

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
BUDGET SUBCOMMITTEE ON CRIMINAL AND CIVIL
JUSTICE APPROPRIATIONS
Senator Fasano, Chair
Senator Joyner, Vice Chair

MEETING DATE: Thursday, October 6, 2011
TIME: 8:30 —10:30 a.m.
PLACE: *Mallory Horne Committee Room, 37 Senate Office Building*

MEMBERS: Senator Fasano, Chair; Senator Joyner, Vice Chair; Senators Bennett, Evers, Smith, Storms, and Thrasher

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Update on the treatment options from community substance abuse treatment providers on the impact of the prescription drug legislation	
2		Continued update on the implementation of HB 7095 Prescription Drugs from the Florida Board of Medicine	
3		Update on the operations of the Outward Bound/Boys & Girls Clubs (Florida Alliance) Programs	
4		Review of Agencies' Legislative Budget Requests for Fiscal Year 2012-2013	



Rick Scott, Governor
David E. Wilkins, Secretary

An Update on the Treatment of Prescription Drug Abuse and Dependence in Florida

**Presentation to the Senate Budget Subcommittee on Criminal & Civil
Justice Appropriations**

October 6, 2011

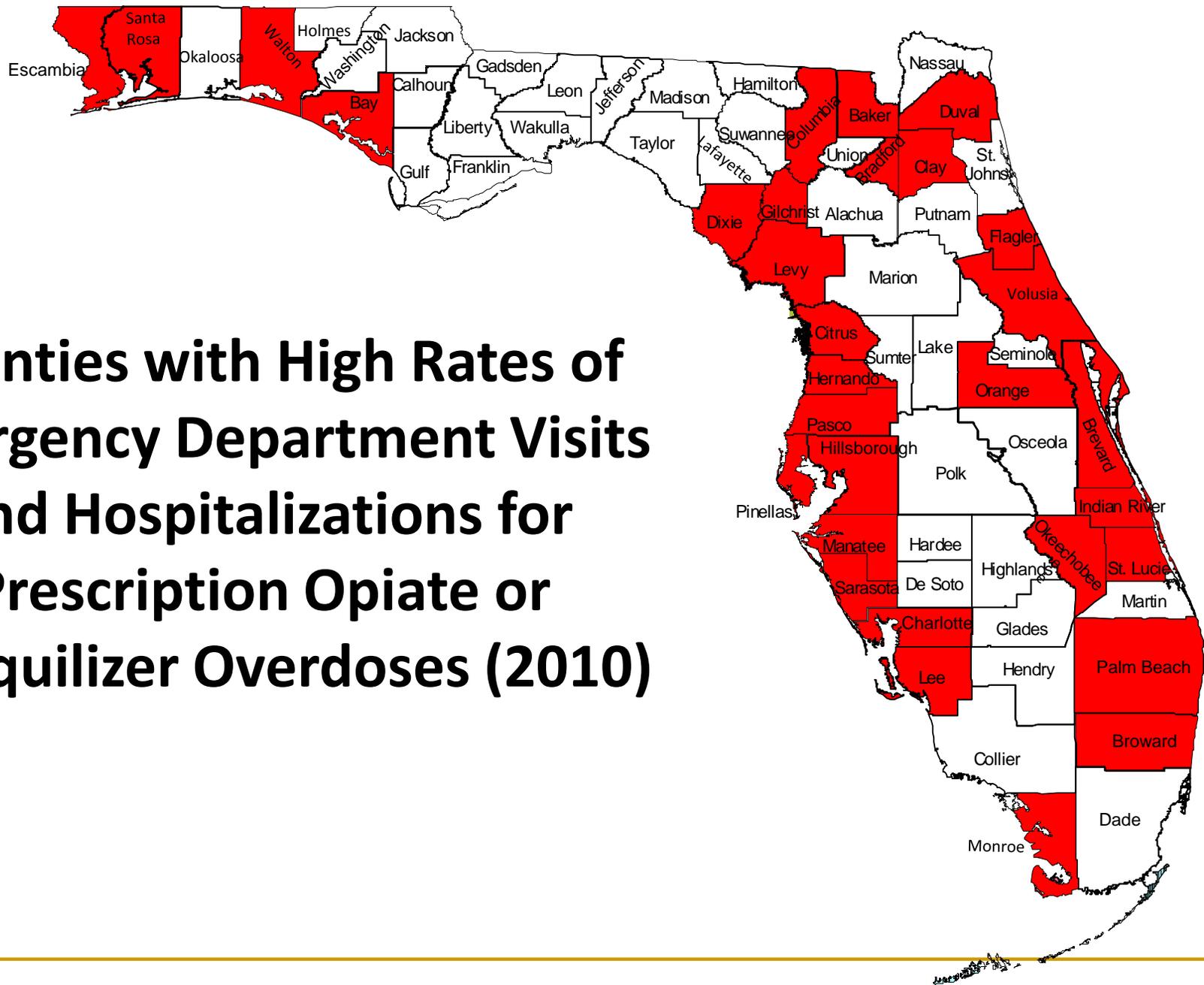
Stephenie W. Colston, M.A.
**Director of Substance Abuse and Mental Health
Program Office**

**Mission: Protect the Vulnerable, Promote Strong and Economically Self- Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.**

