



OFFICE OF THE STATE ATTORNEY

**FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY**

**DAVID ARONBERG
STATE ATTORNEY**



Sober Homes Task Force Meeting Minutes

Sober Home Task Force Tip Line 1-844-324-5463

Meeting Location: WPB Police Community Room 600 Banyan Blvd, West Palm Beach, FL 33401

Meeting Date: January 24, 2020

Welcome/Introductions:

Al Johnson opened the Task Force Meeting at 1pm. All attendees informed that meeting minutes are taken and the meetings are audio-recorded. The audio file for this meeting can be found at <http://www.sa15.org>.

Sign in sheets are available upon request.

“Sunshine Law” Overview:

Mr. Johnson reviewed and highlighted the importance of the Sunshine Law and its implications for this Task Force. As an example, he cautioned the group not to use “reply all” in the use of email, regarding what is coming or will be coming before the Task Force.

Next Month’s Meeting: Meetings will now continue bi-monthly. The next meeting will be March 13, 2020

Meeting Agenda – January 24, 2020-SHTF

Revised 1/23/2020

1. Introductions:
2. Updates:
 - a. Statistics:
 - i. PBCFR Responses 2017-2019: (handout)
 - ii. 2019 PBC Preliminary OD death rate
 - b. Addiction Stabilization Unit: Dr. Belma Andric (verbal discussion)
 - c. SEBHN Update: Ann Berner (Ann Berner did not present/unable to attend)
 - i. Medication Assisted Program Services (MAPS)
 - d. FARR update/trends: Steve Farnsworth (handouts)-see attached
 - e. CARF/ASAM Pilot Program: Nikki Soda (handout)
 - f. Oxford House: Lori Holtzclaw (Lori Holtzclaw was unable to attend)
 - g. SHTF Report to the Legislature (handout)
3. DCF Update: Ute Gazioch (telephone)/Suzette Fleishmann (see attached PowerPoint)
 - a. State Opioid Response Grant (SOR)
 - b. Component license trends
 - c. 65D-30 Rule implementation and compliance
4. Legislation:
 - a. HB 649/ SB 1120 (handout)
 - b. Referral amendment (handout)
5. Fire Marshall Issues: Paul Parisi, New Hampshire State Fire Marshall (telephone)-see attached
6. Public comments.
7. Closing remarks.



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2020 Sober Homes Task Force Meeting Dates	
2020	
FRIDAY	JANUARY 24, 2020
FEBRUARY-NO MEETING	
FRIDAY	MARCH 13, 2020
APRIL-NO MEETING	
WEDNESDAY	MAY 20, 2020
JUNE-NO MEETING	
WEDNESDAY	JULY 15, 2020
AUGUST-NO MEETING	
WEDNESDAY	SEPTEMBER 16, 2020
OCTOBER NO MEETING	
WEDNESDAY	NOVEMBER 18, 2020
DECEMBER – NO MEETING	

All meeting times are 1pm-4pm

**WPB Police Department-Community Room
600 Banyan Blvd
West Palm Beach, FL 33401**

For further details call: 561-355-7249

The attached materials were not posted to the Sober Homes Task Force website when the meeting materials were posted

ADD ON MATERIALS

**Certified Recovery Residences with Certified Recovery Residence Administrators
(Data Source: FARR Posted on DCF Website)**

As of	Number of Residences	Men's Beds	Women's Beds	Both Beds	LBGT Beds	Total Number of Beds	Change in Total Beds	Number of Counties with Certified Recovery Residences
Jul-17	238	1869	963	388		3280	N/A	21
Oct-17	261	2125	1058	510		3693	413	23
Nov-17	271	2233	1075	579		3887	194	23
Dec-17	275	2248	1075	607		3930	43	23
Jan-18	287	2390	1136	627		4153	223	23
Feb-18	314	2621	1205	660		4486	333	24
Mar-18	340	2783	1299	683		4765	279	25
Apr-18	342	2765	1314	713		4792	27	25
May-18	363	2998	1330	1058		5386	594	25
Jun-18	368	3022	1446	1030		5498	112	25
Jul-18	379	3015	1388	1344		5747	249	25
Aug-18	380	3038	1366	1327		5731	-16	25
Sep-18	393	2997	1333	1409		5739	8	25
Oct-18	387	2952	1314	1325		5591	-148	25
Nov-18	393	3016	1365	1370		5751	160	25
Dec-18	401	2947	1488	1370		5805	54	25
Jan-19	404	2915	1493	1378		5786	-19	25
Feb-19	400	2877	1493	1385		5755	-31	25
Mar-19	410	2945	1529	1383		5857	102	25
Apr-19	389	2768	1468	1448	8	5692	-165	24
May-19	390	2776	1469	1463	8	5716	24	24
Jun-19	391	2792	1470	1465	8	5735	19	25
Jul-19	384	2735	1480	1357	8	5580	-155	25
Aug-19	403	2937	1499	1300	8	5744	164	25
Sep-19	385	2824	1401	1299	16	5540	-204	25
Oct-19	391	2823	1447	1299	16	5585	45	25
Nov-19	403	2881	1497	1365	16	5759	174	25
Dec-19	399	2828	1497	1373	16	5714	-45	25
Jan-20	397	2899	1493	1373	16	5781	67	25

