

Judge Leifman discussed the Problem Solving Steering Committee. He indicated that they have hired a full time staff member to provide training on opioids and stimulants. The committee is currently conducting education programs for staff. Judge Leifman offered to share information regarding trainings with the DPAC.

#### **Mark Fontaine, Florida Behavioral Health Association**

The Medication Assisted Treatment (MAT) program is ongoing. There was some hesitation experienced on the program during Session. The MAT program has now been moved into three jails. Providers in the correctional spaces continue to struggle during the shutdown of courts, and referrals to community services in correctional space are thin. Hopefully, this will be addressed as the courts come



back online. There is new attention to stimulant use disorders and looking at training opportunities under the Department of Children and Families' State Opioid Response grant. Under this grant, probation officer training on MAT was scheduled to begin in May, the month following this meeting. Floridians for Recovery is hosting the first gathering of all recovery partners on June 16th and bringing in the Georgia Council to facilitate building the network.

### **Tim Hay, Department of Education**

The Department of Education is working to develop character development standards with a goal of providing Florida's educators with guidance to implement critical new components into their lesson plans. To supplement the standards, the department is building an online toolkit for parents and caregivers. Governor and First Lady DeSantis have been great supporters of these activities, and on September 1, 2020, they announced a \$2M grant for 18 rural school districts. Additionally, \$10M has been included in the Florida Leads Budget Proposal for mental health efforts.

### **Major Nathan Dinger, Department of Military Affairs**

April 24th, 10am - 2pm, is the Drug Enforcement Administration's Take Back Day for the United States. Link: [https://takebackday.dea.gov/?gclid=EAlalQobChMI-fqjs4eN8AIVSeG1Ch3cbwqPEAAAYASAAEgJuR\\_D\\_BwE](https://takebackday.dea.gov/?gclid=EAlalQobChMI-fqjs4eN8AIVSeG1Ch3cbwqPEAAAYASAAEgJuR_D_BwE)

### **Peggy Sapp, Informed Families**

Successful prevention campaigns need public participation. Peggy Sapp presented the Lock Your Meds campaign from North Carolina and gave a recap on successes of the campaign. The goal is in tying effective prevention all the way down to warm handoff. She also provided an update regarding the screening of the Listen movie.

### **Dotti Groover-Skipper, HeartDance Foundation, Inc.**

Pasco County Recovery High School opened on April 19th with 15 students attending. On April 20th, the same day as this meeting, at 1pm on Facebook live, the National Organization of Peer Educators will facilitate a vaping event. Much gratitude and congratulations was extended to the Hillsborough County Anti Drug Alliance as they continue to facilitate extraordinary prevention initiatives. Unfortunately, after nine years of receiving support, they were notified that their tobacco grant will not be renewed.

### **Doug Leonardo, Chrysalis Health**

Doug Leonardo gave a provider field update that centered around telehealth. Providers have had to pivot during COVID-19 to continue to provide care. Mental health issues and substance abuse cases would have been increased if not for telehealth and being able to continue to provide good mental health services. The executive order allowed for state agencies to provide flexibilities to providers; however, it will expire in April with no indication of extension. One year later, our system of care has changed. Telehealth vs. going back to face-to-face interactions presents challenges with staffing, and direct care staff are concerned. This presents workforce issues. With telehealth there are new companies in the field causing more staffing strain and more recruiting. Symptoms of depression have been exacerbated during COVID-19. Mr. Leonardo predicts that this will increase, especially with schools reopening.

### **Roaya Tyson, Gracepoint**

Roaya Tyson echoed Mr. Leonardo's statements and indicated that it is difficult to obtain licensed clinicians. Ms. Tyson would like to recruit more Certified Peer Recovery individuals.

### **Christopher Cogle, Agency for Health Care Administration**

Christopher Cogle, MD, is the new Chief Medical Officer of Florida Medicaid. He stated that reducing Neonatal Abstinence Syndrome (NAS) is an important goal. About 7,500 babies are born per year with NAS in Florida, and 2,500 of those births are covered by Medicaid. The Agency for Health Care Administration is working with health plans to reduce NAS, as well as helping doctors and nurses to

conduct Screening, Brief Intervention and Referral to Treatment (SBIRT).

[https://bi.ahca.myflorida.com/t/FLMedicaid/views/QualityandPerformanceMeasuresDashboardSeries-20190923/SwitchboardMain?iframeSizedToWindow=true&.embed=y&.showAppBanner=false&.display\\_count=no&.showVizHome=no](https://bi.ahca.myflorida.com/t/FLMedicaid/views/QualityandPerformanceMeasuresDashboardSeries-20190923/SwitchboardMain?iframeSizedToWindow=true&.embed=y&.showAppBanner=false&.display_count=no&.showVizHome=no)

SBIRT intervention efforts have reduced the number of babies born with NAS to about 2,000 per year. Additionally, the Agency for Health Care Administration has created reimbursable codes for providers to use SBIRT. Mark Fontaine asked if all physicians are now allowed to bill for SBIRT as Medicaid providers. It was confirmed that they are all now allowed to do that billing.

#### **Rachel Kamoutsas, Office of the Attorney General**

The opioid litigation and negotiations are ongoing in terms of settlement. The Attorney General and other attorney generals wrote a letter to the Food and Drug Administration regarding their progress in carrying out some of the provisions of the support act. A response was received, and Ms. Kamoutsas will share the letter with Lori Reeves for member distribution.

#### **4. Public Comment/Open Discussion:**

No public comments.

**Dotti Groover-Skipper** – Ms. Skipper stated that the recommendation has been made to reinstate the Office of Drug Control, and an executive order was signed to reinstate. She asked if there was an update available. Additional follow up information will be provided.

#### **5. Next Steps:**

The next meeting is tentatively scheduled for Tuesday, July 20, 2021.

A motion was entered to adjourn the meeting. The motion was carried.

#### **Additional Department of Health Staff, Guests and Information Technology (IT) Support in Attendance:**

Mohammad Alak  
Stephanie Barajas  
Brittany Blasko  
David Blodgett  
Ashley Chern  
Alyssa Cohen  
Page Curry  
Jennifer Drake  
Erin Green  
Adrian Kinkead  
Michael Leffler  
John McCaffrey  
Itza Prieto  
Parnia Roghani  
Vanessa Salmo  
Anna Simmons  
Michelle Slawinski  
Dallas Spruill  
Stuart Waldo  
Lauren Whiteman

# Department of Health

## Drug Overdose Trends in Florida

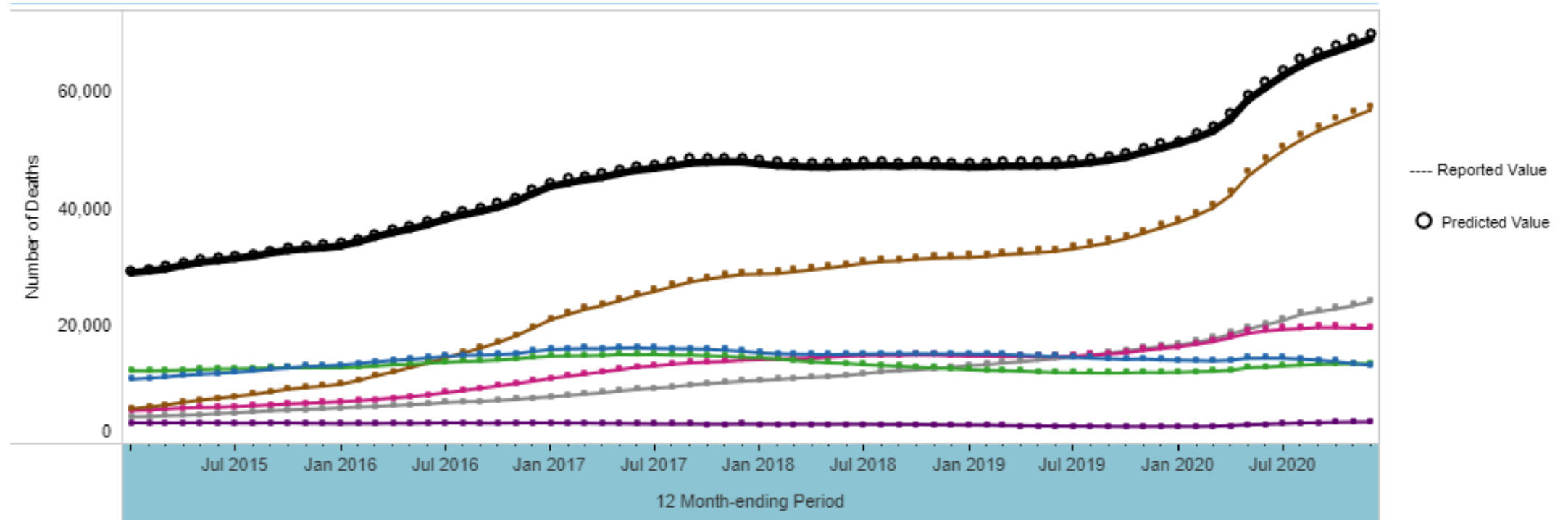
July 20, 2021

Avalon Adams-Thames, DrPH, MPH  
Overdose Data to Action (OD2A) Senior Epidemiologist  
Public Health Research  
Division of Community Health Promotion

Drug Policy Advisory Council Meeting



# 12 Month-Ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

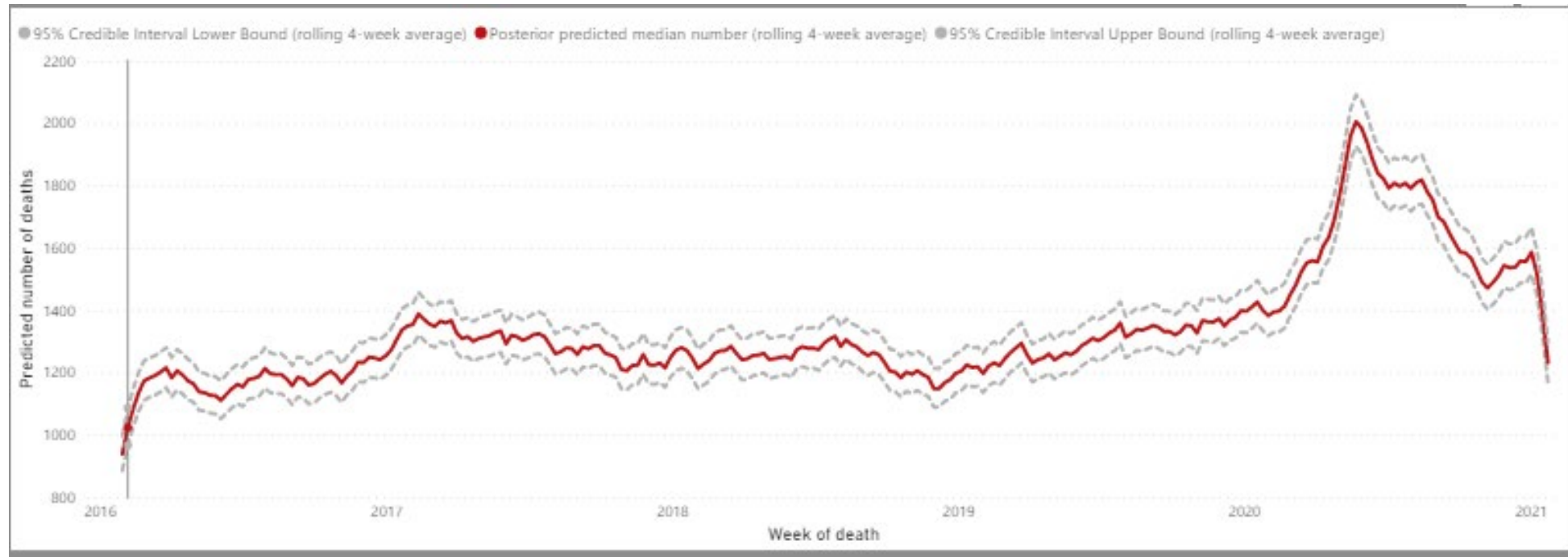
Opioids (T40.0-T40.4, T40.6)  
 Heroin (T40.1)  
 Natural & semi-synthetic opioids (T40.2)

Methadone (T40.3)  
 Synthetic opioids, excl. methadone (T40.4)  
 Cocaine (T40.5)  
 Psychostimulants with abuse potential (T43.6)

Data Source: Centers for Disease Control and Prevention; National Center for Health Statistics  
 Vital Statistics Rapid Release; Provisional Drug Overdose Death Counts, 2021



