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: August 9, 2018

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: September 27, 2018 (rescheduled from September 13, 2018)

Latest Statistics:

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* opioid death = at least one opioid caused or contributed to the death of a person
Meeting Agenda – August 9, 2018 -SHTF

1. **Introductions:**

2. **Updates:**
   a. Harm Reduction from 20,000 feet (local and state initiatives)
   b. SEBHN Pilot Summary: Presentation—presentation attached
   c. Florida Society of Addiction Medicine (FSAM):

3. **2019 Legislation: Discussion—meeting material handed out**
   i. Omnibus SHTF Bill—meeting material handed out
   ii. Syringe Exchange Expansion—meeting material handed out

4. **FARR**
   a. FARR Certification Overview: Presentation (rescheduled for September)
   b. Day/Night—Res. 5—status

5. **Public comments—no comments were discussed**

6. **Closing remarks—Al Johnson closed the meeting at 4pm**
The attached information was not available when the meeting materials were uploaded to the Sober Homes Task Force website.

The attached presentation was discussed at the meeting.
SEFBHN Pilot Summary

- Cultural Probe
- Develop Personas
- Card Sorting
- Customer Interviews
- Listen In on Customer Service Calls
- Field Visits
- User Survey

Run a Usability Test
Table of Contents

Overview

Housing

Employment

Engagement

Conclusions
The pilot began January 2018 with goals, as described in the service agreement, of expanding Medication Assisted Treatment (MAT) Housing options, eliminating barriers to sustained recovery for individuals living with Opioid Use Disorder (OUD), increasing access to Recovery Peer Specialists in order to improve engagement in community-based treatment, recovery support services, mutual aid and meaningful activities including: employment, education, and community service.
Four (4) Recovery Navigational Support (RNS) trainings were conducted, producing seventy-two (72) certificates of completion. Twelve (12) FARR Partners comprising 26 residential locations supporting 451 certified beds were recruited, trained and engaged in utilization of the data collection tool and housing vouchers. Additionally; these Recovery Residences agreed to facilitate delivery of RN to clients residing in their locations. Through ongoing collaboration with FARR, there are now a total of 107 FARR Residences in Palm Beach County (934 certified beds) who admit residents who are enrolled in a MAT protocol.

Since January 1st, 2018 there have been one hundred twenty (120) referrals to the Pilot. The majority of these referrals were initiated in April and May. Of the total individuals referred, sixty-one (61) were enrolled as RNS Clients, 26 are currently pending navigator assignment and 33 were classified as either non-responsive or disqualified for RNS Service. For comparative reporting purposes pending, non-responsive and disqualified referrals are presented throughout this report as a control group labelled "RNS Candidates".

Note: Navigator assignments for ‘pending referrals’ contingent on contract extension.
Criteria

For the purposes of this report, pilot participants were broken into two categories:

- **Clients** - completed REC CAP baseline assessment during Key Working Session1 (KWS)
- **Candidates** - referrals who were non-responsive and/or disqualified during screening

All data is current as of July 27th, 2018

**REC CAP**: Recovery Capital assessment tool that both informs Recovery Care Planning and measures recovery capital gains over time.
Key Working Session (KWS): structured sessions where client and navigator engage in a defined process to Measure, Plan, and Engage (MPE) concrete recovery goals informed by REC CAP Assessment. Typically, eleven (11) KWS are held over six (6) months. Phase 1 is comprised of four (4) weekly KWS, followed by Phase 2 comprised of four (4) bi-weekly KWS and Phase 3 transitions to three (3) monthly KWS.
Over six thousand safe and sober nights were delivered by FARR Partners during this pilot. 50% of housing vouchers were funded for persons who failed to engage in Recovery Navigational Support (RNS). This can and should be corrected by integrating conditional approval and funding.

Housing stability is clearly enhanced within the RNS Client Group. Average length of stay for RNS Clients is 64.3 days compared to 43.2 days for Candidates, representing a 32.8% enhancement for the RNS Client Group. As we progress forward, it will be of particular interest to determine whether delivery of RNS through term maturity (six months) results in expansion of this differential.

Additional recovery housing data is presented pertaining to compliance with peer community rules and responsibilities, financial commitments, and participation in the peer residential community.