<u>County</u>	<u>Providers</u>	<u>Men</u>	<u>Women</u>	<u>Both</u>	<u>LBGT</u>	<u>Total</u>
Alachua	2	5	4	0	0	9
Brevard	5	9	47	0	0	56
Broward	98	902	387	198		1496
Collier	7	20	21	0		52
Duval	11	37	22	128		203
Escambia	1	44	0	0		44
Flagler	1	6	0	0		6
Hillsborough	23	119	78	17	0	285
Indian River	1	7	0	0		7
Lake	2	13	12	0		95
Lee	20	132	75	60		238
Manatee	2	58	8	0		66
Marion	4	8	12	0		20
Martin	4	19	12	97		128
Miami-Dade	8	78	33	0		123
Orange	7	34	20	70		54
Palm Beach	165	1100	450	717	16	2378
Pasco	7	35	37	0		82
Pinellas	9	128	92	0		220
Polk	1	0	7	0		7
Sarasota	10	48	36	0		84
Seminole	1	0	10	0		10
St. Johns	1	0	7	0		8
St. Lucie	6	21	31	12		64
Volusia	3	0	46	0		46
Totals	399	2823	1447	1299	16	5781

Number of Beds per County January 2020

44



Map courtesy of Public Health

*Color Indicates a change from the previous month to this month.

**Green Is an Increase. Orange Is a decrease.

**CERTIFIED RECOVERY RESIDENCES WITH CERTIFIED RECOVERY RESIDENT ADMINISTRATORS
Nov 18 , 2019**

County	Cities	Number of Residences	Men's Beds	Women's Beds	Both Beds	LGBTQ Beds	Total Number of Beds
Alachua:	Gainesville, FL	2	5	4	0		9
Brevard:	Cocoa Beach, FL	1	9	0	0		9
	Melbourne Beach, FL	1	0	12	0		12
	Melbourne, FL	3	0	35	0		35
		5	9	47	0		56
Broward:	Deerfield Beach, FL	2	7	6	0		13
	Fort Lauderdale, FL	52	374	214	102		690
	Hallandale, FL	1	12	0	0		12
	Hollywood, FL	7	117	53	0		170
	Margate, FL	1	145	0	0		145
	Pompano Beach, FL	36	277	114	96		487
		99	932	387	198		1517
Collier:	Naples, FL	7	19	21	0		40
Duval:	Jacksonville, FL	11	53	22	128		203
		11	53	22	128		203
Escambia:	Pensacola, FL	1	44	0	0		44
Flagler:	Bunnell, FL	1	6	0	0		6
Hillsborough:	Riverview, FL	1	0	0	17	0	17
	Tampa, FL	22	119	85	0	0	204
		23	119	85	17	0	221
Indian River:	Vero Beach, FL	1	7	0	0		7
Lake:	Eustis, FL	2	13	12	0		25
Lee:	Cape Coral, FL	3	11	10	21		42
	Ft. Myers, FL	17	98	59	39		196
		20	109	69	60		238
Manatee:	Bradenton, FL	2	58	8	0		66
Marion:	Ocala, FL	4	8	12	0		20
Martin:	Stuart, FL	3	9	12	97		118
	Jensen Beach, FL	1	10	0	0		10
		4	19	12	97		128
Miami-Dade:	Miami, FL	4	33	33	0		66
	North Miami, FL	4	45	0	0		45
		8	78	33	0		111

Orange:	Maitland, FL	1	0	0	70		70
	Orlando, FL	6	34	20	0		54
		7	34	20	70		124
Palm Beach:	Boca Raton, FL	6	19	40	0		59
	Boynton Beach, FL	29	216	48	0		264
	Delray Beach, FL	74	408	235	408		1051
	Lake Park, FL	8	44	37	0		81
	Lake Worth, FL	20	205	27	135	16	383
	Lantana, FL	3	17	35	0		52
	North Palm Beach, FL	6	0	20	67		87
	Palm Beach Gardens, FL	5	49	24	0		73
	Riviera Beach, FL	1	0	0	24		24
	West Palm Beach, FL	16	178	22	149		349
	168	1136	488	783	16	2423	
Pasco:	New Port Richey, FL	5	21	42	0		63
	Port Richey, FL	2	14	5	0		19
		7	35	47	0		82
Pinellas:	Clearwater, FL	7	80	42	0		122
	St. Petersburg, FL	2	48	50	0		98
		9	128	92	0		220
Polk:	Lakeland	1	0	7	0		7
Sarasota:	Sarasota, FL	10	48	36	0		84
Seminole:	Oviedo, FL	1	0	10	0		10
St. Johns:	St. Augustine, FL	1	0	8	0		8
St. Lucie:	Port St. Lucie, FL	6	21	31	12		64
		6	21	31	12		64
Volusia:	Daytona Beach, FL	3	0	46	0		46
Grand Total:		403	2881	1497	1365	16	5759