# Predicted numbers of drug overdose deaths 2016-2021: United States

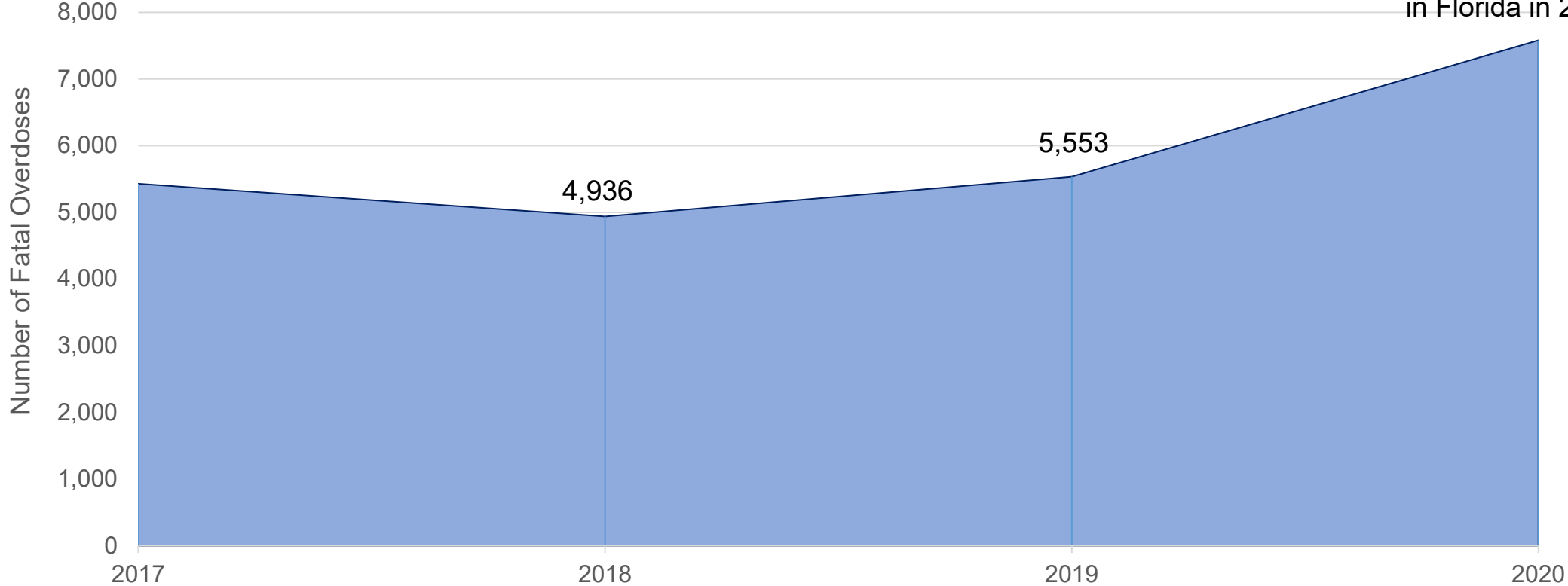


Data Source: Centers for Disease Control and Prevention; National Center for Health Statistics Vital Statistics Rapid Release; Provisional Drug Overdose Death Counts, 2021  
Note: Estimates exclude Connecticut and North Carolina.  
Figures above shows the four week rolling averages.



# Fatal Drug Overdoses in Florida, 2017-2020

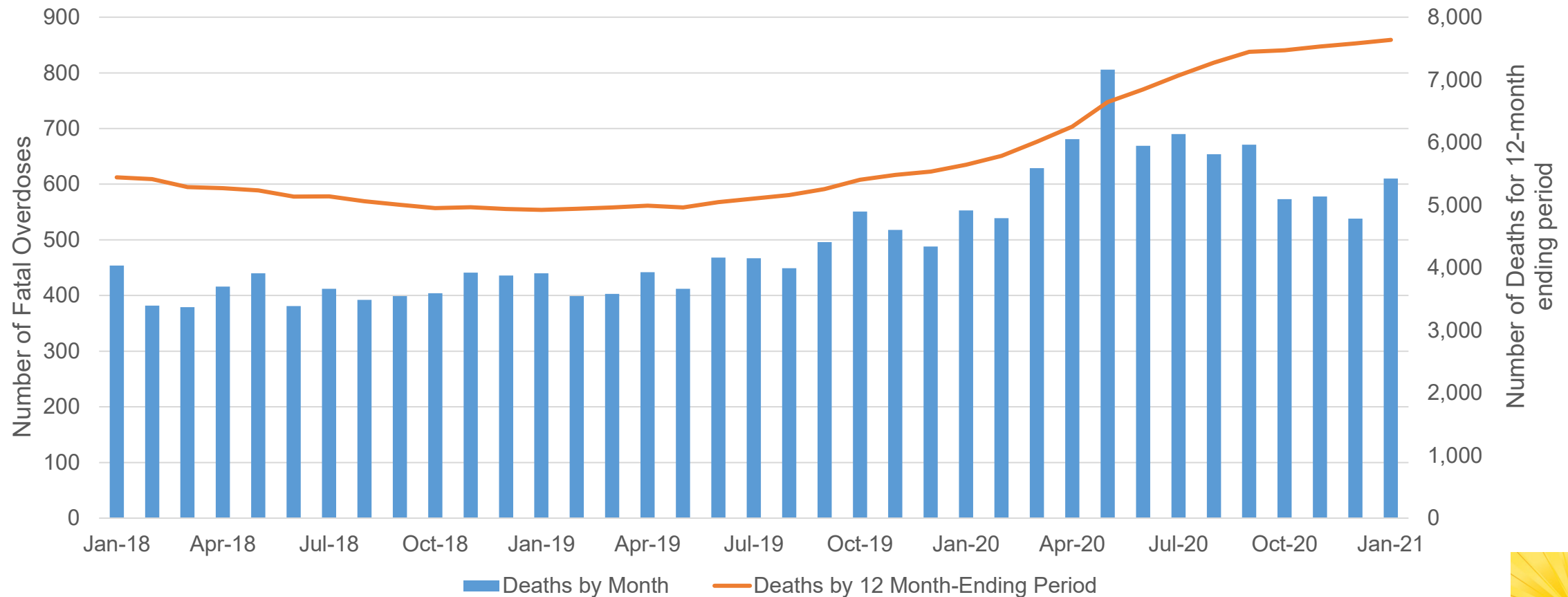
**7,581 people** died from drug overdoses in Florida in 2020



Data Source: Florida Dept of Health, Bureau of Vital Statistics;  
Notes: 2020 data is provisional; Drug overdose deaths were identified using ICD-10 underlying cause-of-death codes: X40-X44, X60-X64, X85 and Y10-Y14



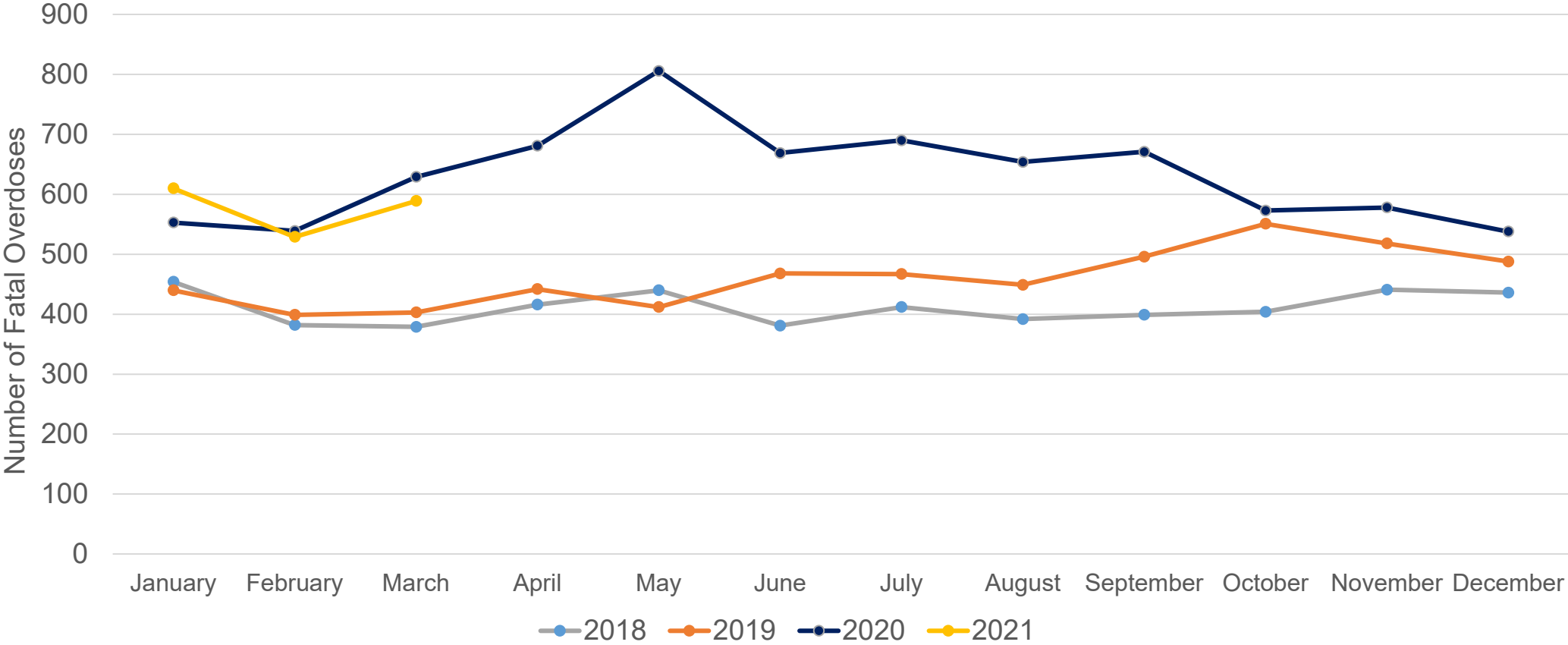
# Fatal Drug Overdoses in Florida by Month and by 12-Month Ending Period, 2018-2021



Data Source: Florida Dept of Health, Bureau of Vital Statistics; Notes: 2020-2021 data is provisional; Drug overdose deaths were identified using ICD-10 underlying cause-of-death codes: X40-X44, X60-X64, X85 and Y10-Y14; 12 month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated.



# Fatal Drug Overdoses in Florida by Month and Year: 2018-2021

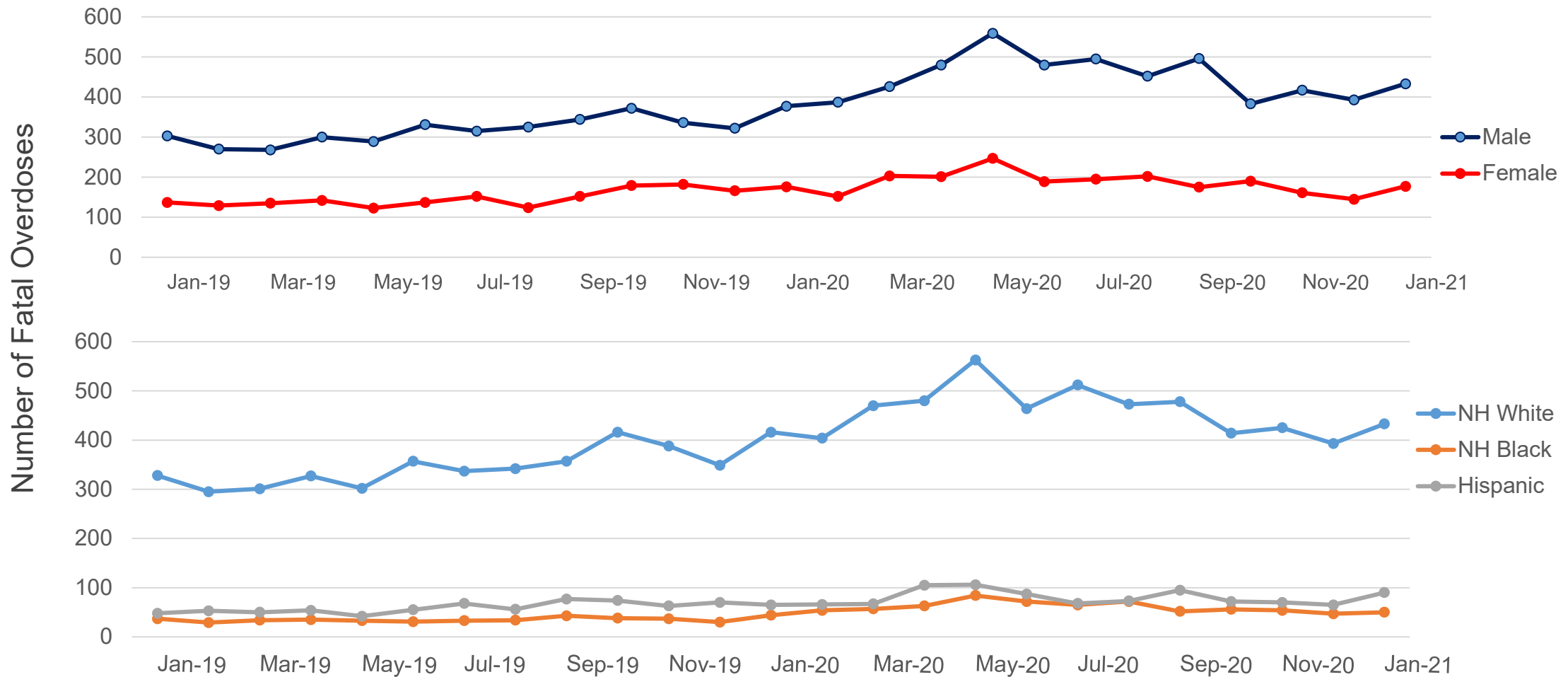


Data Source: Florida Dept of Health, Bureau of Vital Statistics;  
 Notes: 2020-2021 data is provisional; Drug overdose deaths were identified using ICD-10 underlying cause-of-death codes: X40-X44, X60-X64, X85 and Y10-Y14