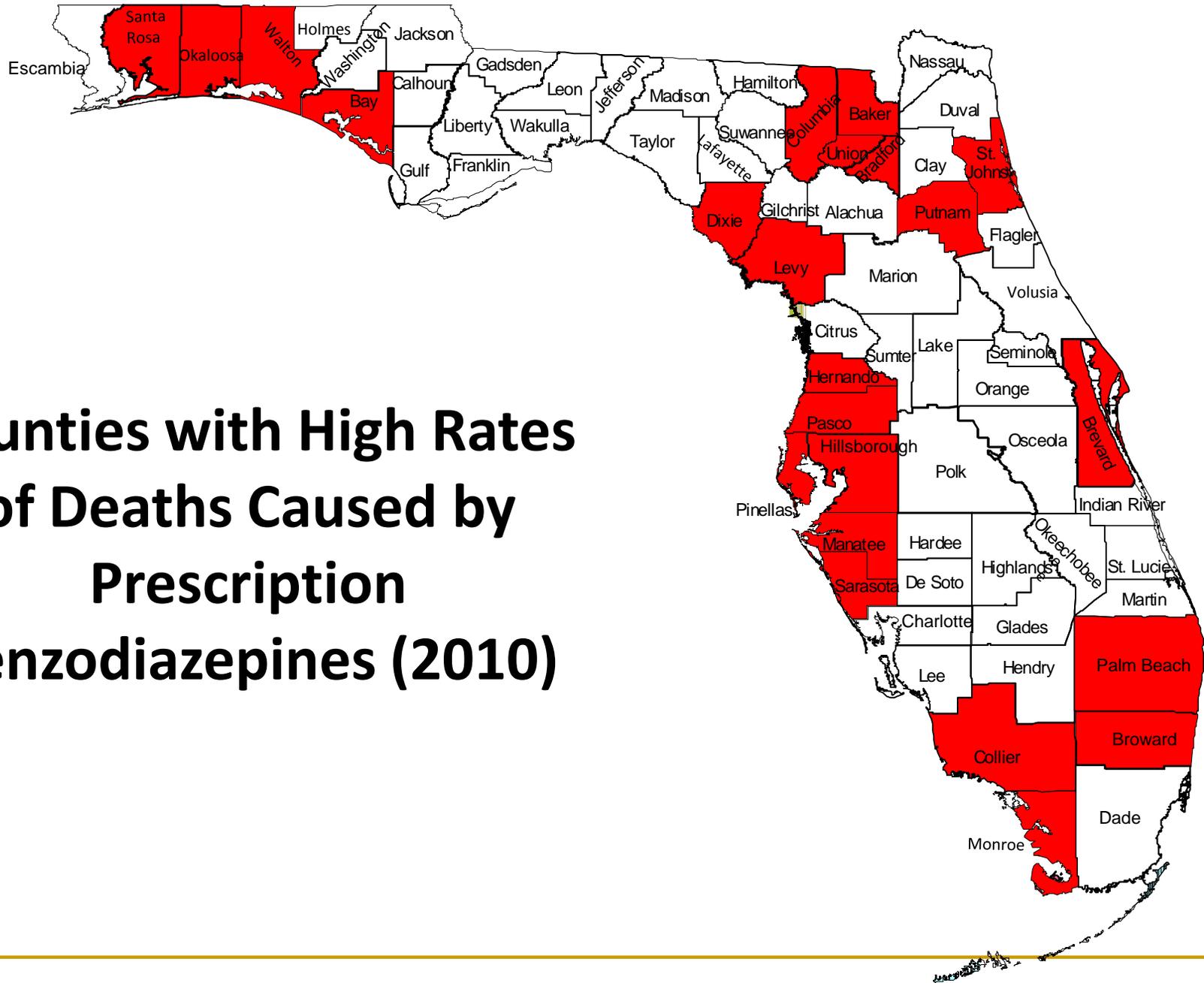
Supply and Demand:

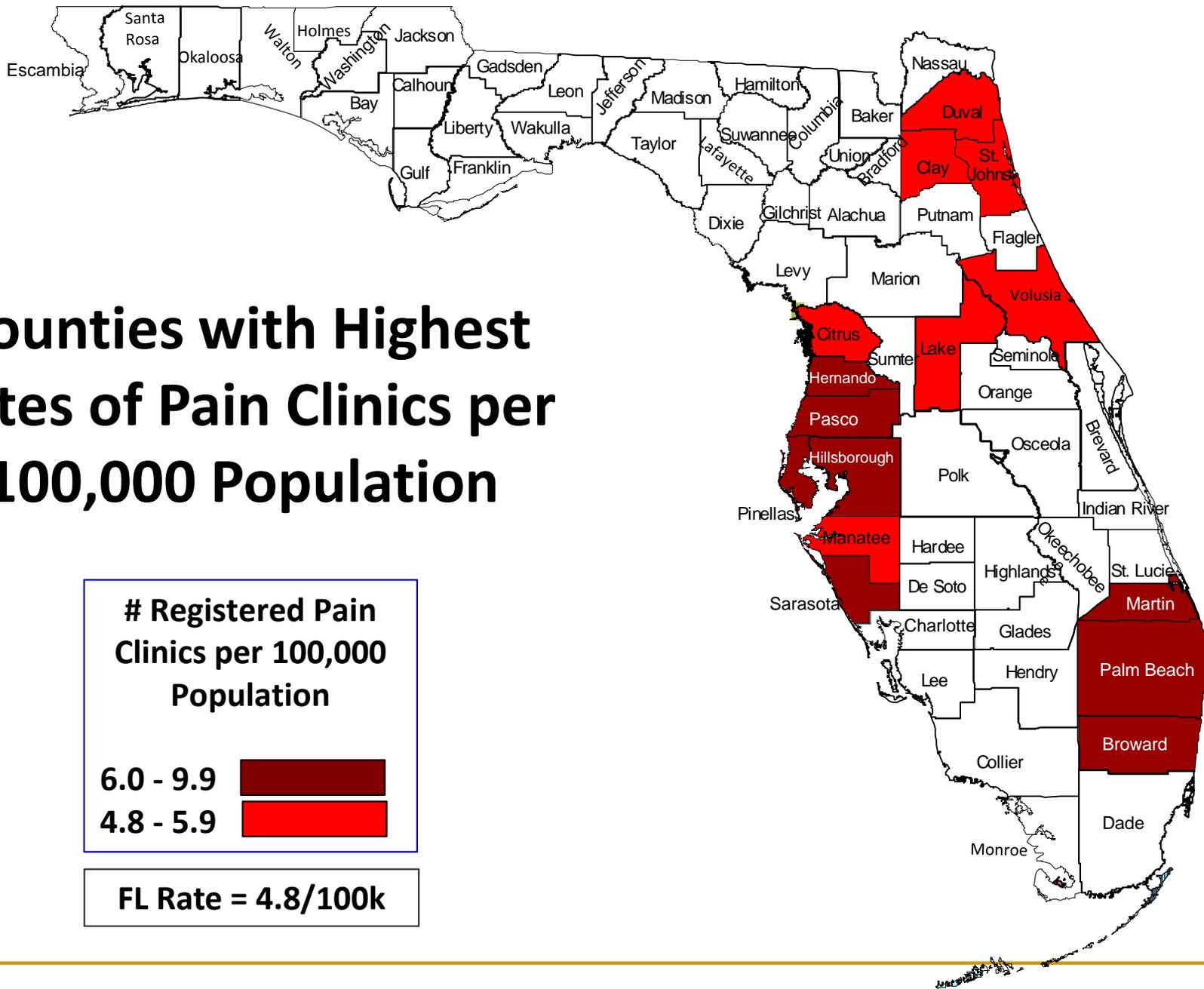
- **Supply Reduction:** Efforts aimed at reducing drug supply. Rationale--If drugs are unavailable, then people can't use drugs.
 - ❑ Eradication, interdiction, and law enforcement (arrests and seizures)
 - **Demand Reduction:** Efforts aimed at reducing drug use, misuse, and dependence. Rationale: If people are not motivated to use drugs, then drug use won't occur even if drugs are readily available.
 - ❑ Prevention: Stopping use before it starts
 - ❑ Treatment and rehabilitation
-

**Counties with High Rates of
Emergency Department Visits
and Hospitalizations for
Prescription Opiate or
Tranquilizer Overdoses (2010)**



Counties with High Rates of Deaths Caused by Prescription Benzodiazepines (2010)





Counties with Highest Rates of Pain Clinics per 100,000 Population

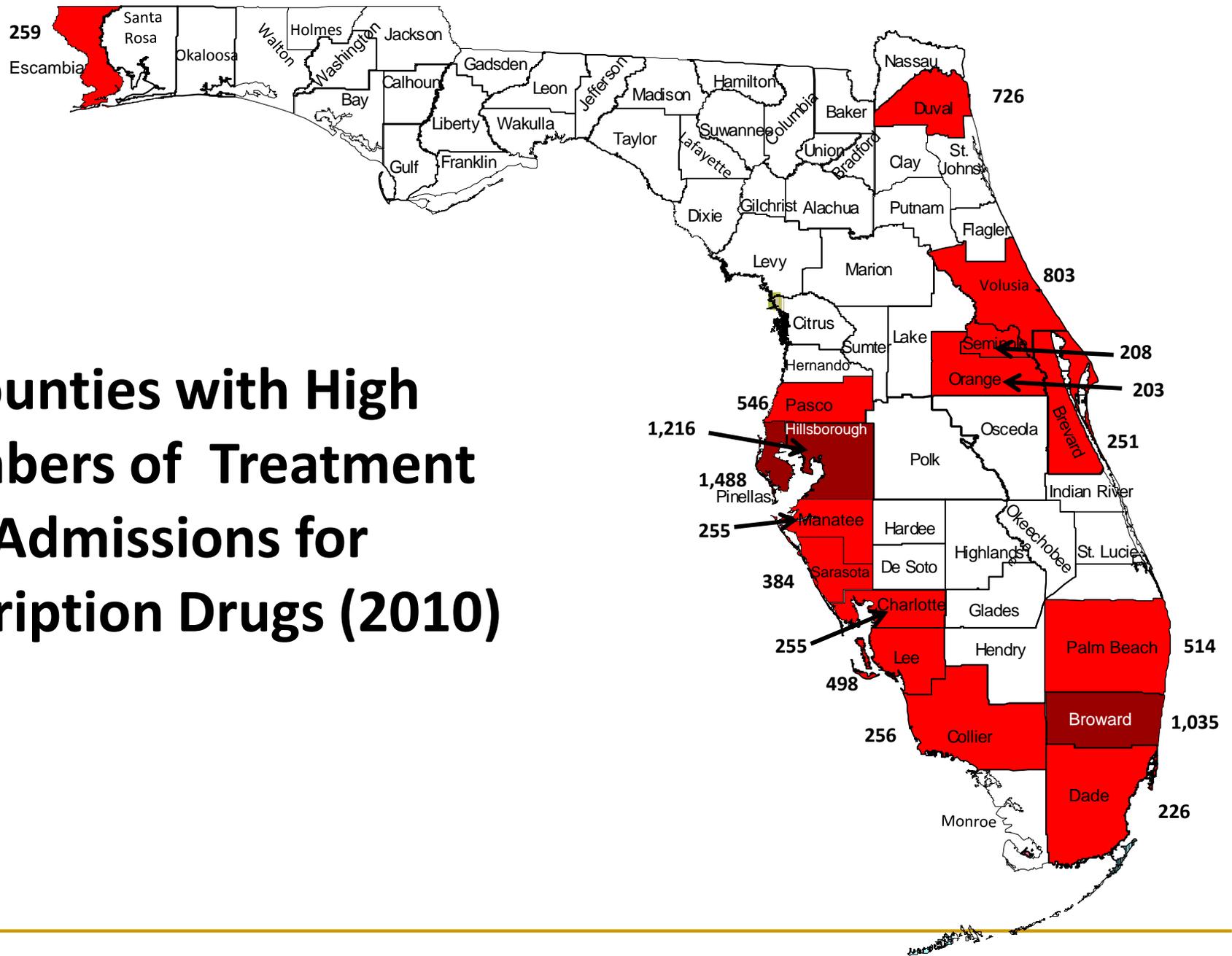
Registered Pain Clinics per 100,000 Population