SOURCE: Certified Recovery Residences established by s.397.487, F.S, FARR;
<http://www.dcf.state.fl.us/programs/samh/docs/FARR%20Certified%20Recovery%20Residences.pdf>

ADD ON MATERIALS



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PALM BEACH COUNTY SOBER HOMES TASK FORCE; 2020 LEGISLATIVE UPDATE

JANUARY 9, 2020

BACKGROUND AND SCOPE

HISTORY. In 2016, the Florida Legislature requested that Palm Beach County State Attorney Dave Aronberg form a Task Force to “conduct a study aimed to strengthen investigation and prosecution of criminal and regulatory violations within the substance abuse treatment industry.” As a part of its directive, the legislature asked State Attorney Aronberg to coordinate with local and state law enforcement and regulatory agencies, as well as the Florida Department of Children and Families (DCF), the Florida Alcohol & Drug Abuse Association (FADAA), the Florida Certification Board (FCB), the Florida Association of Recovery Residences (FARR) and recovery residence administrators to “identify statutory clarifications and enhancements to existing law to ensure that communities remain safe and individuals with substance abuse disorders are protected.”

Newspaper and magazine accounts, statistical reports, treatment provider and citizen complaints all pointed to an industry overrun by bad actors engaging in fraudulent practices, victimizing both insurance providers and vulnerable patients suffering from Substance Use Disorder (SUD). At that time, it was widely accepted that the area hardest hit by fraud and abuse was South Florida, and its epicenter, Palm Beach County.¹

Beginning July 2016, the Palm Beach County Sober Homes Task Force (SHTF) was created. Three separate task forces were formed: two civilian and one law enforcement. The Proviso Task Force (Proviso) included representatives from the entities listed above as mandated by the legislature. Several clinical and legal experts were added to the Proviso and work was begun to review potential changes to the laws and rules currently in effect. A second Civilian Task Force was established consisting of treatment providers, sober home owners, citizen groups, elected officials and other industry professionals to augment the work of the Proviso.

¹ According to the 2015 and 2016 Florida Department of Law Enforcement Medical Examiners reports, 305 people died from accidental opioid overdose in 2015, and 598 died in 2016.

The third task force group consisted of law enforcement investigators, state prosecutors and analysts. The purpose of this group was the investigation and prosecution of law violations in the sober home and treatment industry.

As required by its initial proviso, in January, 2017, the Task Force presented the legislature with a report on the issues surrounding the treatment industry and identified legislative and rule-making proposals to address criminal and regulatory abuses. In part, as a result of these efforts, laws and regulations in Florida have been strengthened, numerous bad actors prosecuted, rogue facilities and sober homes closed and overdose death rates reduced by 40% in Palm Beach County in 2018. In addition, the Civilian Task Force (now consolidated into one Proviso group funded entirely by the 15th Circuit, Office of the State Attorney) has been instrumental in bringing about positive change in the statewide efforts to combat the opioid crisis through the adoption of its recommended legislation in licensure oversight, marketing, and enhanced patient brokering laws. In fact, legislation enacted in 2017 has become a model for the country in the area of patient protection.²

PALM BEACH COUNTY SOBER HOMES TASK FORCE: LAW ENFORCEMENT

Currently, the Law Enforcement side of our task force consists of two state prosecutors, two state attorney investigators, one state attorney analyst and 5 additional detectives from local and statewide agencies assigned to this effort. Since 2018, the Task Force has been fully funded by the State Attorney's budget. Between October, 2016 and December, 2019, 100 criminal cases have been filed against 87 individuals. Forty three cases have resolved by way of a plea or trial, and 39 defendants have been convicted. Over \$880,000 in fines have been imposed, in addition to \$40,000 in costs of prosecution and \$170,000 in costs of investigation. Over \$1,350,000 dollars in assets have been seized and \$350,000 forfeited in connection with SHTF cases.