# Fatal Drug Overdose by Sex, Race, and Ethnicity, Florida 2019-2021



Data Source: Florida Dept of Health, Bureau of Vital Statistics;  
 Notes: 2020-2021 data is provisional; Abbreviation: NH=Not Hispanic



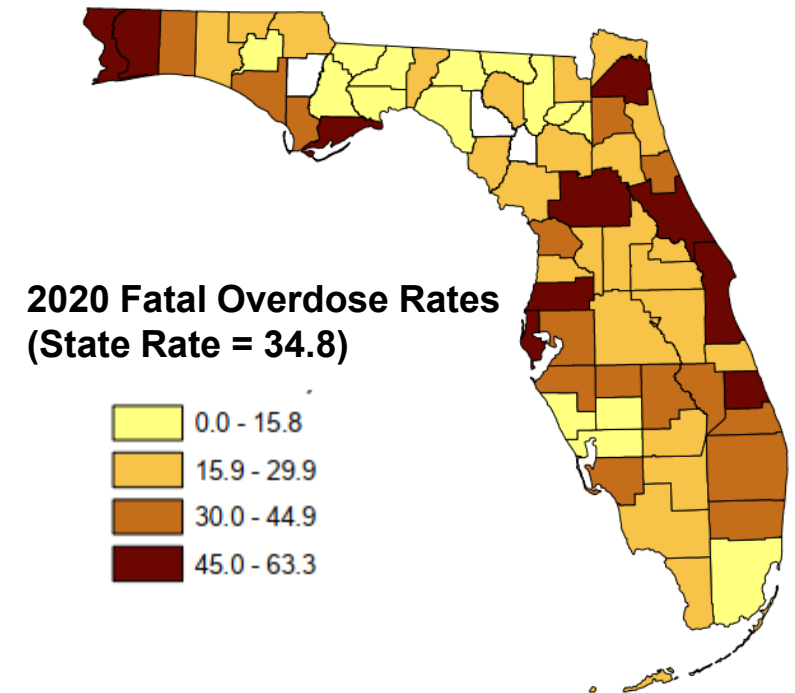
# Top Counties with Highest Fatal Overdose Rate

- Major contributors to the statewide number of overdose deaths in 2020: *Broward, Palm Beach, Duval, Pinellas* and Hillsborough
- Counties with the highest rate of fatal drug overdose in 2020 include: *Volusia (63.3), Santa Rosa (63.2), Brevard (61.9), Duval (57.0), and Pinellas (55.7)*
  - 2020 State Fatal Overdose Rate=34.8



# Top Counties with Highest Fatal Overdose Rate

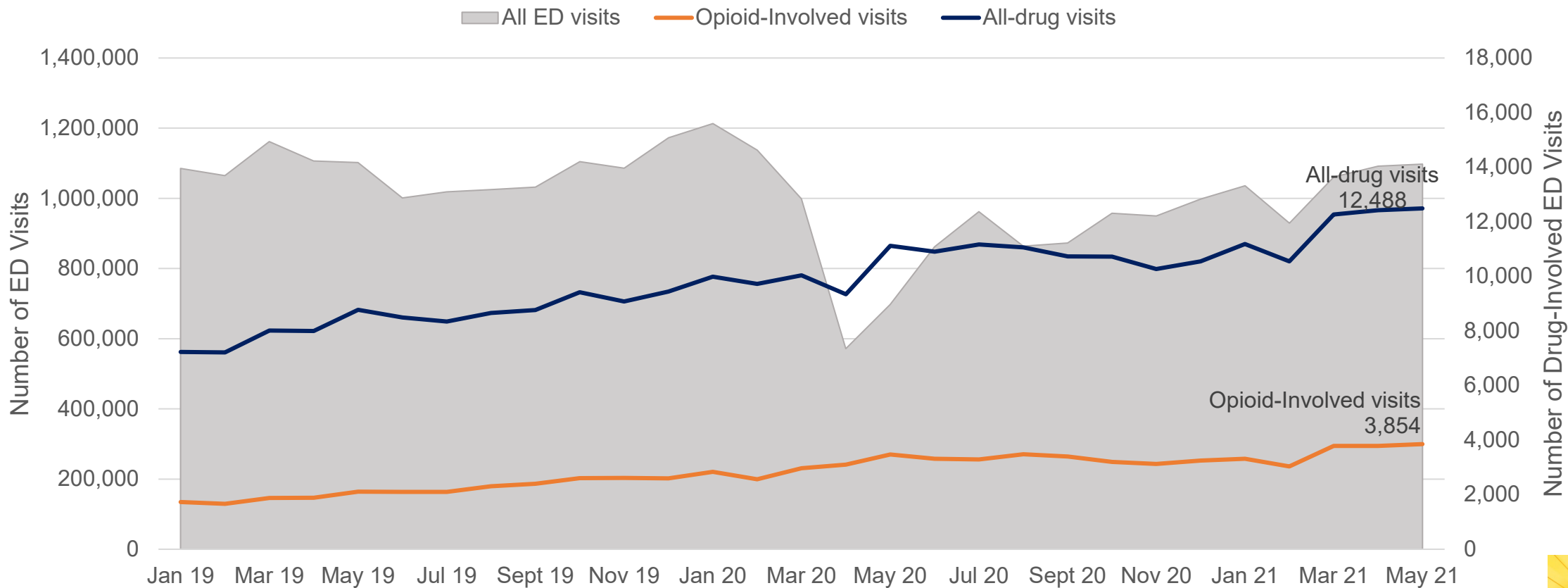
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  - 2020 State Fatal Overdose Rate=34.8



Data Source: Florida Dept of Health, Bureau of Vital Statistics; Notes: 2020 data is provisional; Drug overdose deaths were identified using ICD-10 underlying cause-of-death codes: X40-X44, X60-X64, X85 and Y10-Y14



# Suspected Drug-involved Emergency Department Visits in Florida, 2019-2021

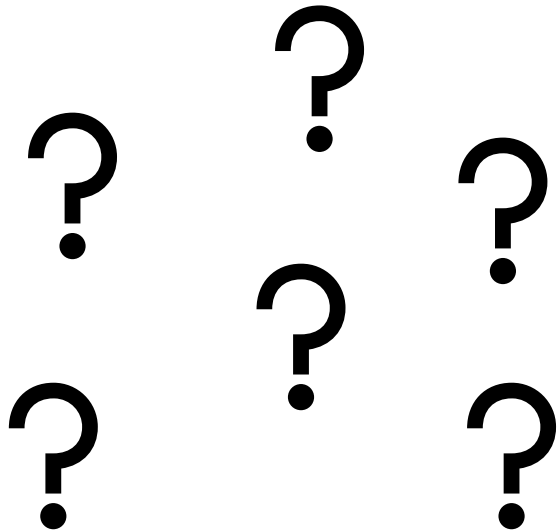


Data Source: ESSENCE-FL

**NOTE:** 1) The overdose queries are designed to capture all drug overdoses, but due to data limitations, cannot always distinguish between an overdose and a history of drug dependence, and 2) ED data are provisional and may change as new information is received



# Questions and Contact Information



**Avalon Adams-Thames, DrPH, MPH**

OD2A Senior Epidemiologist

Public Health Research

Division of Community Health Promotion

Florida Department of Health

E-mail: [Avalon.AdamsThames@flhealth.gov](mailto:Avalon.AdamsThames@flhealth.gov)

[floridahealth.gov/opioid](http://floridahealth.gov/opioid)

800-662-HELP (4357)



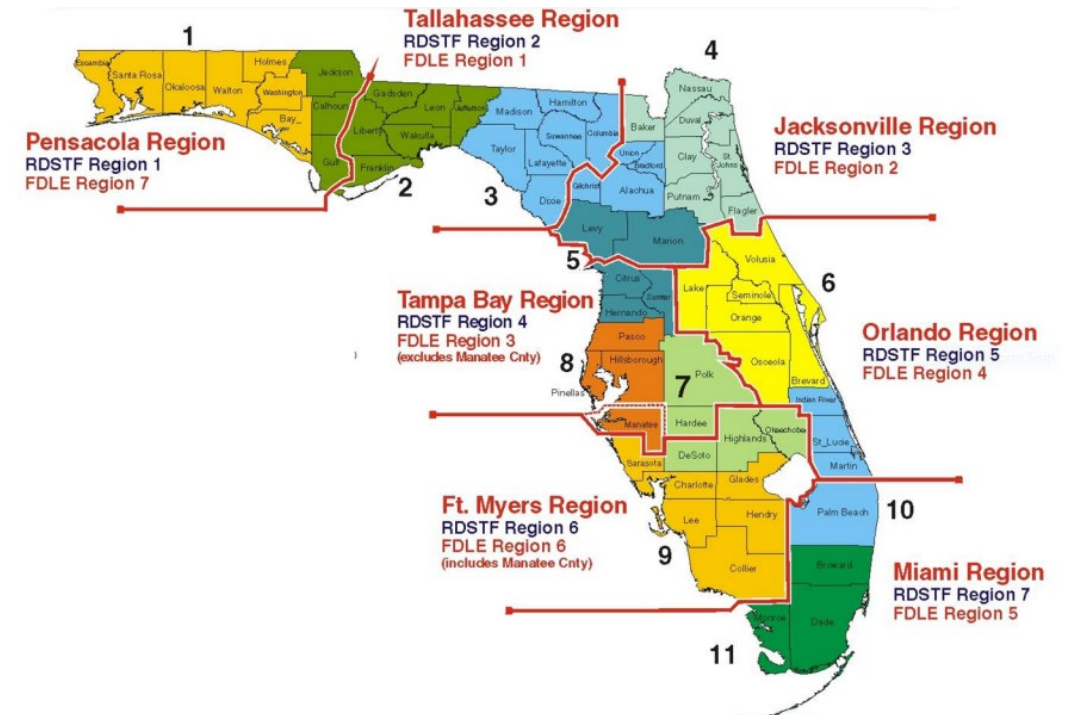
# Fatal drug overdoses and drug-involved emergency department visits, Florida 2020: Top 10 counties with highest fatal OD rate

	2020* Fatal Drug OD Rate	2020 Rate of Drug-Involved ED visits
<b>Florida</b>	<b>34.8</b>	<b>531.9</b>
Volusia**	63.3	928.9
Santa Rosa	63.2	164.5
Brevard**	61.9	539.9
Duval**	57.0	870.5
Pinellas**	55.7	1,046.8
Pasco**	53.2	808.9
Marion**	52.6	637.7
St. Lucie**	52.4	75.8
Escambia	52.3	719.9
Palm Beach**	44.9	610.1

Data Sources: Florida Dept of Health, Bureau of Vital Statistics; ESSENCE-FL

Notes: \*2020 fatal overdose data is provisional and subject to change; Rates per 100,000 resident population

\*\*Denotes FL-OD2A Funded County



# Drugs Identified in Deceased Persons by Florida Medical Examiners



## 2020 Interim Report

## Medical Examiners Commission Members

**Stephen J. Nelson, M.A., M.D., F.C.A.P.**  
**Chairman**

District 10 Medical Examiner  
1021 Jim Keene Boulevard  
Winter Haven, Florida 33880  
(863) 298-4600