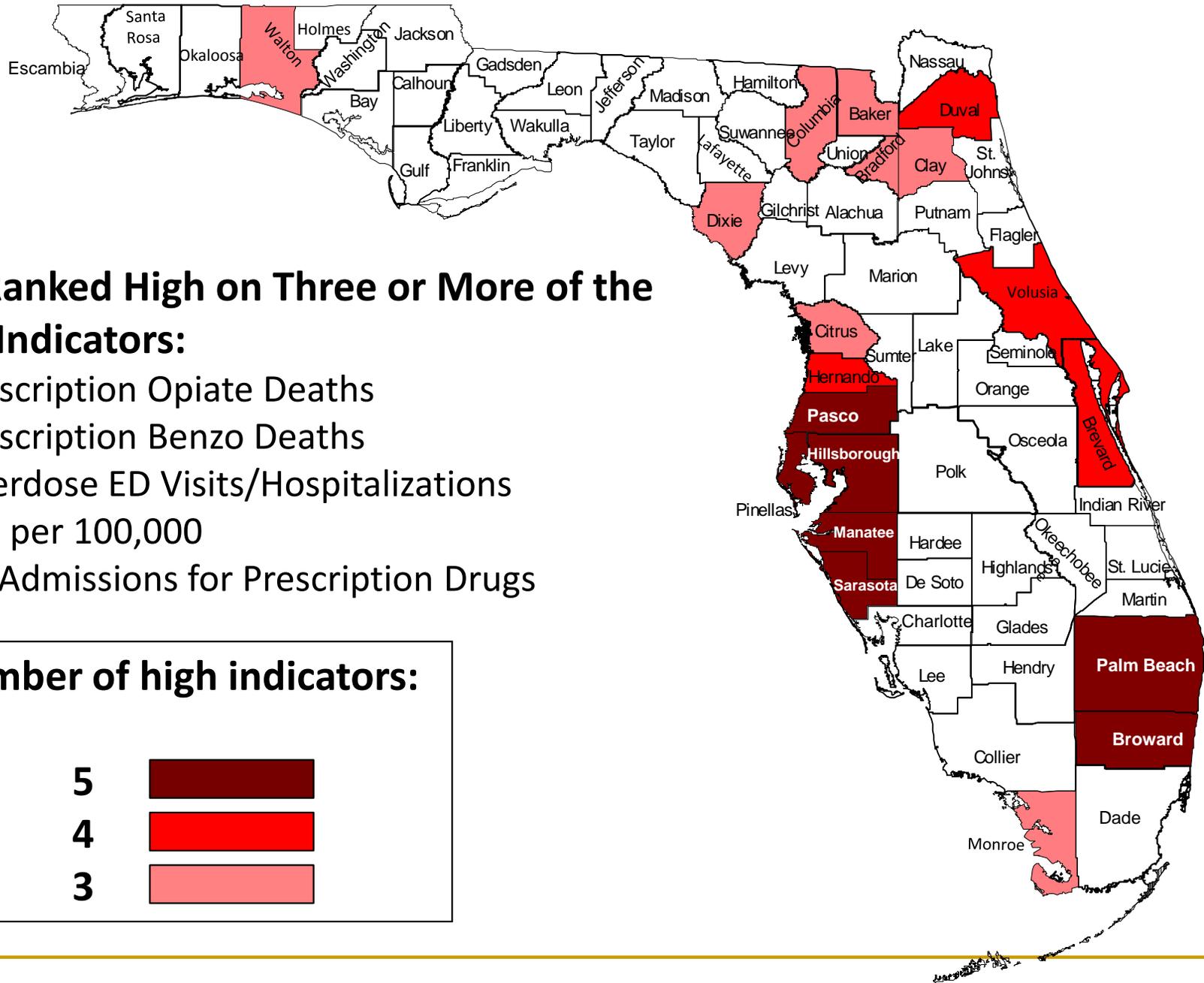
6.0 - 9.9

4.8 - 5.9

FL Rate = 4.8/100k

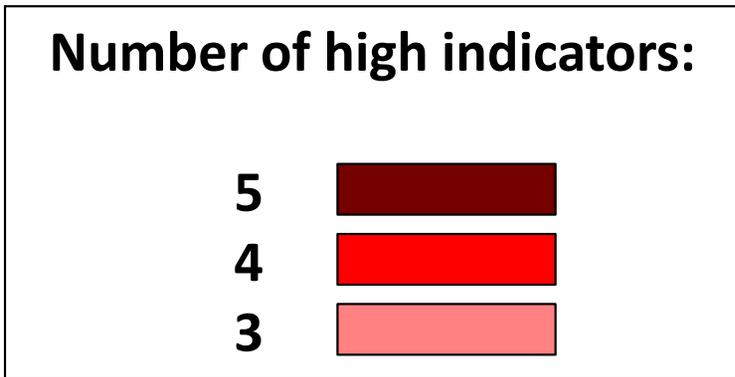
Counties with High Numbers of Treatment