Our Task Force has partnered with both federal agencies and the Florida Attorney General's Statewide Prosecutor in developing cases across county and state lines. In one instance, SHTF investigators joined with the U.S. Attorney's Office for the Southern District of Pennsylvania and the Pennsylvania Attorney General to investigate a treatment facility and lab scheme involving both jurisdictions. Multiple defendants were charged in both Pennsylvania and Florida. Likewise, we joined forces with the Statewide Prosecutor on a racketeering investigation involving a Miami-Dade treatment facility. In 2018, our Task Force investigators and prosecutors received the *Investigation of the Year Award* from the National Health Care

² National Alliance of Model State Drug Laws (NAMSDL) *Model Patient Protection and Treatment Ethics Act*.

Anti-Fraud Association for our work on the Kenny Chapman case with the U.S. Attorney's Office for the Southern District of Florida.

Each year, our toll free tip line has received hundreds of calls. Task Force investigators have assisted parents in locating their children and connected addicted individuals and their loved ones with services. Information from tip line complaints have resulted in the arrest and prosecution of a number of bad actors in the sober home and drug treatment industries.

Our prosecutors have developed and hosted training programs offered to law enforcement and prosecutors across the state through the Florida Prosecuting Attorneys Association (FPAA).

PALM BEACH COUNTY SOBER HOMES TASK FORCE: CIVILIAN PROVISO

2017 LEGISLATION HB 807

SUMMARY: In 2017, the Florida legislature unanimously passed landmark legislation addressing rampant abuses in the treatment of substance use disorder. Known as the *Practices of Substance Abuse Service Providers Act*, much of this legislation was proposed and supported by the SHTF Proviso Group. The Act strengthened the Florida Department of Children and Families (DCF) ability to deny, revoke and fine facilities for putting patients at risk, imposed best practices and accreditation standards, created a framework requiring marketing transparency and enhanced criminal laws to deter and punish treatment providers and marketers who exploit vulnerable patients with substance use disorder. Much of this landmark legislation has been adopted by the National Alliance for Model State Drug Laws (NAMSDL) as the *Model Patient Protection and Treatment Ethics Act* developed pursuant to a grant awarded by the Office of National Drug Control Policy. Florida's legislative advances are now the model for the country.

Statutory changes included:

- 1- s. 817.0345, *Prohibition of fraudulent marketing practices.* - was enacted to make it illegal to knowingly and willfully make or provide materially false or misleading statements or information about the identity, products, goods, services, or geographical location of a treatment facility. One of the driving forces behind private sector treatment fraud and abuse involved the fraudulent inducement of out-of-state patients into targeted programs by unscrupulous 3rd party marketers. Violation is a 3rd degree felony offense.**

- 2- s. 397.55, *Prohibition of deceptive marketing practices*. - was enacted to further protect vulnerable consumers of substance abuse treatment from exploitation in the delivery of health care. In addition to prohibiting false and misleading statements by marketers, the statute also addresses advertising materials, other media advertising, websites, call-centers and referrals such as lead generation for patient placement. Marketers and marketing platforms have additional disclosure requirements and are prohibited from engaging in misleading predatory practices. The statute specifically applies to both treatment providers and recovery residences.
- 3- s. 501.605 *Licensure of commercial telephone sellers and entities providing substance abuse marketing services*. - was amended to require treatment and recovery residence marketers to obtain a license from the Florida Department of Children and Families (DCF) and be registered in the state.
- 4- s. 817.505 *Patient brokering prohibited; exceptions; penalties*. - was amended to prohibit the offer or payment of any benefit with the intention of inducing or rewarding the referral of patients to or from a treatment facility. Penalties for serial offenders were enhanced³ and fines were increased to better reflect and more appropriately deter the illegal trafficking in patients with substance use disorder that was being practiced by rogue actors in the industry.⁴
- 5- s. 16.56 *Office of Statewide Prosecution*. - was amended to add patient brokering to the list of crimes within the jurisdiction of the Attorney General's statewide prosecutors. Criminal enterprises engaging in patient brokering across county lines are now subject to statewide prosecution.
- 6- s. 895.02 *Definitions, subsection (8)*. - "Racketeering activity" was amended to include patient brokering as a racketeering predicate offense. This amendment gives both State Attorneys and the Attorney General's Statewide Prosecutor the ability to prosecute patient brokering offenses as part of a larger racketeering enterprise.
- 7- s. 397.403 *License application*. - was amended to enhance licensing requirements to include compliance with clinical and treatment best practices; proof of the ability to provide and actually deliver services in accordance with department rules; mandatory

³ 10 or more patients is punishable as a 2nd degree felony; 20 or more patients is punishable as a 1st degree felony.

⁴ Each count is punishable by a mandatory \$50,000 fine; 10 or more patients require a \$100,000 fine and 20 or more patients, \$500,000.

accreditation by an accrediting organization that is acceptable to DCF. In addition, DCF was given the ability to withhold licenses when the health, safety, or welfare of patients are at risk; order a probationary licensee to cease and desist operations if found to be substantially out of compliance with license standards; and deny license renewals submitted fewer than 30 days before the license expires.