Email: [StephenNelson@polk-county.net](mailto:StephenNelson@polk-county.net)

**Barbara C. Wolf, M.D.**  
District 5/24 Medical Examiner

**Honorable Charlie Cofer, J.D.**  
Public Defender, Fourth Judicial Circuit

**Robin Giddens Sheppard, L.F.D.**  
Vice President/Funeral Director, Hardage-Giddens Funeral Home

**Kenneth T. Jones**  
State Registrar, Department of Health

**Vacant**  
Sheriff

**Vacant**  
State Attorney

**Nick Cox, J.D.**  
Office of the Attorney General

**Honorable Carol Whitmore, R.N.**  
Manatee County Commissioner

### MEC Staff

#### Florida Department of Law Enforcement

Post Office Box 1489  
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Government Analyst II Chad Lucas  
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Government Analyst II Megan Neel  
(850) 410-8664 [MeganNeel@fdle.state.fl.us](mailto:MeganNeel@fdle.state.fl.us)

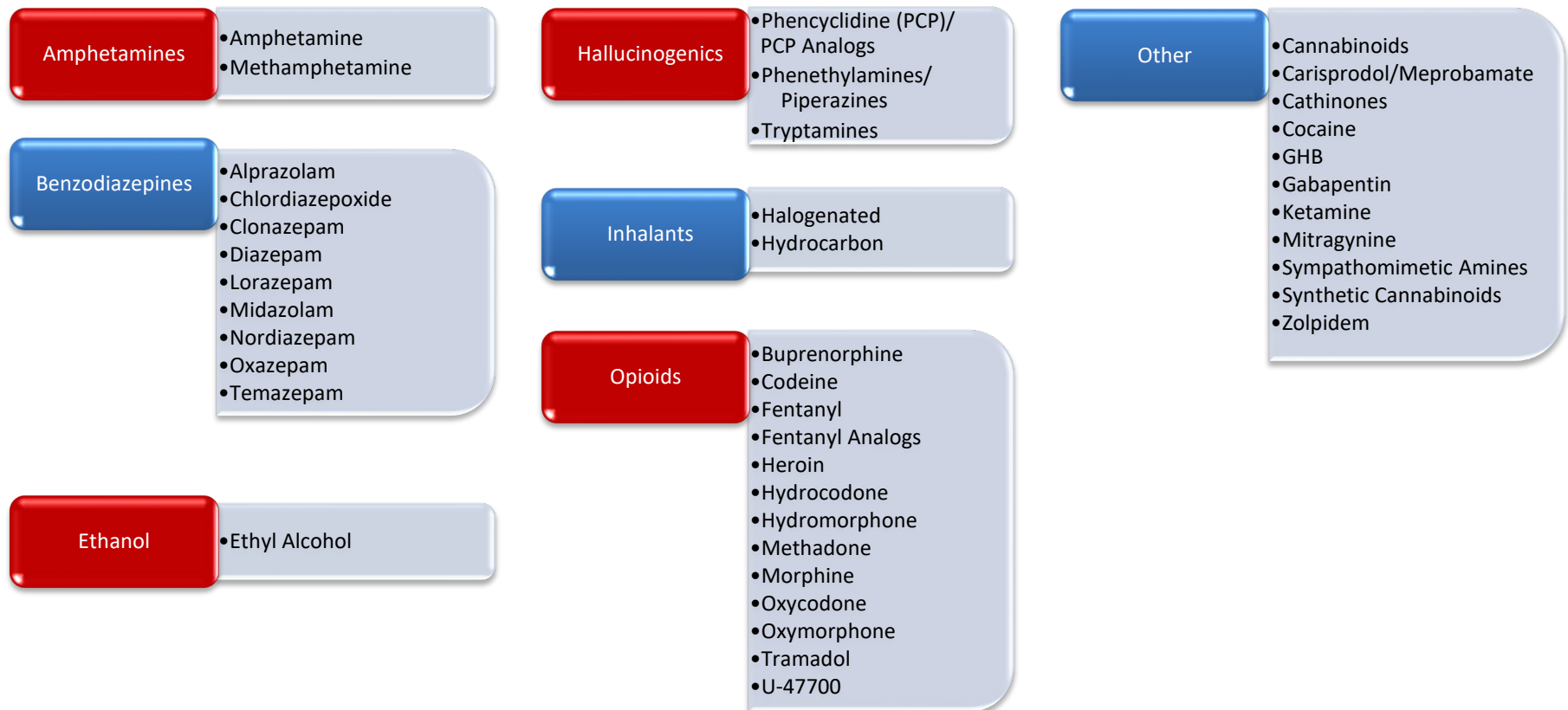
General Counsel James Martin, J.D.  
(850) 410-7676 [JamesMartin@fdle.state.fl.us](mailto:JamesMartin@fdle.state.fl.us)



# January – June 2020

- **114,497** deaths occurred in Florida during the first six months of 2020.
- Of the deaths investigated by medical examiners, toxicology results determined that one or more of the drugs listed below were present at the time of death in **7,040** cases. **6.1%** of Overall Deaths
- Medical Examiners measure deaths in two ways:
  - Drug death- the drug **caused** the death
  - Drug occurrence-at least once drug is **present** in the decedent
- **The vast majority of the 7,040 cases (decedents) had more than one drug occurrence.**

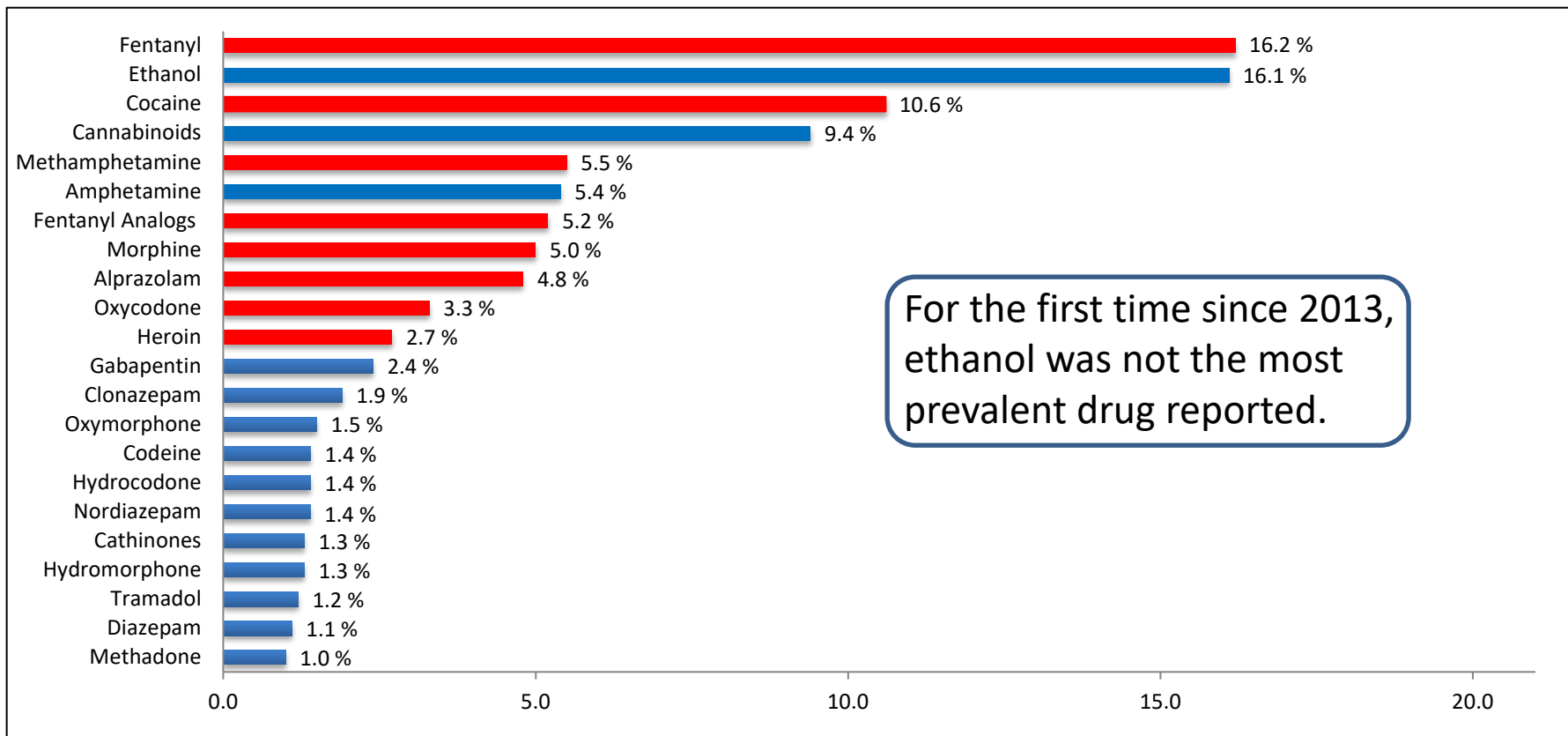
## Data were collected on the following 41 drugs:



# General Statewide Trends

- Total drug-related deaths increased by **13 %** (829 more) when compared with the first six months of 2019.
- **3,834 opioid-related** deaths were reported, which is a **30.5 % increase** (897 more).
- **3,034 opioid-caused** deaths were reported, which is a **51 % increase** (1,029 more).
- 4,392 individuals (**27% increase**, 944 more) died with one or more prescription drugs in their system.
- 3,095 individuals (**54% increase**, 1,089 more) died with at least one prescription drug in their system that was identified as the cause of death.

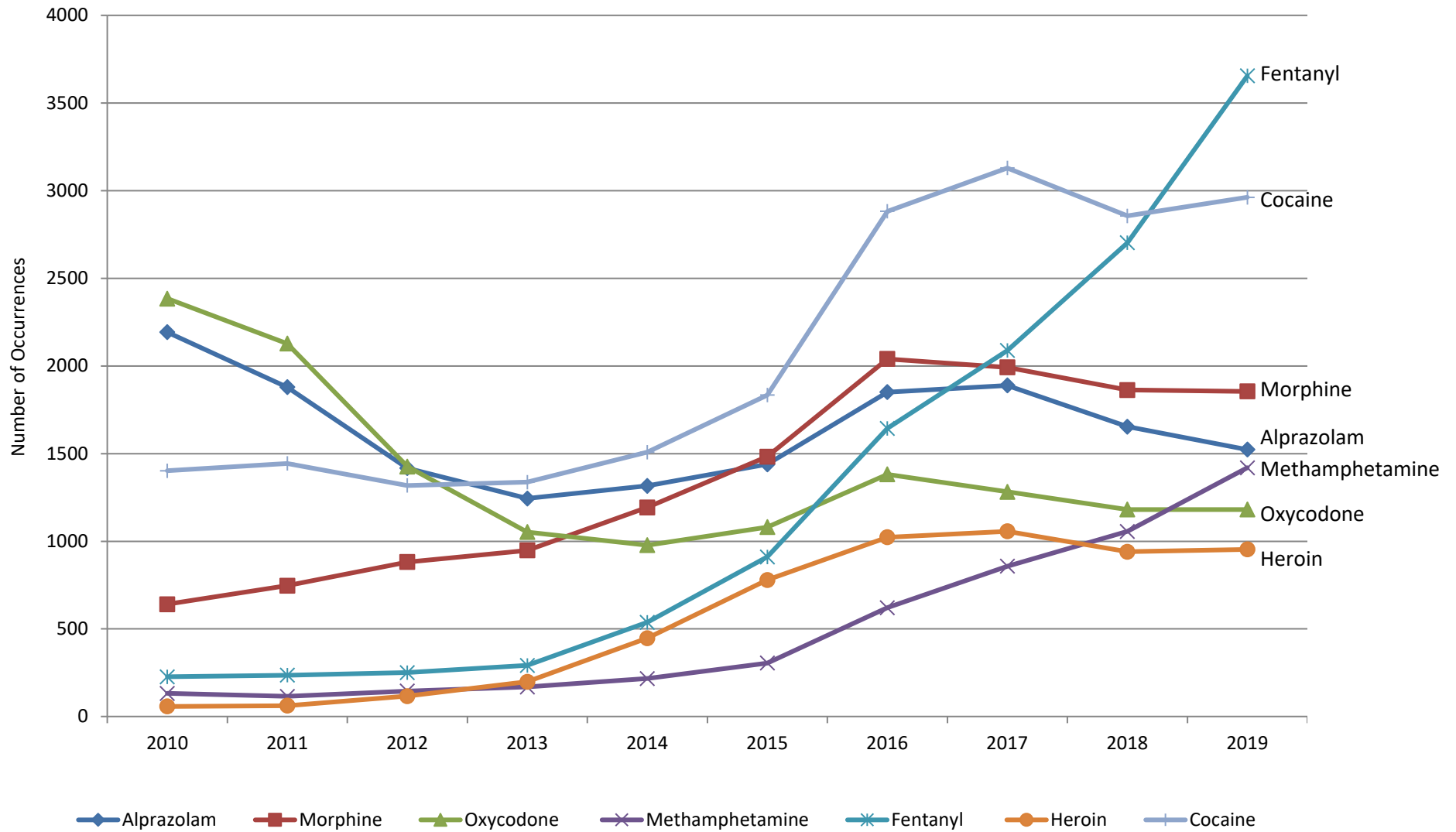
Frequency of Reported Drug Occurrences<sup>1</sup>



<sup>1</sup>The following drugs individually constituted less than one percent of drug frequencies and are not included: chlordiazepoxide, lorazepam, midazolam, oxazepam, temazepam, all hallucinogenics, all inhalants, buprenorphine, carisoprodol/meprobamate, GHB, ketamine, mitragynine, sympathomimetic amines, synthetic cannabinoids, U-47700 and zolpidem. Note: Percentages may not sum to 100 percent because of rounding.