Admissions for Prescription Drugs (2010)



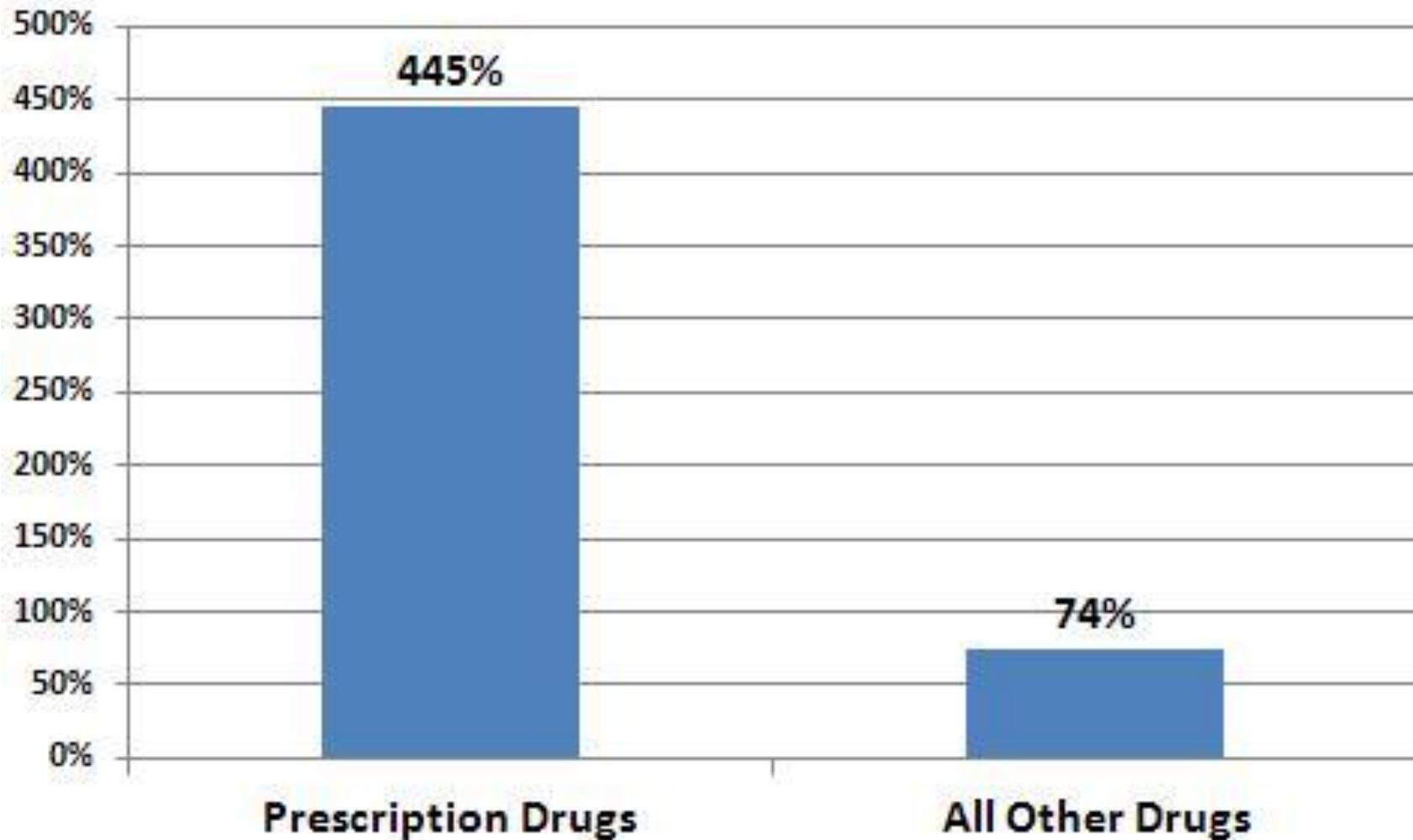


Counties Ranked High on Three or More of the Following Indicators:

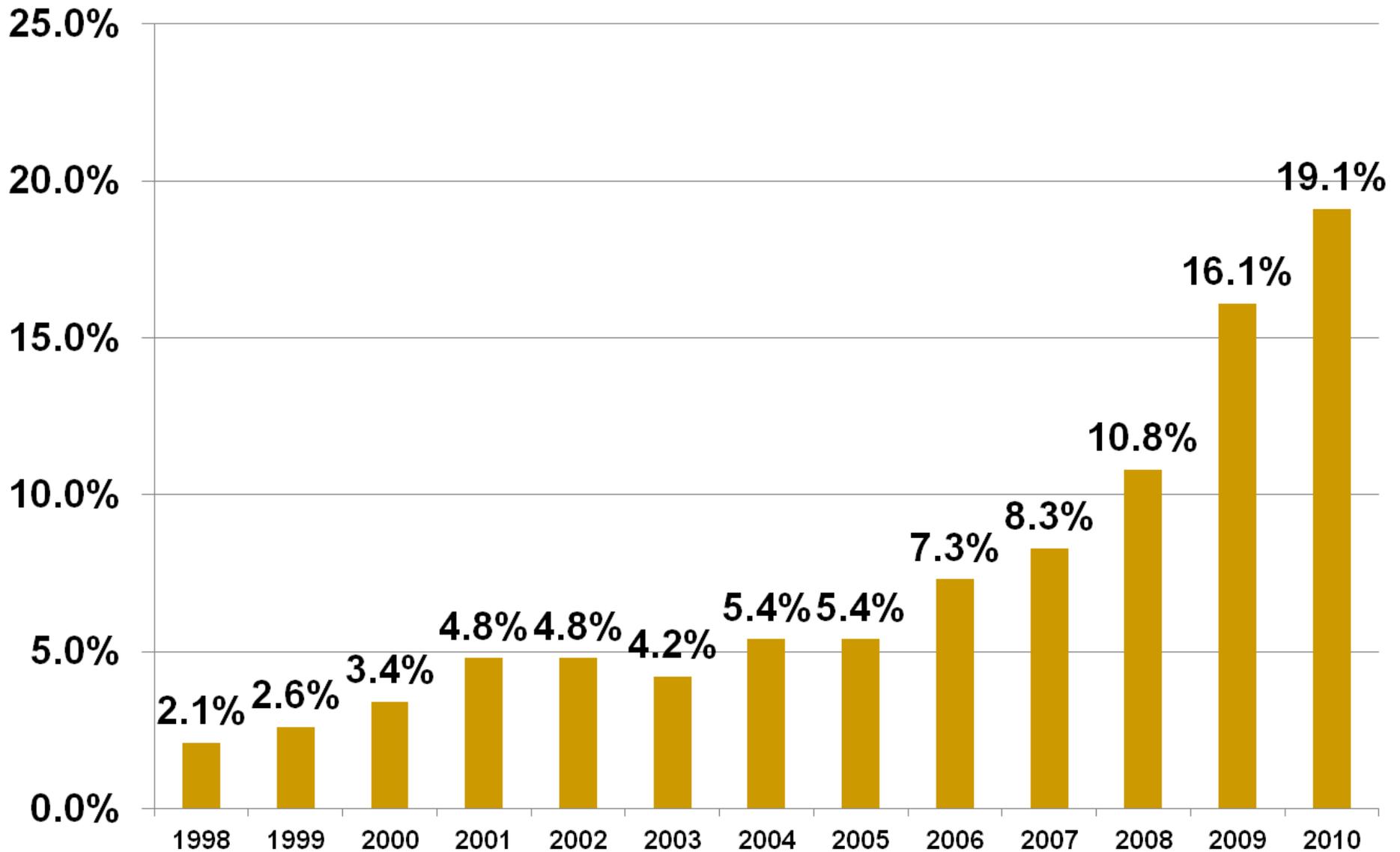
- Rate of Prescription Opiate Deaths
- Rate of Prescription Benzo Deaths
- Rate of Overdose ED Visits/Hospitalizations
- Pain Clinics per 100,000
- Treatment Admissions for Prescription Drugs



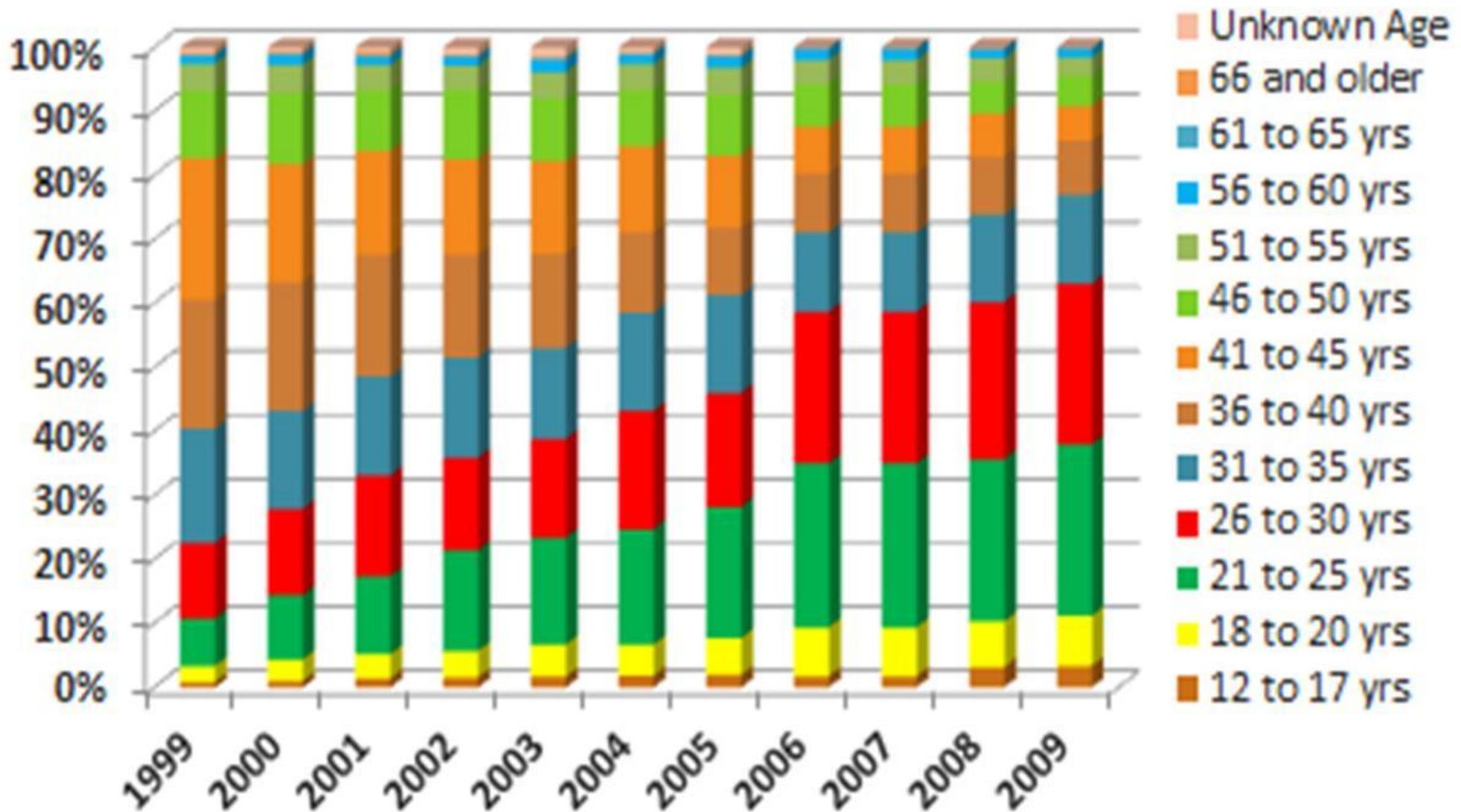
Percent of Increase from 2004 to 2009 in Primary Treatment Admission for Prescription Drugs and All Other Drugs