8- s. 397.410 *Licensure requirements; minimum standards; rules.*- was amended to impose best practices standards in all areas of licensure, including clinical treatment, qualifications of all personnel, education, credentials, treatment capacity, facility standards and other areas involving the health and safety of individuals with substance use disorder. Additional standards are imposed for administrative, record keeping, referrals, and financial management. DCF was given the ability to adopt rules to classify isolated, patterned and widespread licensure deficiencies in a tiered system.

9- s. 397.411 *Inspection; right of entry; classification of violations; records.*- was amended to allow DCF to conduct announced or unannounced inspections to determine if the provider is in compliance with the statutes and rules. In addition, DCF was permitted to place violations into four categories based on the danger to health and safety and require corrective action, and impose fines for certain violations.

10- s. 397.415 *Denial, suspension, and revocation; other remedies.*- was amended to give DCF greater power to impose administrative fines, require corrective action plans, impose immediate moratoriums or emergency suspensions, or deny, suspend, or revoke the license of a service provider for giving material false information on a license application, committing an intentional or negligent act materially affecting the health and safety of a patient, violating DCF rules or otherwise demonstrating deficient performance.

11- s. 397.4873 *Referrals to or from recovery residences; prohibitions; penalties.* - amends the voluntary certification requirement to include the acceptance of treatment referrals from recovery residences, in addition to provider referrals to those homes. In addition, the violation of this prohibition now carries an administrative fine of \$1,000 per occurrence.

In 2019, the legislature unanimously passed HB 369, the *Substance Abuse Services Act*. This legislation was proposed by the Proviso Group to follow up on the successes of HB 807 by expanding the peer recovery work force, enabling Oxford Houses to locate in the state, expanding the program of voluntary certification of sober homes to include residences attached to licensed treatment components, increasing penalties for treatment providers and their personnel who willfully and intentionally falsify material information on a license or employment application, and correcting glitches in the marketing and patient brokering laws.

PALM BEACH COUNTY SOBER HOMES PROVISIO GROUP TASK FORCE ONGOING ACTIVITIES:

The Proviso Group will continue to meet bi-monthly to study and recommend innovative ways to improve delivery of services to those suffering from substance use disorder. During the past three-plus years, the group has evolved and currently includes representatives of county, state and national organizations and interests. State Attorney Dave Aronberg is committed to both the law enforcement and civilian side in the ongoing battle to abate the opioid crisis.

Future legislative and administrative rulemaking recommendations may include the adoption of the American Society of Addiction Medicine (ASAM) guidelines for private payer decisions on best practices, a blueprint for mandatory certification or the imposition of other national standards for all recovery residences in Florida, support for statewide emergency room participation in the warm hand-off of opioid overdose patients to peer specialists and medical providers offering both abstinence and medication-assisted treatment (MAT), and identification and support for other promising local, statewide and national innovations in all areas involving the opioid crisis.

In addition to its collaboration with national and statewide stakeholders to find and import promising model programs, the Proviso Group has provided a forum whereby local officials, government agencies, drug treatment and medical providers, and citizen groups can discuss, debate and collaborate in creating effective programs within Palm Beach County, including a syringe exchange program, hospital emergency room warm hand-offs, MAT harm reduction measures, and MAT provided to county jail inmates suffering from opioid use withdrawal. While these programs are created independently of the SHTF, progress on these local collaborations is shared and discussed. One such collaboration between the Palm Beach County Government, Health Care District of Palm Beach County (HCDPBC), JFK Medical Center, the Southeast Florida Behavioral Health Network (SEFBHN) and local treatment provider, Rebel Recovery, led to the creation of an addiction stabilization unit providing much needed

centralized resources to timely help those suffering substance use disorder throughout Palm Beach County. We highly recommend that other communities facing the same issues create a task force or commission comprised of diverse groups of stakeholders to bring together individuals and entities who might otherwise act as single silos. The power of such a group is magnified and its effectiveness becomes greater than the sum of its parts.

PALM BEACH COUNTY SOBER HOMES LAW ENFORCEMENT TASK FORCE ONGOING ACTIVITIES:

The law enforcement section of the task force is ongoing. Additional cases of fraud and abuse are being investigated and we anticipate a significant number of arrests in the coming months. We continue in our efforts to work alongside our federal and statewide partners by sharing criminal intelligence, working joint investigations and offering manpower to assist upon request.