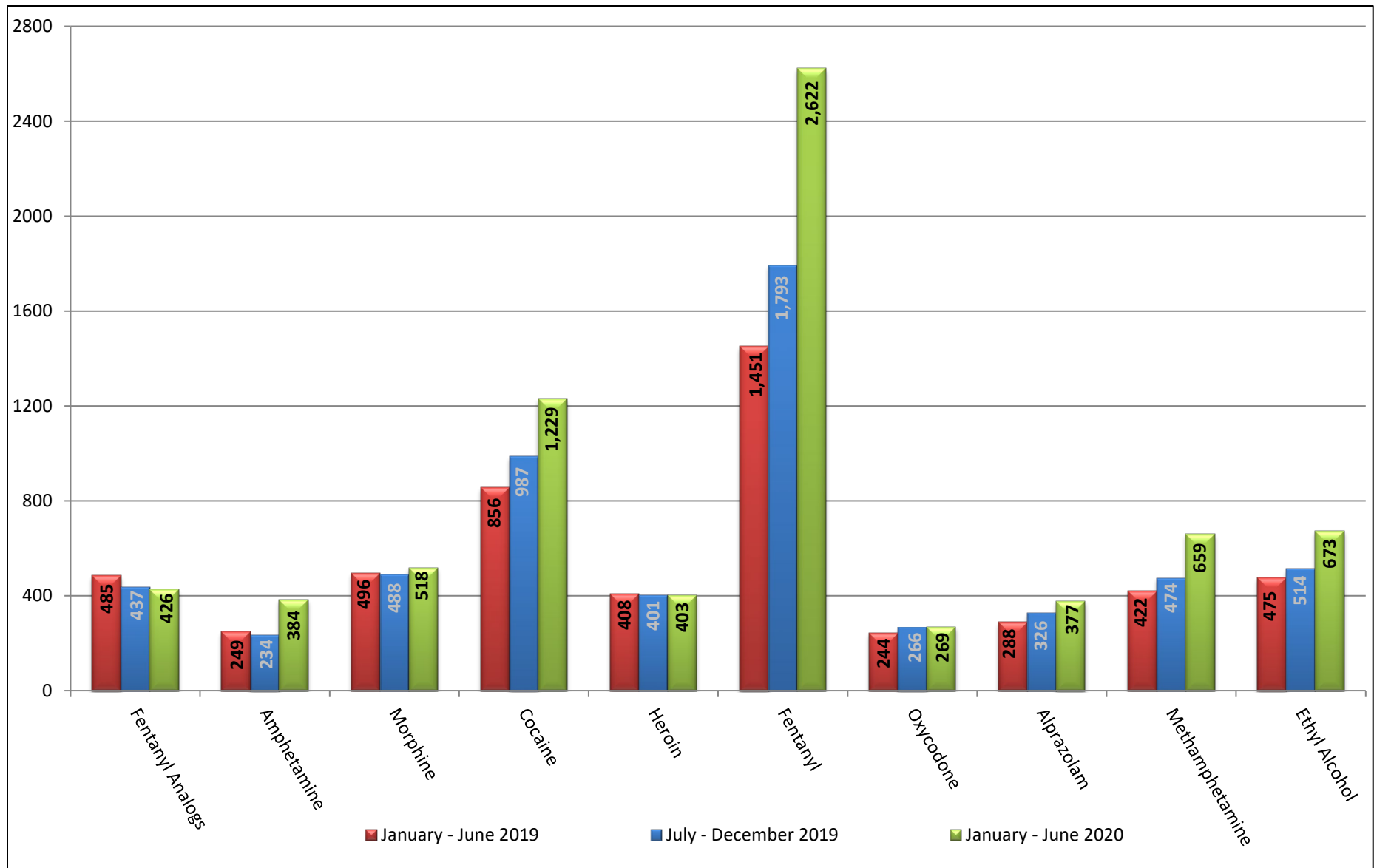
# Historical Overview of Alprazolam, Morphine, Oxycodone, Methamphetamine, Fentanyl, Heroin, and Cocaine Occurrences

(Present and Cause)  
2010 to 2019





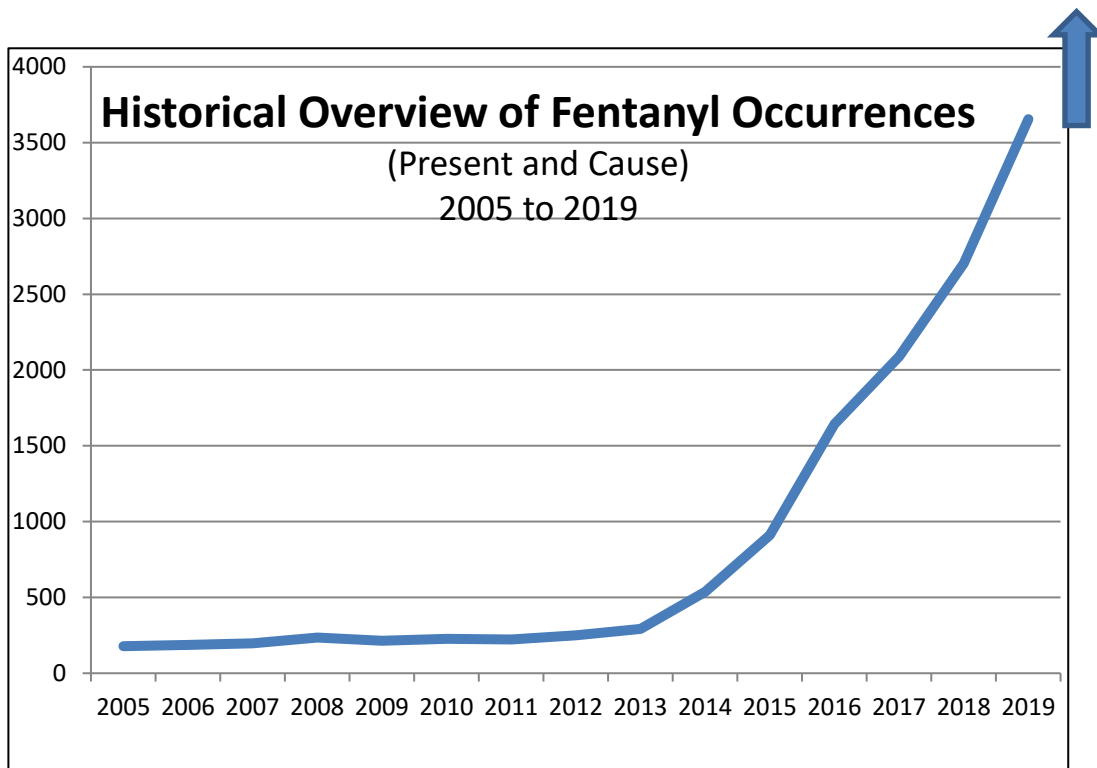
## Drug Caused Deaths

The drugs that caused the most deaths were **fentanyl** (2,622), **cocaine** (1,229), **ethyl alcohol** (673), **methamphetamine** (659), benzodiazepines (595, including 377 alprazolam deaths), morphine (518), fentanyl analogs (426), heroin (403), amphetamine (384), and oxycodone (269).

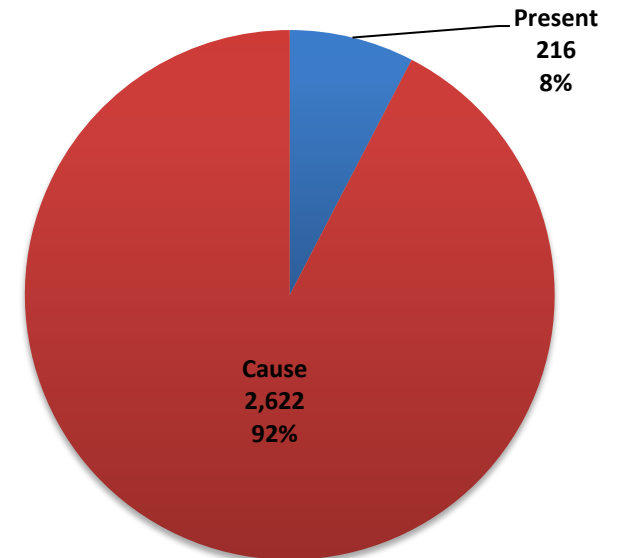


# Fentanyl Deaths

Occurrences of  **70 %** and  
deaths caused by  **81 %**.



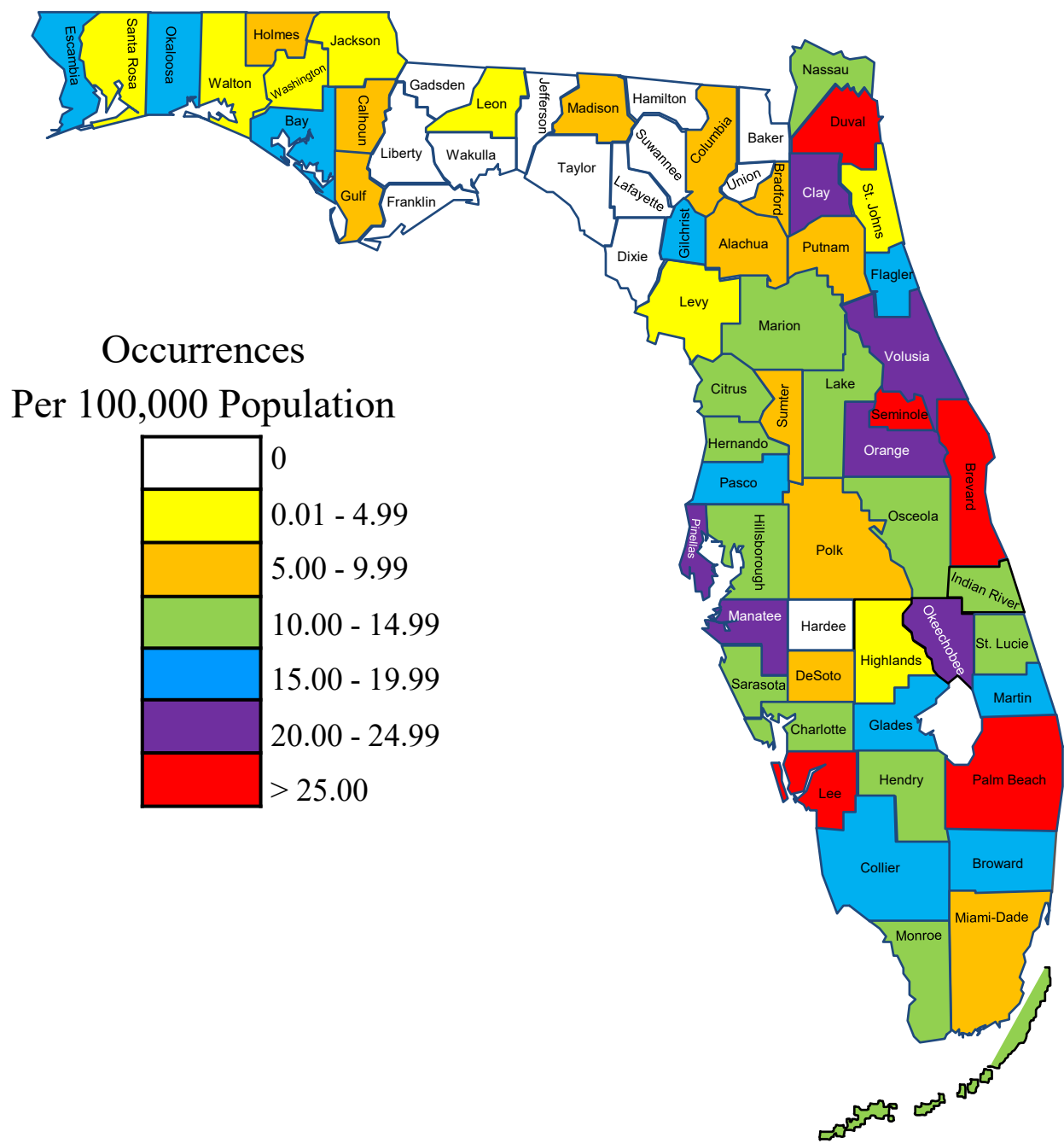
**Fentanyl Deaths**  
Total Occurrences = 2,838