**FARR:** Florida Association of Recovery Residences – state designated credentialing entity and NARR Florida Affiliate
64.3 days
Avg Length of Client Housing

43.2 days
Avg Length of Candidate Housing

6451
Safe & Sober Nights Delivered

 Clients Receiving Housing Vouchers

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98.3%

 Candidates Receiving Housing Vouchers

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<tbody>
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89.8%
Housing (continued)

Client Rules & Responsibilities Compliance
n = 57
- Resistant: 3.6%
- Requires Monitoring: 38.0%
- Reliable: 58.4%

Client Financial Commitment Compliance
n = 35
- Resistant: 2.9%
- Requires Monitoring: 31.4%
- Reliable: 65.7%

Candidate Rules & Responsibilities Compliance
n = 50
- Resistant: 6.0%
- Requires Monitoring: 40.0%
- Reliable: 54.0%

Candidate Financial Commitment Compliance
n = 35
- Resistant: 5.7%
- Requires Monitoring: 45.7%
- Reliable: 48.6%
Housing (continued)

Client Peer Community Participation
n = 44
- Resistant: 1.9%
- Requires Monitoring: 33.3%
- Reliable: 64.8%

Candidate Peer Community Participation
n = 46
- Resistant: 8.7%
- Requires Monitoring: 41.3%
- Reliable: 50.0%
Employment

At initial screening and intake, 93 individuals reported as being *unemployed*: 47 of these were enrolled as *Clients* and 46 were classified as *Candidates*. As of July 27, 2018, a total of 53 individuals are now employed. Of these, 37 belong to the Client Group and 17 belong to the Candidate Group, resulting in a 37% employment gain for the Client Group compared to only a 7% gain for the Candidate Group. Job satisfaction ratings were consistent across both groups.
Employment (continued)

% Gains in Employment
- 37% by clients
- 7% by candidates

Avg Length to Employment
- 27 days for clients
- 14 days for candidates

% Employed Overall
- 60% of clients
- 29% of candidates

Avg Job Satisfaction
- 3 of 5 overall
Community Engagement

All measures of engagement, including employment, are enhanced significantly by RNS service delivery. We recently modified service structure to focus on housing and employment goals during KWS 1 and 2. This modification is prompted by an effort to reduce number of days to gainful employment and was introduced during the most recent Navigator Community of Practice (CoP) meeting (July 25, 2018).

While employment is a vital measure of community engagement, other categories positively impact recovery capital. The charts below reflect additional engagement metrics. In September 2018, once a sufficient number of RNS Clients have completed quarterly REC CAP Assessments, we will present correlations between community engagement and growth in recovery capital.

The first set of three charts present comparative data pertaining to engagement in Mutual Aid, Recreational Activities and Community Service for both groups. The RNS Client Group experienced significantly enhanced engagement in every category. The final two charts reflect recovery group service commitments and, for the criminal justice-involved subset, compliance with supervision requirements.
Mutual Aid Engagement

2537 meetings attended by clients
1331 meetings attended by candidates
Recreational Engagement

916 activities participated in by clients

351 activities participated in by candidates

Client Recreational Participation
- Resistant: 10.8%
- Requires Monitoring: 27.0%
- Reliable: 62.2%

Candidate Recreational Participation
- Resistant: 18.8%
- Requires Monitoring: 34.4%
- Reliable: 46.9%
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<td>hours delivered by clients</td>
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<tr>
<td>hours delivered by candidates</td>
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*Client Community Service Participation*

- Resistant: 25.7%, 9 hours
- Requires Monitoring: 31.4%, 11 hours
- Reliable: 42.9%, 15 hours

*Candidate Community Service Participation*

- Resistant: 31.0%, 9 hours
- Requires Monitoring: 51.7%, 15 hours
- Reliable: 17.2%, 5 hours
Engagement Comparison (continued)

Client Group Service Commitment Compliance
n = 36
- Resistant: 11.1%
- Requires Monitoring: 30.6%
- Reliable: 58.3%

Client Community Supervision Compliance
n = 6
- Reliable: 100.0%

Candidate Group Service Commitment Compliance
n = 35
- Resistant: 17.1%
- Requires Monitoring: 31.4%
- Reliable: 51.4%

Candidate Community Supervision Compliance
n = 7
- Requires Monitoring: 14.3%
- Reliable: 85.7%
Conclusions

1. Due to limited resources, continued eligibility for a Housing Voucher should be conditioned upon both enrollment and active engagement in RNS. Client compliance with the Recovery Care Planning schedule is essential to achieving enhanced outcomes. A data-driven proposal for improvements to screening, orientation and intake procedures will be adopted with approval by SEFBHN.