According to municipal and other local contacts, the work of the SHTF has contributed to the reduction of rogue sober homes and treatment facilities in Palm Beach County. In some cases, these bad actors have packed up and opened up for business in other areas, both within Florida and out-of-state. Data from the Florida Department of Law Enforcement showed a nearly 40% decrease in opioid overdose deaths in Palm Beach County in 2018.⁵ None of the other 24 Districts in Florida experienced such a significant decrease, and some Districts saw increases of up to 20%.

We continue to offer our knowledge and expertise in the areas of patient brokering, marketing and insurance fraud. To that end, we have offered to partner with the Attorney General in an effort to help train law enforcement and prosecutors statewide. In addition, the SHTF has submitted proposals for the 2020 legislative session that have been filed by Representative Caruso and Senator Harrell as HB 649 and SB 1120, respectfully. The proposed legislation will relax the background check requirements for non-clinical treatment personnel who have committed low level crimes in the past. This enactment will help augment the workforce and ease the shortage of qualified persons to help fill the demand in the treatment industry. The legislation further amends the patient brokering safe harbor provisions in keeping with the 2019 clarification issued by the 4th District Court of Appeals in *State v. Kigar*.

⁵ Drugs Identified in Deceased Persons by Florida Medical Examiners; 2018 Annual Report (November 2019).

Much has been accomplished since the inception of both the law enforcement and civilian sides of the SHTF. However, there remains much work to be done, both in Palm Beach County and throughout the state. Too many of our citizens continue to die from opioid overdose.⁶

The law enforcement task force will continue to investigate cases of sober homes, labs, medical and treatment provider corruption within Palm Beach County, and will continue to collaborate with federal, state and other local agencies in this effort. The civilian Proviso Group will continue to vet, develop and share ideas and solutions to the opioid crisis we continue to face.

⁶ In 2018, there were 3,754 opioid overdose deaths (avg. 10/day) *Florida Department of Law Enforcement, 2018 Medical Examiners Commission Drug Report.*

ADD ON MATERIALS



State Opioid Response Grant

Ute Gazioch, Director of Substance Abuse and Mental Health

Senate Appropriations Subcommittee on Health and Human Services
October 23, 2019

Federal Funding History

- **April 21, 2017, Florida was awarded the State Targeted Response to the Opioid Crisis Grant (STR)**
 - \$27,150,403 each for 2 fiscal years
 - Project period: May 1, 2017 – April 30, 2019
- **May 3, 2017, Executive Order 17-146 declared a state of emergency due to the opioid epidemic allowing the Department of Children and Families (DCF) to implement the STR**
- **September 19, 2018, Florida was awarded the State Opioid Response Grant (SOR)**
 - \$50,056,851 each for 2 fiscal years
 - Project period: Sept. 30, 2018 – Sept. 29, 2020
- **March 20, 2019, Florida is awarded a supplement to the SOR**
 - \$26,129,676
 - Funds approved by Congress for the STR merged into the SOR



Expenditure Details

SFY18-19	SFY19-20	TOTAL	Services
\$12,638,631	\$6,175,168	\$18,811,797	Treatment and Support Services
\$1,020,330	\$288,571	\$1,318,901	Prevention
\$747,748	\$268,492	\$1,004,241	Managing Entity Operational
	\$1,575,312	\$1,575,312	Naloxone – Overdose Prevention
\$85,058	\$382,729	\$467,787	Workforce Development
\$481,304	\$247,805	\$738,909	Community Recovery Organizations
\$378,670	\$322,860	\$699,530	Veteran Support Line
\$381,810	\$158,987	\$540,797	Recovery Residences – Oxford Houses American Society of Addiction Medicine (ASAM) Level of Care Assessment and Data
\$3,072,475	\$139,000	\$3,211,475	Grant Administration & Behavioral Health Consultants
\$580,958	\$418,936	\$999,892	
(711,107)		-	ME Refunds
\$18,681,876	\$8,975,658	\$28,657,533	

*Final reconciliation and reporting is pending.

3



Opioid Response Approach

- Evidence-based prevention in schools
- Community naloxone distribution
- Medication-assisted treatment
- Hospital bridge programs
- Recovery opportunities (recovery residences, Recovery Community Organizations, peer services)
- Training for providers, child welfare, justice, and other community partners
- Medical school curricula on substance use disorders (SUDs)

4



Services	Amount	Provider(s)
Treatment and Support (MAT)	\$51,529,749	Managing Entities
MAT (long-acting naltrexone)	\$4,653,337	FADAA
Prevention	\$2,300,000	Managing Entities
Naloxone –Overdose Prevention	\$4,019,563	DCF
ASAM Level of Care Assessment	\$3,735,375	FEI Systems
Recovery Residences	\$1,403,247	Oxford House
Veteran Support Line	\$1,236,250	Crisis Center of Tampa Bay
Medical School Curriculums	\$2,500,000	10 Medical Schools
Workforce Development	\$4,614,797	Multiple
Recovery Community Organizations	\$1,545,000	MEs, Faces and Voices of Recovery
Data Collection and Program Evaluation	\$487,953	FEI Systems
20 Behavioral Health Consultants – Child Welfare (salary + fringe)	\$728,930	DCF
Grant Administration	2,213,278	DCF and OSCA
ME Operational	\$2,366,429	ME
Indirect (non-operating)	\$359,919	DCF
TOTAL Budget Authority SFY 2019-20	\$83,693,827	