\*While fentanyl is a prescription drug, data indicates that the overwhelming majority of fentanyl occurrences were illicitly obtained (2083 or 2838)

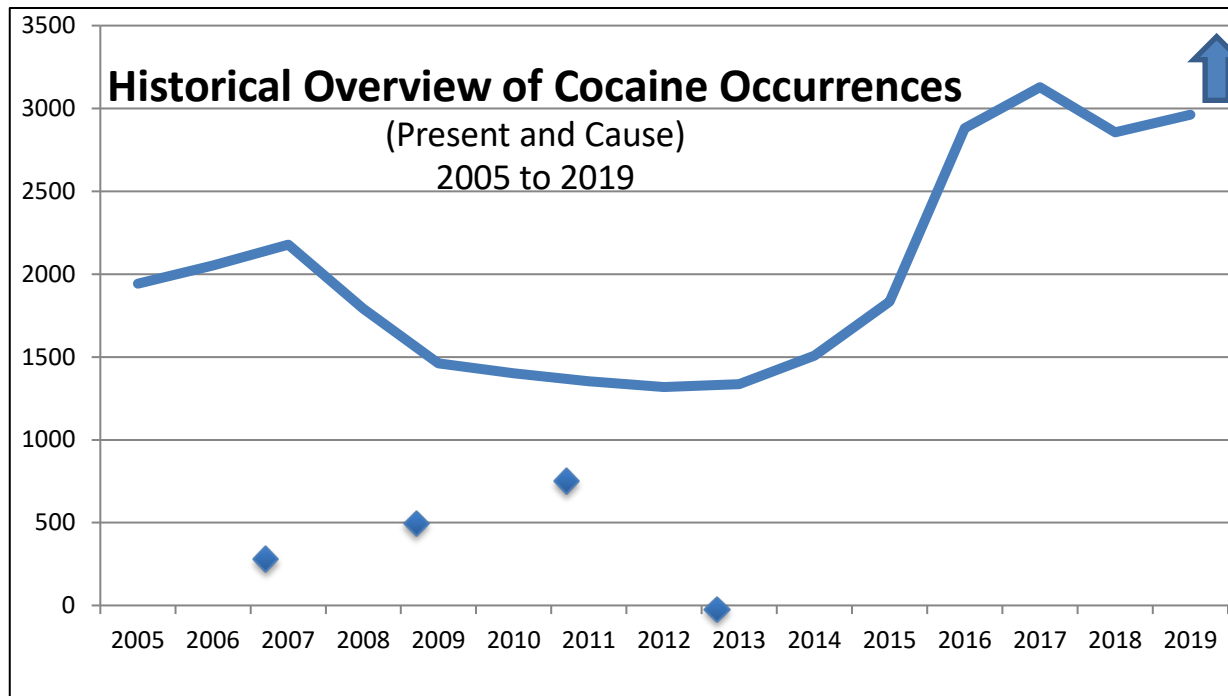
# Fentanyl Deaths by County

## 2019

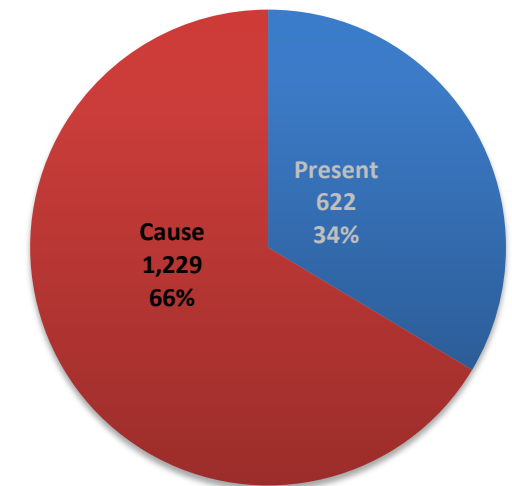


# Cocaine Deaths

Occurrences of  **28%** and  
deaths caused by  **44%**.



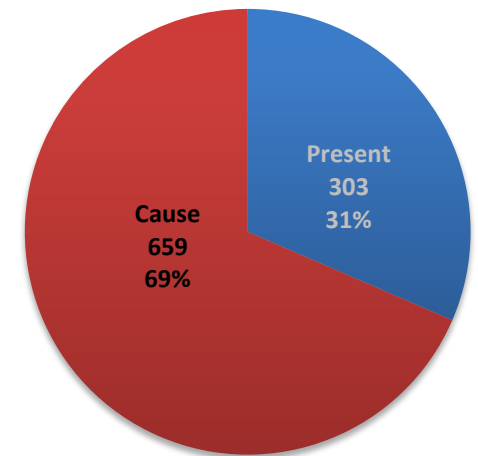
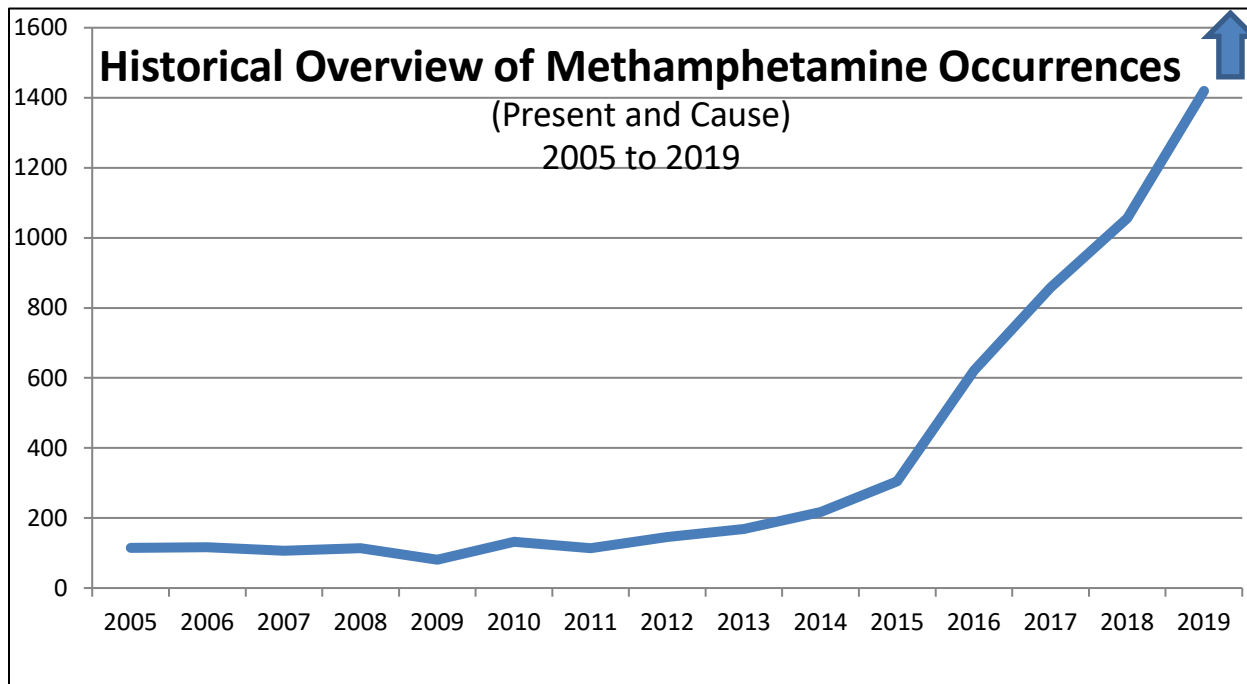
**Cocaine Deaths**  
**Total Occurrences = 1,851**



# Methamphetamine Deaths

Occurrences of **↑44 %** and  
deaths caused by **↑56%.**

**Methamphetamine Deaths**  
**Total Occurrences = 962**

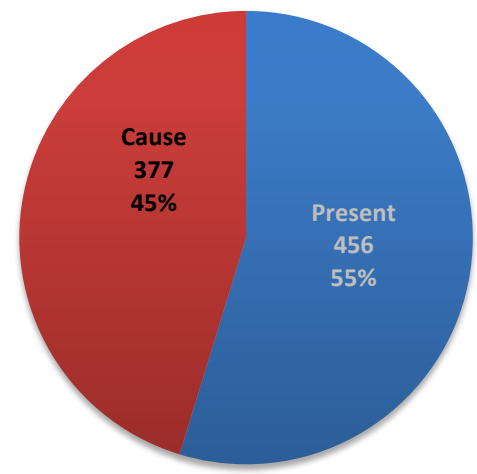
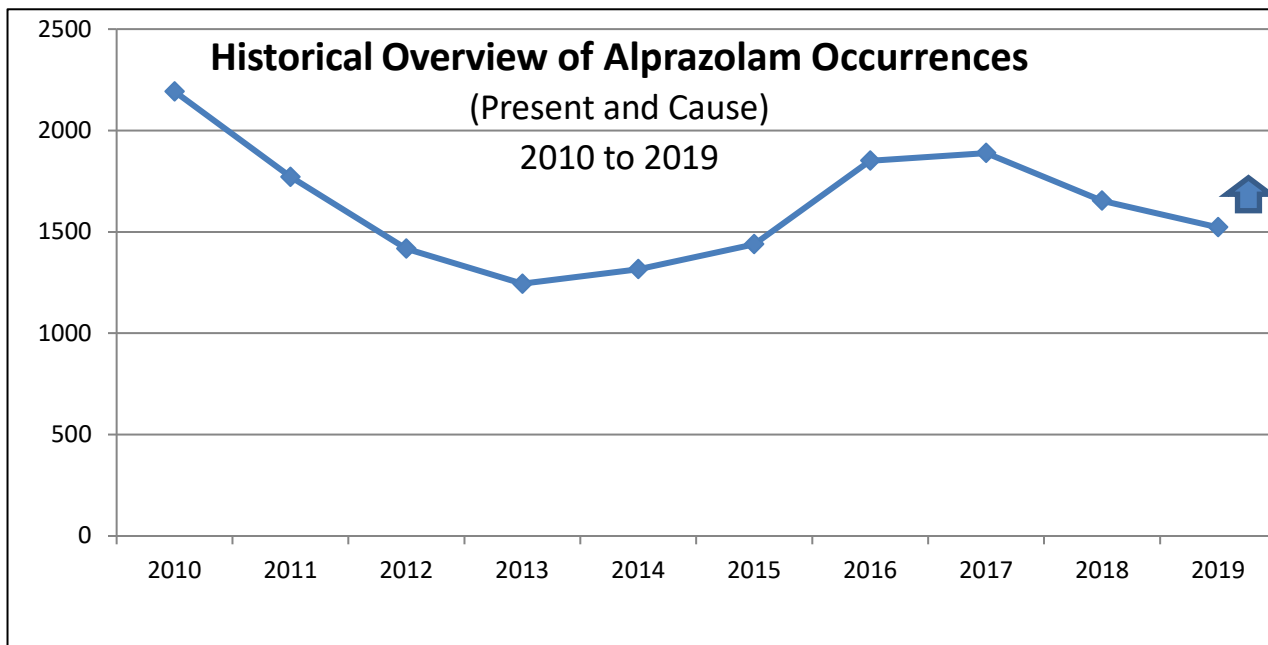




# Alprazolam Deaths

Alprazolam (Xanax) continues to dominate the category of benzodiazepines with occurrences **↑6%** and deaths caused by **↑31%**

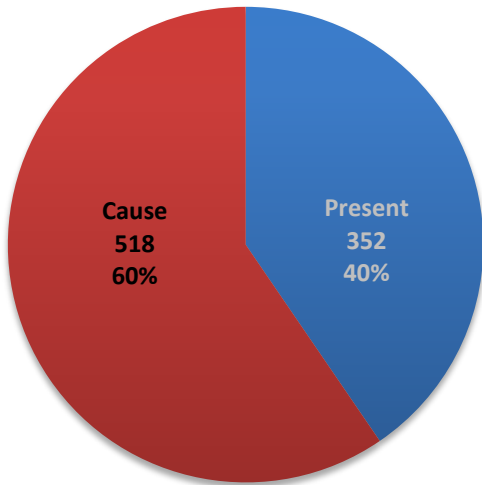
**Alprazolam Deaths**  
**Total Occurrences = 833**



# Morphine Deaths

Morphine was the third most occurring opioid with 870 occurrences, a **7%** decrease.