2. While admission of MAT-enrolled residents no longer presents challenges in Palm Beach County, engaging FARR Certified Recovery Residences in the SEFBHN Pilot as Partners remains problematic. Misinformation concerning requirements, reimbursements and the dollar value of vouchers remain barriers to registration. ROI, in collaboration with FARR and SEFBHN, will prepare and host an on-demand video presentation to educate certified residence operators regarding the housing voucher program.

3. Having held four Navigator Trainings in support of the Pilot, we have determined a) recovery capital history, theory and science (Day One) be formatted as on-demand e-learning content and that b) the ‘mechanics’ of Measure, Plan and Engage (Day Two), focus on Key Working Session structure and engage registrants in hands-on, interactive exercises.
4. All stakeholders have validated usability of the data collection tool. Navigators, supervisors, clients, family members and network administrative staff concur that the framework and user interface readily support assessment, recovery care planning and data collection. However, the Pilot has also revealed a need to invest in certain modifications. Among them is retooling to allow Navigators to collect client engagement data during KWS (currently maintained by Partners). Additionally, certain enhancements pertaining to the monitoring of engagement in structured session and community integration will be undertaken. This will result in revision to our current practice of reimbursing Partners for intake and monthly data maintenance. Screening, orientation and intake responsibilities will transfer to dedicated administrative staff and monthly data maintenance will transfer to Navigators.

5. Another lesson learned is the need to staff Navigators, on a full or part-time basis, as employees with scheduled service hours. While ROI will continue to maintain independent contractors, in order to ensure response time commitments, we must employ individuals who do not have full-time positions elsewhere and “moonlight” as Recovery Navigators.
Thank you.
July 27, 2018

Greetings,

Recently, two issues have generated Department policy questions. The first focuses on the use of telemedicine while the second focuses on the term “partial hospitalization.” We would like to clear up any misunderstanding about best practices, legal, and policies relevant to these issues.

Telemedicine

The first issue relates to inquiries about whether the use of telemedicine is acceptable in programs licensed, certified, or designated by the Department. The Florida Administrative Code defines “Telemedicine” as:

the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

This definition is consistent for both licensed physicians (6488-9.0141, F.A.C.) and licensed osteopathic physicians, (64815-14.0081, F.A.C.) and is found in the specific sections of rule entitled “Standards for Telemedicine Practice.”

These rules provide additional directives on the standard of care required, the fitness of the equipment being used for the telemedicine sessions, the prescribing of drugs, and the obligations of the physician and ancillary health care personnel to perform at the standard of care. The rules referenced above specifically state “Telemedicine equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.”

In addition, the Medicaid Program reimburses for services provided using telemedicine. The rule on telemedicine is found in Chapter 59G-1.057 F.A.C., and states that “Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner.” The rule authorizes any licensed practitioner within their scope of practice to perform a covered service for an eligible patient.

Lastly, a reference to telemedicine is found in s.394.453, F.S., the first substantive section of the Baker Act describing legislative intent. The section reads in part, “the Legislature finds that the use of telemedicine for patient evaluation, case management, and ongoing care will improve management of patient care and reduce costs of transportation.”

1317 Winwood Boulevard, Tallahassee, Florida 32399-0700

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency
The use of telemedicine for the purposes of evaluation, diagnosis, or treatment is permissible, as long as provider staff are performing services within their scope of practice and the standard of care provided is equal to what would be provided if the individual was receiving services on-site. It is your organization’s responsibility to ensure telemedicine services are consistent with the standard of care provided in your agency and only qualified staff operating under clearly stated policies and protocols are delivering services.