SOR Grant Outputs

- **6,344 individuals received medication-assisted treatment services October 2018 through August 2019**
 - 47% with methadone
 - 45% with buprenorphine
 - 8% with long-acting naltrexone
- **14,479 individuals received evidence-based prevention services (13,471 youths and 1,008 adults)**
- **The *Use Only as Directed* media campaign has yielded 1,159,353 impressions**
- **The Veteran Support Line fielded 6,199 calls of which 4,921 received referrals**
 - 1,048 were linked to care coordination



SOR Grant Capacity Growth

- 89 providers receive SOR funds (through managing entities and the Florida Alcohol and Drug Abuse Association (FADAA))
- 19,887 naloxone kits distributed by over 110 participating entities to individuals at risk and their loved ones
- 151 individuals were trained in overdose prevention/response
- 478 individuals were trained on treatment of opioid use disorders
- 10 Florida medical schools have completed proposals to implement SUD curricula
- 18 Oxford Houses (142 beds) have been established
- 67 judges representing all 20 circuits serve as local opioid response champions



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Managing Entity SOR Services

- 373,143 unique services reported in the Financial and Services Accountability Management System (FASAMS) through 8/31/19
 - 78% - Medication Assisted Treatment (291,590)
 - 6.2% - Outpatient (23,305)
 - 5.6% - Medical Services (20,852)
 - 3.3% - Case Management (12,299)
 - 3.2% - Incidentals (12,020)
 - 1.5% - Residential (5,425)
 - 2.2% - Other (Assessment, Recovery Support, In-home Counseling, Day Treatment) (7,652)



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Florida Alcohol and Drug Abuse Association SOR Services

- 1,254 unique services reported by FADAA through 8/31/19
 - 32% - VIVITROL® Screening and Medication Education (403)
 - 30% - VIVITROL® Assessment, Physical Examination, and Labs (377)
 - 38% - VIVITROL® Medication, Medication Management and Administration, Labs (474)



STR Grant Outcomes May 2017 – April 2019

- After the initial 31 days in services, the rate of non-fatal overdoses decreased by 70% and continued to drop from there.
- The percent of negative drug test results increased from 70.5% in the first month of treatment to 90.2% at six months of treatment.
- The rate of employment is 33% among those in care during the first month, compared to 61% among those in services at one year.
- The number of arrests is 238 among those in care during the first month, compared to 25 in the 12th month.

Source: STR Provider Reports





ADD ON MATERIALS

HB 311 - AS AMENDED BY THE HOUSE

14Feb2019... 0152h
9Jan2020... 2824h

2019 SESSION

19-0482
10/06

HOUSE BILL 311

AN ACT relative to the authority of the state fire marshal to grant an exemption from fire code requirements to recovery houses.

SPONSORS: Rep. Connors, Hills. 15; Rep. Cornell, Hills. 18; Rep. Goley, Hills. 8

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill allows alcohol and drug free recovery houses to be granted an exemption by the state fire marshal for requirements of the state fire code and local amendments.

.....

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.
14Feb2019... 0152h
9Jan2020... 2824h 19-0482
10/06

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to the authority of the state fire marshal to grant an exemption from fire code requirements to recovery houses.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Section; Fire Marshal; Exemption for Recovery Houses. Amend RSA 153 by inserting after section 10-c the following new section:

153:10-d Exemption for Recovery Houses.

I. An owner or operator of a recovery house which is in compliance with rules adopted by the commissioner of health and human services under RSA 172-B:2, V for the voluntary registry for operators of recovery houses may apply to the state fire marshal and be granted an exemption under RSA 153:5, IV from requirements of the state fire code and local amendments, provided no exemption from such requirements shall be granted for the following:

- (a) A properly maintained electrical system.
- (b) A maintained heating system including a one-hour fire separation.

- (c) Maintained cooking appliances.
- (d) Street number of the recovery house posted and visible from the street.
- (e) No smoking within 10 feet of the building unless approved by the local fire department.
- (f) A written evacuation plan submitted to and approved by the local fire department.
- (g) Monthly evacuation drills must be conducted with documentation available for review onsite.
- (h) Basement living spaces shall have an exit directly to grade.
- (i) The facility shall have a minimum of 200 gross square feet per resident.
- (j) At least one escape window in each sleeping room.
- (k) Installed interconnected smoke and carbon monoxide alarms, electrically powered with battery backup, on each level and in each sleeping room; or, the installation of a complete fire alarm system.
- (l) Annual compliance inspection by the local fire department.
- (m) If the travel distance to an exit is greater than 75 feet, there shall be 2 remote means of egress from each floor.