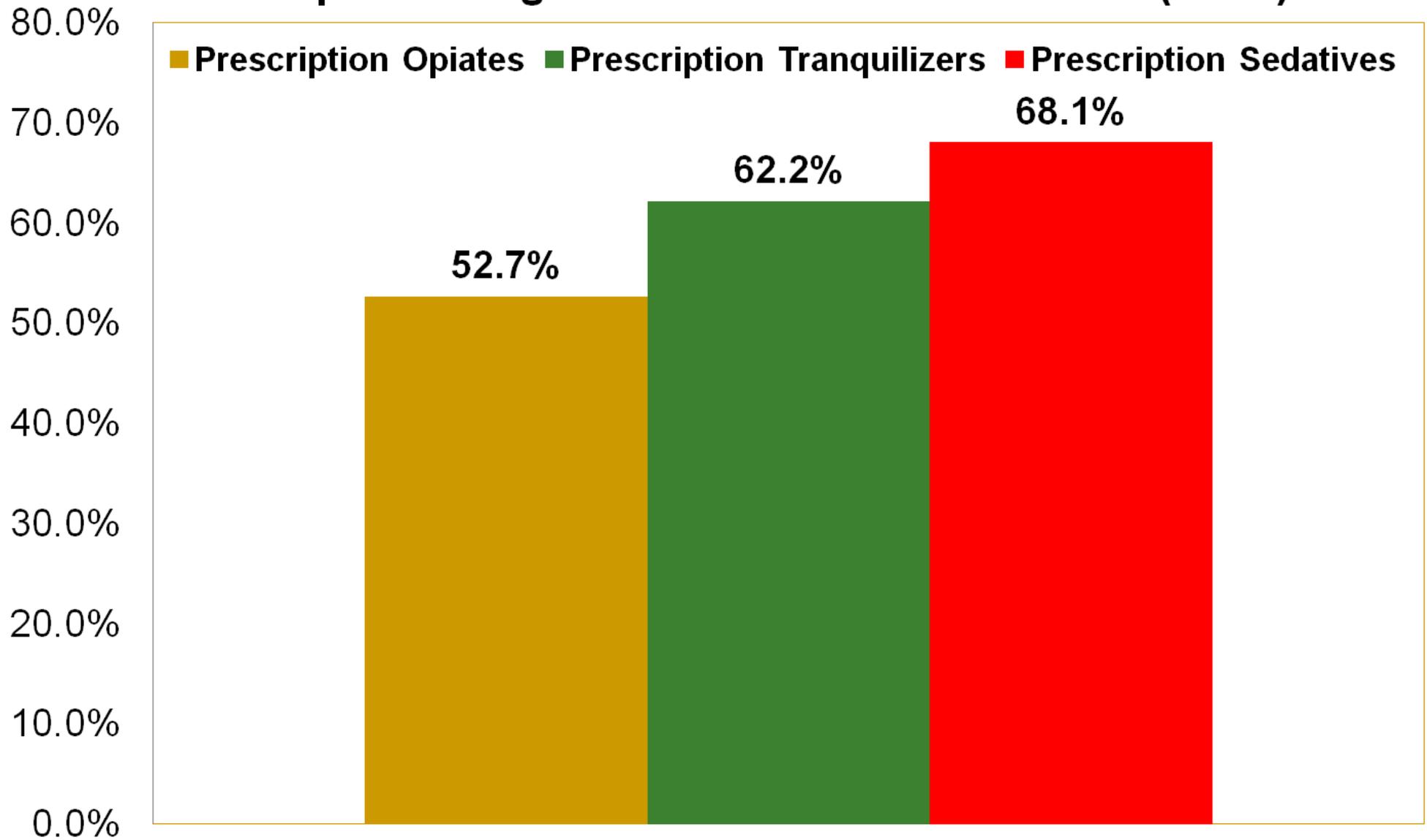
Percentage of All Treatment Admissions with Prescription Opiates as the Primary Drug