As a reference, we encourage you to review the following resources:

The Florida Administrative Code:
- Section 64B8 – 9.0141 – Board of Medicine - Standards of Practice for Medical Doctors – Standards for Telemedicine Practice
- Section B15-14.0081 - Board of Osteopathic Medicine – Standards for Telemedicine Practice
- Section 59G-1.057 – General Medicaid - Telemedicine.
- http://www.americantelemed.org/main/about/telehealth-faq-

Partial Hospitalization

We have observed the consistent use of the term “partial hospitalization” in our conversation with license applicants, articles about Florida’s substance abuse industry, and in conversations with outside organizations (e.g., insurance carriers and other state government agencies). This term is used as an alternate name for DCF’s licensed Day or Night Treatment with Community Housing and other forms of non-residential treatment.

To be clear, the Office of Substance Abuse and Mental Health does not license or designate partial hospitalization programs. When the 1993 Florida Legislature enacted Chapter 93-39, Laws of Florida, existing chapters 396 (Relating to Alcoholism) and 397 (Treatment and Rehabilitation of Drug Dependents) were combined into a new Chapter 397, the "Hal S. Marchman Alcohol and Other Drug Services Act of 1993." The Act defined a licensed service provider as a:

- Public agency under this chapter
- Private for-profit or not-for-profit agency under this chapter
- Physician licensed under chapter 458 or chapter 459, or
- Any other private practitioner licensed under this chapter, or
- Hospital licensed under chapter 395

These identified licensed service providers could offer services through one or more licensable service components, which did not include partial hospitalization. The previous reference to “partial hospitalization” which had appeared as one of the included services was also struck from Chapter 397, F.S. by this act.

The Substance Abuse and Mental Health Program Office is committed to the continued development of a system of care that is individual-centered and provides services and supports to meet the needs of
those individuals in their communities. As part of this commitment, we will correct any misidentification of our licensed services with those we interact with and encourage you to do the same.

If you have any questions regarding this letter, please contact Mr. Chris Weller at (850) 717-4286 or at Chris.Weller@myflfamilies.com.

Thank you again for the work you do.

Respectfully,

[Signature]

Ute Gazioch
Director of Substance Abuse and Mental Health

cc: John N. Bryant, Assistant Secretary for Substance Abuse and Mental Health
    Regional Substance Abuse and Mental Health Directors
<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
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<tbody>
<tr>
<td>Dr. Alina Alonso</td>
<td>Florida Department of Health – Palm Beach County</td>
</tr>
<tr>
<td>Andy Amoroso</td>
<td>Vice-Mayor, City of Lake Worth</td>
</tr>
<tr>
<td>Dr. Belma Andric</td>
<td>Health Care District of Palm Beach County</td>
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<tr>
<td>Thomas Baird</td>
<td>Lake Park City Attorney</td>
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<tr>
<td>Phil Barlage</td>
<td>COBWRA- Coalition of Boynton West Residential Associations</td>
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<tr>
<td>Andrew Bernard</td>
<td>Office of the Attorney General-State of Florida</td>
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<tr>
<td>Richard Casey</td>
<td>Caron Renaissance &amp; Caron Ocean Drive</td>
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<tr>
<td>Ariana Ciancio</td>
<td>Delray Beach Police Department</td>
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<tr>
<td>Dr. Karen Dodge</td>
<td>FAU, Center for Complex Systems and Brain Sciences</td>
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<tr>
<td>Steve Farnsworth</td>
<td>FARR-Florida Association of Recovery Residences</td>
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<td>Suzette Fleischmann</td>
<td>DCF-Department of Children and Families</td>
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<td>Mark Fontaine</td>
<td>FADAA- The Florida Alcohol and Drug Abuse Association</td>
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<td>John Hulick</td>
<td>Palm Beach County Community Services Department</td>
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<tr>
<td>Jeffrey Lynne</td>
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<tr>
<td>Neal McGarry</td>
<td>FCB-Florida Certification Board</td>
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<tr>
<td>Melissa McKinlay</td>
<td>Mayor, Palm Beach County District 6</td>
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<tr>
<td>Dr. Robert Moran</td>
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<td>Dr. Rachel Needle</td>
<td>Whole Health Psychological Center</td>
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<tr>
<td>Terrill Pyburn</td>
<td>Coconut Creek City Attorney</td>
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<tr>
<td>Eric Yorlano</td>
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## SOBER HOMES TASK FORCE MEETINGS

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All meeting times are 1pm-4pm

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

Information updated Saturday, October 13, 2018