II. In this section, "recovery house" means alcohol and drug free housing, or sober home, as defined in RSA 172-B:2, V and rules adopted thereunder by the commissioner of health and human services.

2 Effective Date. This act shall take effect 60 days after its passage.

SB 633 - AS INTRODUCED

2020 SESSION

20-2822
05/01

SENATE BILL **633**

AN ACT relative to recovery housing.

SPONSORS: Sen. D'Allesandro, Dist 20; Sen. Cavanaugh, Dist 16; Sen. Soucy, Dist 18; Rep. Leishman, Hills. 24

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill replaces references to "alcohol and drug free housing" with "recovery housing". The bill also requires the department of health and human services to adopt rules relative to the voluntary registration and certification of recovery housing.

The bill is a request of the department of health and human services.

.....

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears ~~[in brackets and struckthrough]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.
20-2822
05/01

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to recovery housing.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Alcoholism and Alcohol Abuse; Provision of Services; Acceptance Into Treatment; Alcohol and Drug Free Housing; Voluntary Registration Program. RSA 172-B:2, V is repealed and reenacted to read as follows:

V.(a) The commissioner shall adopt rules, pursuant to RSA 541-A, relative to establishing and providing for the administration of a voluntary registration program for operators of recovery housing seeking registration in the state of New Hampshire. The rules developed for the administration of the registration program shall include:

- (1) A process for receiving complaints against recovery housing operators.
- (2) Documents to show the recovery house meets minimum safety and recovery standards to include, but not limited to health, building, zoning, and fire inspection reports, proof of insurance, resident agreement,

emergency procedures, and policies and procedures addressing grievances, resident rights, non-discrimination, code of ethics, and medication administration.

(3) Criteria by which the department may exclude a residence from the list if the frequency or severity of complaints received supports a determination that the recovery housing at issue does not provide an environment that appropriately supports recovery.

(b) "Recovery housing" means a residence that provides a safe, healthy, family-like substance-free living environment that support individuals in recovery from addiction and are centered on peer support and a connection to services that promote long-term recovery; provided that "recovery housing" shall not include a halfway house or any other facility requiring a license pursuant to RSA 151.

2 New Paragraph; Alcoholism and Alcohol Abuse; Provision of Services; Acceptance Into Treatment; Recovery Housing. Amend RSA 172-B:2 by inserting after paragraph VI the following new paragraph:

VII.(a) The commissioner or designee shall designate an entity to serve as the certifying body for a voluntary certification program for recovery residences based upon standards determined by the National Alliance for Recovery Residences (NARR) or a similar entity. The certifying body shall establish and implement a certification program for recovery residences that maintain nationally-recognized standards that:

(1) Uphold industry best practices and support a safe, healthy, and effective recovery environment;

(2) Evaluate the residence's ability to assist persons in achieving long-term recovery goals;

(3) Protect residents of recovery residences against unreasonable and unfair practices in setting and collecting fee payments; and

(4) Verify good standing with regard to local, state, and federal laws and any regulations and ordinances including, but not limited to, building, maximum occupancy, fire safety and sanitation codes.

(b) The certifying body shall investigate complaints received by the department regarding non-compliance with NARR standards. The certifying body shall provide an annual report to the department, and shall report quarterly on any newly certified houses or houses that are out of compliance. The certifying body shall inform the department within 5 business days if a recovery house's certification is suspended or revoked.

(c) The department shall identify certified recovery houses in good-standing on the registry created pursuant to paragraph V.

(d) The department shall adopt rules, pursuant to RSA 541-A, relative to the process for certification and the requirements of this paragraph.

3 Alcoholism and Alcohol Abuse; Provision of Services; Referral Process for Certified Recovery Housing. Amend RSA 172-B:2, VI to read as follows:

VI. The department shall prepare, publish, and disseminate a list of [~~alcohol and drug free housing registered~~] **recovery** housing pursuant to paragraph V. A state agency or vendor with a state or federally funded contract that is providing treatment or recovery support services to a person shall not refer the person to [~~alcohol and drug free~~] **recovery** housing unless the [~~alcohol and drug free~~] **recovery** housing is registered pursuant to paragraph V. Nothing in this section shall prohibit a residence that is not registered from operating or advertising as [~~alcohol and drug free~~] **recovery** housing or from offering residence to individuals recovering from substance use disorders.

4 Effective Date. This act shall take effect upon its passage.