## Morphine Deaths Total Occurrences = 870

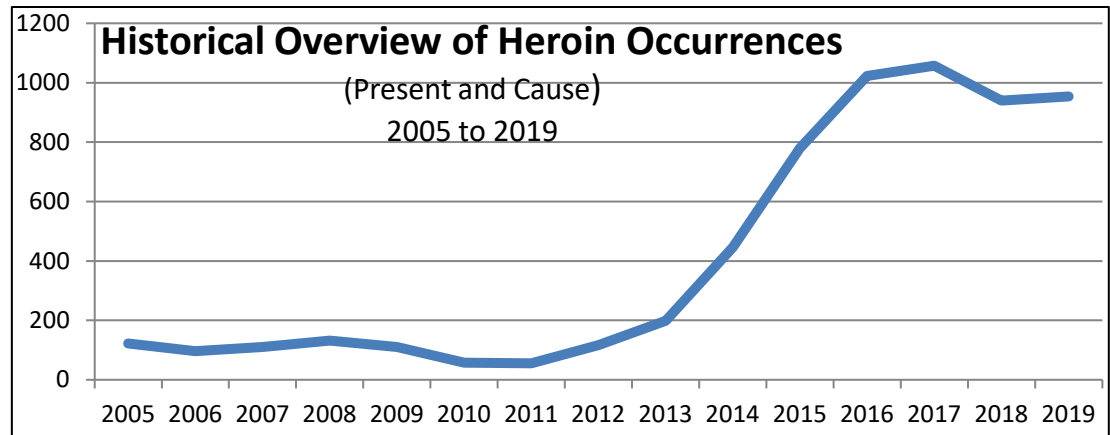
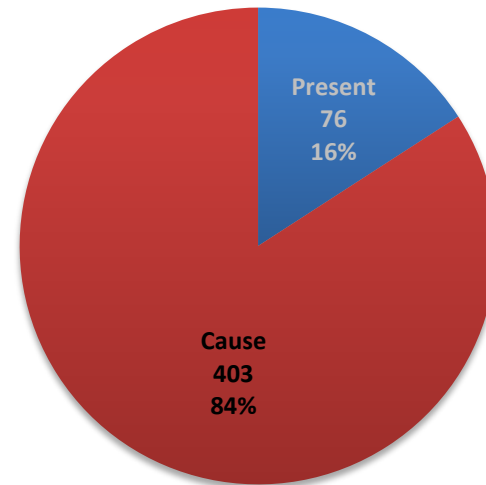


\*Since heroin is rapidly metabolized to morphine, this may lead to a substantial over-reporting of morphine-related deaths as well as significant under-reporting of heroin-related deaths.

# Heroin Deaths

Occurrences of heroin decreased by **1%** and deaths caused by heroin decreased by **1%**.

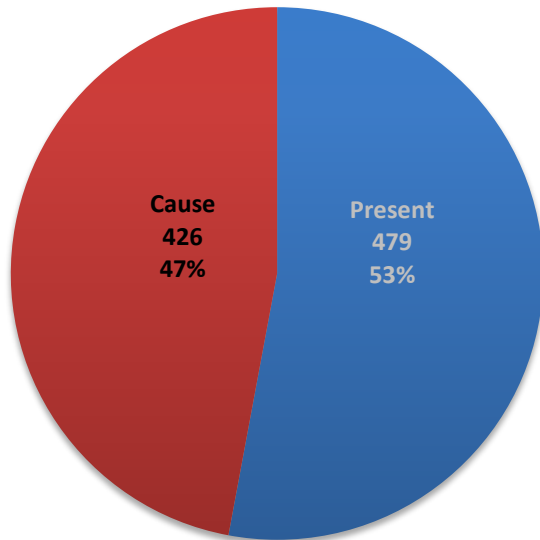
## Heroin Deaths Total Occurrences = 479



## Fentanyl Analog Deaths

Occurrences of fentanyl analogs increased by **53%** and deaths caused by fentanyl analogs decreased by **12%**.

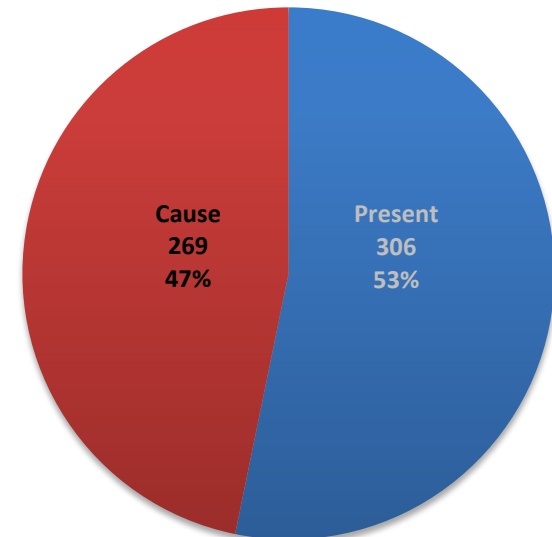
### Fentanyl Analogs Deaths Total Occurrences= 905



## Oxycodone Deaths

Occurrences of oxycodone remained the same and deaths caused by oxycodone increased by **10 %**.

### Oxycodone Deaths Total Occurrences = 575



# Additional Highlights

- ✓ Occurrences of cathinones increased by **436%** (183 more) and deaths caused by cathinones increased by **595%** (119 more). The majority of cathinones reported were **eutylone**.
- ✓ Occurrences of **synthetic cannabinoids** increased by **26%** (7 more) and deaths caused by synthetic cannabinoids increased by **61%** (11 more). The majority of the synthetic cannabinoids reported were **5-Fluoro-MDMB-PICA**.
- ✓ There was a total of 16 occurrences of **difluoroethane** reported for January – June 2020.
- ✓ In 2020, **gabapentin** was added with 423 occurrences and **mitragynine** with 121 occurrences.

# Questions?

Full 2020 Interim Report available at:

<http://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2020-Interim-Drug-Report-FINAL.aspx>

FLORIDA ASSOCIATION OF NURSE ANESTHETISTS

# OPIOID FREE --- ANESTHESIA

Amy Suralis, DNP, CRNA, APRN

Associate Clinical Professor, University of North Florida

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# BACKGROUND

The majority of opioid misuse begins with a legitimate prescription for pain.

Both the pre and post operative period represent a significant time when opioids are prescribed for pain control and management.

By educating providers on alternatives in pain management, we can decrease the need for opioid prescriptions while improving our pain management techniques for our community.

**CRNAS HAVE A UNIQUE SKILL SET WHICH POSITIONS THEM WELL TO HELP IN EFFORTS TO DECREASE OPIOID PRESCRIPTIONS BOTH IN AND OUT OF THE OPERATING ROOM**

NIDA. 2020, April 3. Florida: Opioid-Involved Deaths and Related Harms. Retrieved from <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/florida-opioid-involved-deaths-related-harms> on 2021, July 8

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# FANA POSITION STATEMENT

It is the position of the Florida Association of Nurse Anesthetists (FANA) that the opioid crisis is the most significant healthcare emergency currently facing the state of Florida. We believe that the eradication of the opioid crisis should be the highest priority for all Florida healthcare providers. In the absence of chronic cancer related pain, opioids should be the last possible solution to manage pain. It is our opinion that the most effective strategy for immediately reducing and eventually eradicating the opioid crisis is to rapidly transition to an evidence-based multimodal, patient-centered treatment approach.



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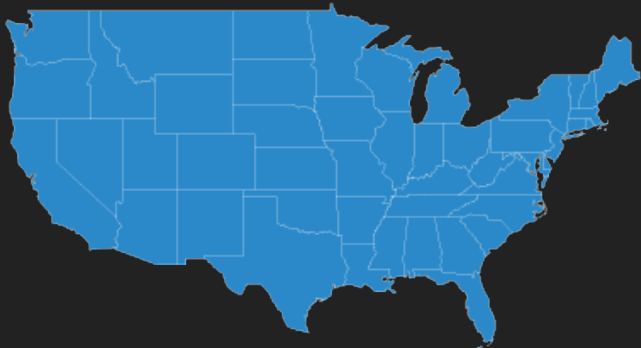
# OPIOID FREE ANESTHESIA

- ▶ Large retrospective studies have shown that opioid naive patients who were prescribed post surgical opioids for pain management continued to take opioids a year later. (Stone, Wick, Wu, & Grant, 2017)
- ▶ ERAS: one of the pillars is to focus on multimodal pain interventions to reduce reliance on opioids for pain
  - ▶ Utilizing alternative biochemical pathways to prevent pain other than mu receptor agonism
  - ▶ Local anesthesia with peripheral nerve block techniques, preventing pain transmission
  - ▶ Surgeons are encouraged to work closely with anesthesia colleagues to provide surgery specific directed pain management

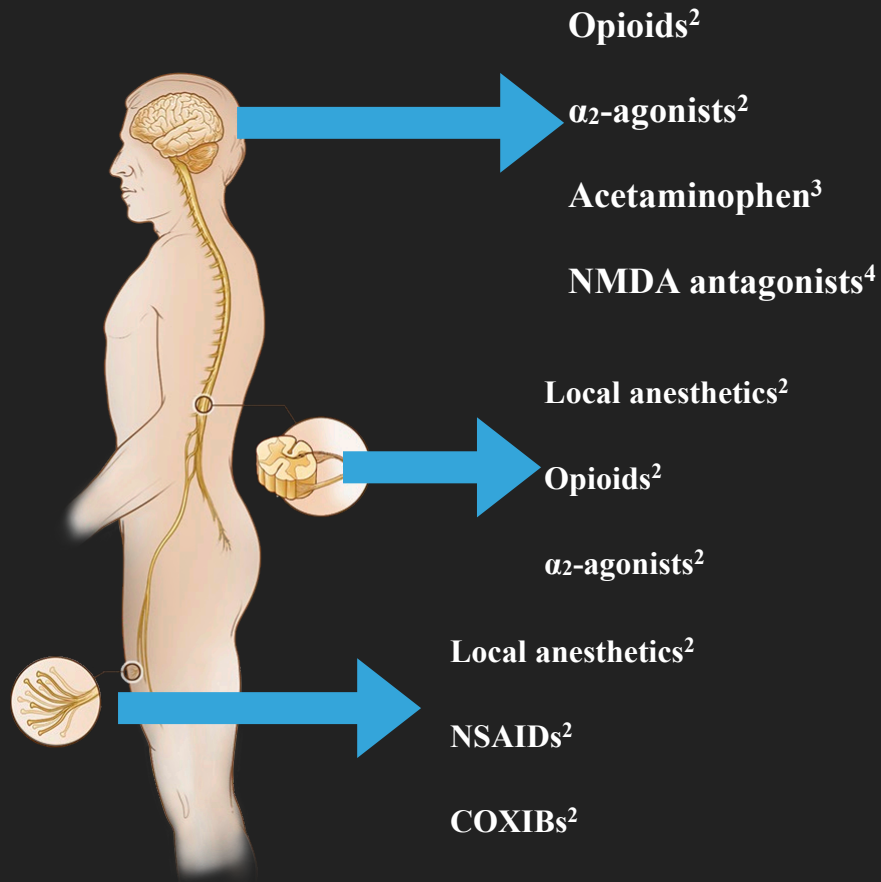
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# UNITED STATES VS. EUROPE

- European patients reported significantly less pain on the first day after orthopedic surgery than American patients
- A larger proportion of American patients received opioids on the first postoperative day compared to Europeans



# NON-OPIOID ALTERNATIVES



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# FANA INITIATIVES

- ▶ Opioid Bill (signed into law by Governor DeSantis, 2019)
- ▶ Continuing education
  - ▶ Opioid Free Anesthesia: Review of Current Trends, FANA e-journal
  - ▶ Society for Opioid Free Anesthesia (SOFA) annual membership paid for all members annually
  - ▶ Pain Fellowships
- ▶ Task Forces
  - ▶ COVID-19
  - ▶ Opioid Crisis Task Force
  - ▶ Maternal and Child Health Task Force

# “OPIOID” BILL

- ▶ On April 30, 2019 Governor DeSantis signed Non-Opioid Alternative Legislation into Law
  - ▶ This legislation was advocated for by FANA in conjunction with Representative Scott Plakon and Senator Keith Perry.
  - ▶ The legislation is a step in the right direction toward educating the public on non-opioid alternatives to treat pain.
  - ▶ This bill puts Florida in a small group of states that have adopted similar legislation giving patients rights to request non-opioid alternatives to treat their surgical pain.

# PAIN FELLOWSHIPS

Florida is home to one of only 6 post graduate advanced pain management fellowships

Educating CRNAs in treating both acute and chronic pain

## Graduate Certificate

🏠 ▶ College of Nursing ▶ Pain Management

### Advanced Pain Management Fellowship



This innovative advanced pain management certificate for certified registered nurse anesthetist providers offers the following features:

- Convenient online program with a two-day on campus clinical experience and clinical residency
- Five sequential courses over three consecutive semesters
- Evidence-based guidelines in understanding and treating both acute and chronic pain
- Focus on the concept of pain beyond traditional views of interpretation and modulation of nociceptive impulses

### Course Location/Delivery

The certificate program is online and requires a two-day simulation/cadaver experience at USF CAMLS in Tampa, FL, and on-site clinical residency.

The Center for Advanced Medical Learning and Simulation (CAMLS) is a 90,000 square foot state-of-the-art facility with a wealth of health

### Advisor/Contact:

**John Maye, PhD, CRNA, Professor**  
Adv. Pain Mgmt. Education Coordinator

☎ (813) 224-7802  
✉ [johnmaye@usf.edu](mailto:johnmaye@usf.edu)

**Zuzana Moore, MA**  
Academic Services Administrator

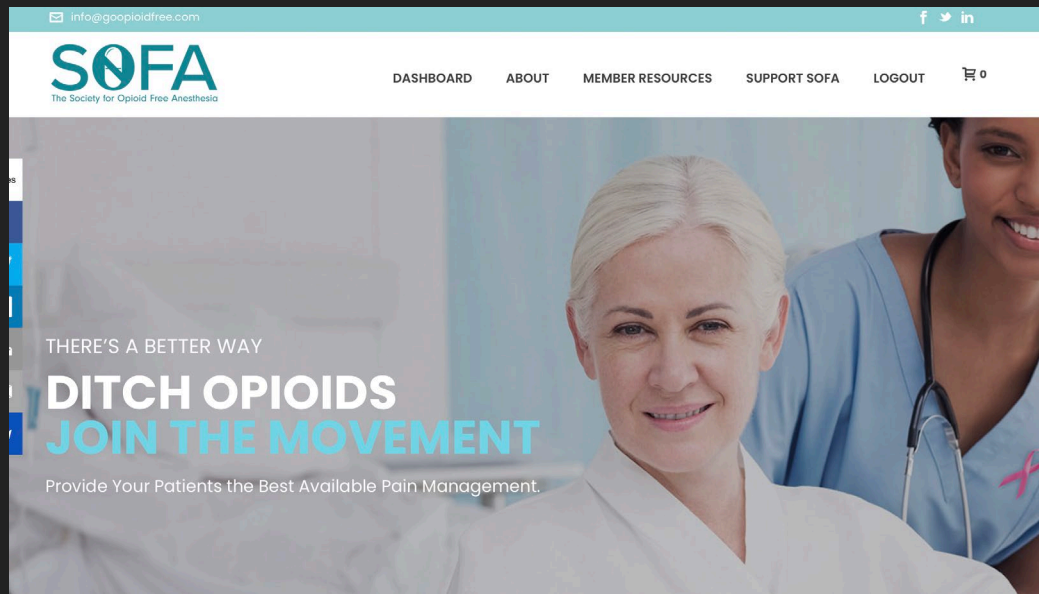
☎ (813) 224-7831  
✉ [zmoore@usf.edu](mailto:zmoore@usf.edu)

Register >

### Course Sequence

For this special program, class size is limited to 30 students each year. The course sequence is available in the [Graduate Catalog](#).


- ▶ “SOFA (Society for Opioid Free Anesthesia) is a nonprofit organization formed to research, promote & educate anesthesia professionals and the general public on opioid free pain management techniques”
- ▶ 100% paid annual membership for all FANA members
- ▶ Provides protocols, tutorials, and networking resources to help improve opioid free anesthesia care



# SOFA







info@goopioidfree.com f t in










**SOFA**  
The Society for Opioid Free Anesthesia

[DASHBOARD](#) [ABOUT](#) [MEMBER RESOURCES](#) [SUPPORT SOFA](#) [LOGOUT](#) 




## MEMBER DASHBOARD

Shares

- 
- 
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 <b>PROTOCOLS</b>	 <b>TUTORIALS</b>	 <b>FIELD GUIDES</b>
 <b>BLOCK BUDDY APP</b>	 <b>REFERENCE ARTICLES</b>	 <b>MEMBER RESEARCH</b>
		

### NEWS

-   
SOFA Sit-Down  
Featuring John Craig Vana, MSN, CRNA  
February 19, 2019
-   
SOFA Announces IDANA  
as First Anesthesia  
Trade Association  
Partner  
March 6, 2018
-   
SOFA Sit-Down  
Featuring Caroline  
Landry, BSN, RN, SRNA  
January 31, 2018

### LEADERBOARD

Leaderboard is empty



# COVID TASK FORCE

- ▶ CDC most recent data shows drug overdoses hit an all time high during 2020. 93,000 Americans died from overdoses, 29% increase from 2019.
- ▶ FANA is committed to helping to end the impact of the pandemic on our state and local communities
  - ▶ SIRG- 40 Key CRNA contacts in 40 counties working on turning ASCs into COVID relief for local EMS
  - ▶ FANA provided 3,300 volunteers for vaccine distribution
  - ▶ Continued efforts by CRNAs to meet the demands of the burdened healthcare system

# MATERNAL AND CHILD HEALTH TASK FORCE

- ▶ FANA is committed to working closely with the DCF, DOH, and the Florida Perinatal Quality Collaborative to distribute narcan kits to women at risk of overdose after they deliver their infants
- ▶ With over 5,400 practicing CRNAs across the state, FANA is well positioned to help its members bring this program to their clinical sites
- ▶ FANA is prepared to help to educate the public by hosting webinars and social media lives
- ▶ As a primary provider contact when a laboring patient is in need of pain relief, CRNAs are able to be the first line of education for mothers and their families

---

# FUTURE NEEDS

- ▶ FANA is ready and willing to participate in any way possible in ending the opioid epidemic in Florida

Task Force Contact:

Mignon Nielson

503-349-6455

[CRNAs4life@gmail.com](mailto:CRNAs4life@gmail.com)

# The CCBHC Model

## Innovation in Behavioral Health Care

Ute Gazioch  
Senior Director Behavioral Health Policy  
Florida Behavioral Health Association

Statewide Drug Policy Council  
July 20, 2021



# What are CCBHCs

Certified Community Behavioral Health Clinics are non-profit organizations that serve **individuals and families with behavioral health conditions** who are underserved, have low incomes, are insured, uninsured, or on Medicaid, **regardless of ability to pay**.

They directly, or through contract with partner organizations, provide at least nine types of services, with an emphasis on the provision of **24-hour crisis care, evidence-based practices, care coordination** with local primary care and hospital partners, and **integration with physical health care**.

# A New Model

**The CCBHC Model is built on the concept that the way to expand and improve behavioral health care is to pay for the activities that make those goals possible!**

- SAMHSA has developed a [set of criteria](#) that must be met in order to meet certification standards and be eligible for prospective payments
  - Staffing (medical staff, credentialed SUD staff, trauma expertise, etc.)
  - Accessibility (evening and weekend hours, 24/7 crisis, coordination with ERs)
  - Care coordination (organizing patient care activities and sharing information)
  - Service scope (medical, psychosocial, therapeutic, recovery support, EBPs)
  - Quality and reporting (EHRs, quality improvement, reduce disparities)
  - Organizational authority (board members must reasonably represent those served)
- Prospective payments can be a daily or monthly rate that cover the real cost of increasing access to person and family centered, quality services
  - New provider type in Medicaid
  - Including services traditionally not covered by Medicaid like outreach, care coordination, intervention, and more
  - Incentivizes the right care at the right time at the right dose

# Brief History

- Created through the Protecting Access to Medicare Act of 2014 as a Medicaid demonstration program.
- Gave states the opportunity to develop innovative behavioral health delivery models and use a Prospective Payment System (PPS) to reimburse for services provided.
- In 2015, 24 states were awarded 1-year planning grants and in 2017, 8 of those 24 states were funded to implement demonstration projects.
- Since 2018, Congress has appropriated funds annually for CCBHC expansion grants to further these organization's reach with bipartisan support.
- As of July 2021, there are 340 CCBHCs with an additional 100 working toward certification.

# Current Florida CCBHC Grants

1. Centerstone of Florida
2. Henderson Behavioral Health
3. DACCO
4. SMA Behavioral Health
5. Banyan Community Health Center
6. Meridian Behavioral Healthcare
7. Gateway Community Services
8. LifeStream Behavioral Center
9. Aspire Health Partners
11. First Step of Sarasota
12. Apalachee Center
13. Circles of Care
14. River Region Human Services
15. Community Rehabilitation Center



# Service Provision

## **CCBHC Service Array Minimally Must Include:**

- Crisis mental health services, including:
  - 24-hour mobile response team
  - emergency crisis intervention services, and
  - crisis stabilization
- Screening, assessment, and diagnosis (including risk assessment)
- Person and family-centered treatment planning
- Outpatient mental health and substance use disorder services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans, particularly those in rural areas

# Prospective Payments

- Providers complete a cost report including both current costs and anticipated future costs associated with becoming a CCBHC.
- Based on the cost reports, there are 2 payment options to implement Prospective Payment Systems (PPS):
  - A daily rate which is a fixed amount for all services provided on any given day service recipient. The rate is based on the total annual allowable CCBHC costs divided by the total annual number of CCBHC daily visits
  - A monthly rate for each unduplicated patient who had one or more visits at the CCBHC in that month. Providers experience more downside risk than in a daily PPS model. Because rates are set based on anticipated monthly patient volume, clinics experience a financial loss if costs or intensity of services during a month exceed targets—for example, if a patient experiences a crisis.

# Impact Nationally

- SAMHSA data released as part of their Fiscal Year 2021 Justification of Estimates for Appropriations Committees:
  - 61.6% reduction in hospitalization;
  - 62.1% reduction in ED visits;
  - 15.2% increase in employment or started going to school; and
  - 30.4% increase in mental health functioning in everyday life.
- The National Council for Mental Wellbeing CCBHC Impact Report 2021
  - CCBHCs are, on average, serving 17% more people.
  - 50% of responding CCBHCs provide same-day access to care, 84% see clients for their first appointment within one week and 93% see clients within 10 days (national average is 48 days).
  - 60% of CCBHCs added MAT services for the first time as a result of becoming a CCBHC, and 31% were able to offer more forms of MAT.
  - 91% of CCBHCs are engaging in one or more innovative practices in crisis response in partnership with hospitals, first responders and others.
  - 75% of CCBHCs reported increasing screening for unmet social needs that affect health, like housing, income, insurance status, transportation.

# Impact in Florida

The four FBHA member agencies that began their CCBHC transformation in May 2020 have all experienced substantial improvements in their care delivery for individuals served through the grant, as noted below.

- At Centerstone, past 30 days hospitalizations for mental health care decreased 85.7% and past 30 days ER utilization for behavioral health issues decreased 80%.
- SMA Healthcare now has a fully integrated campus in Daytona Beach that offers mental health, substance use, primary care, and crisis services in one location.
- Henderson Behavioral Health has reduced wait time by 48%, going from an average of 25 days to 13 days wait time for routine care.
- DACCO has increased retention in care by 40%.

# Next Steps

- Work with DCF to develop and maintain the certification process.
  - DCF will need authority
- Work with AHCA to develop the Prospective Payment System.
  - AHCA will need to add CCBHCs as a provider type
- Negotiate daily or monthly rates specific to each participating provider.
- Set thresholds and quality metrics for CCBHC performance.

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**Florida Behavioral  
Health Association**