Percent of Treatment Admissions for Prescription Opioids by Age Groups



Percent of Primary Treatment Admissions for Prescription Drugs in Florida that are Female (2009)



How to Meet the Treatment Challenge:

■ Capacity and Need

- ❑ **Statewide—meeting 11% of treatment need**
 - ❑ **Broward—meeting 11% of treatment need (18 on wait list)**
 - ❑ **Palm Beach—meeting 13% of treatment need (54 on wait list)**
 - ❑ **Pasco—meeting 7% of treatment need (193 on wait list)**
 - ❑ **Pinellas—meeting 12% of treatment need (118 on wait list)**
 - ❑ **Hillsborough—meeting 12% of treatment need (466 on wait list)**
-

How to Meet the Treatment Challenge continued:

■ Capacity and Need continued:

- ❑ **Manatee—meeting 10% of treatment need (41 on wait list)**
- ❑ **Sarasota—meeting 8% of treatment need (31 on wait list)**

Service Mix: Evidence-Based Practices

■ **QUESTIONS?**

Treatment Response: local perspective

Nancy L. Hamilton MPA, CAP, CCJAP
President/CEO
Operation PAR, Inc.

More.....

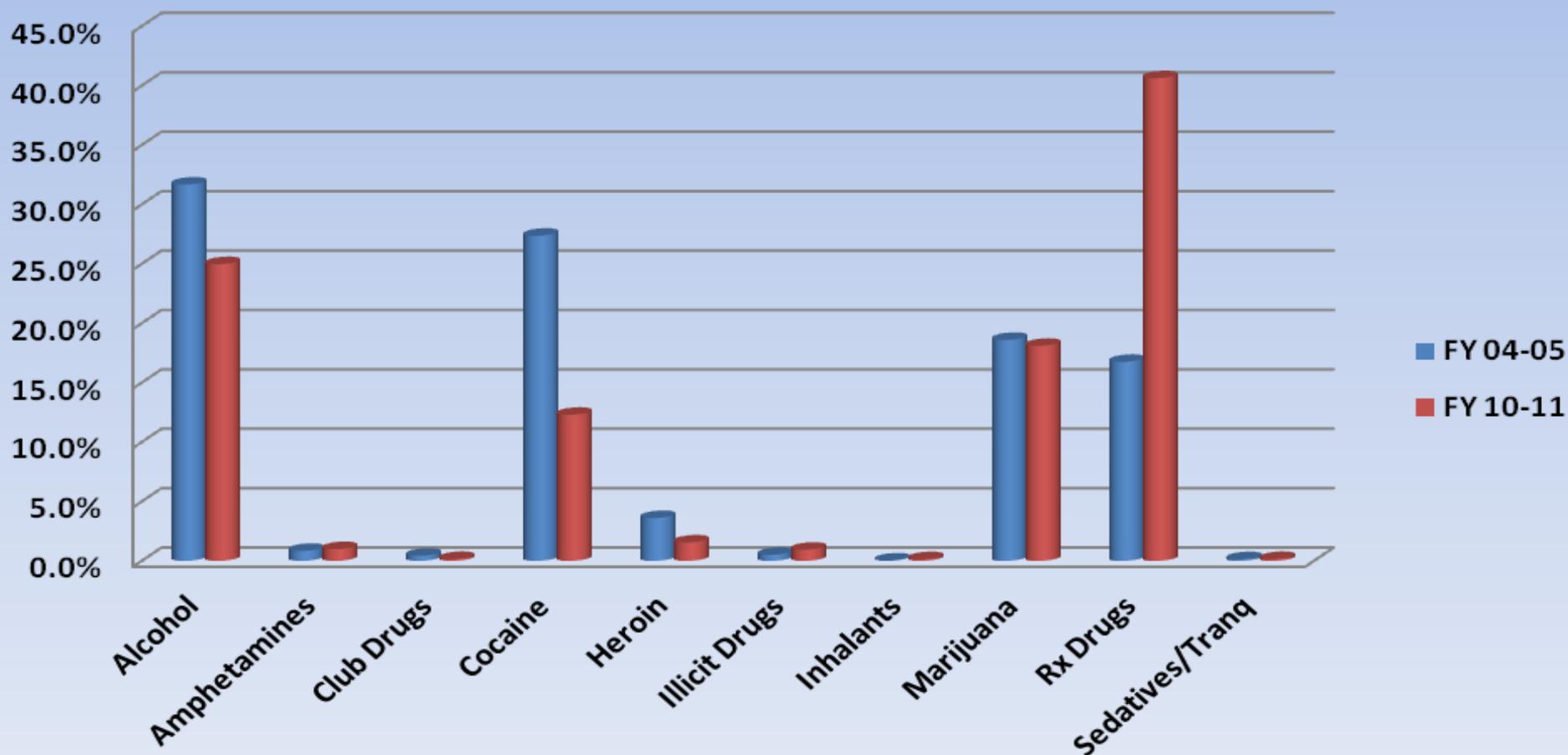
- **More doctors calling**
- **More grandparents calling**
- **More elected officials calling on behalf of constituents**
- **More married couples in trouble with prescription drugs**
- **More clients showing up in general with scripts**
- **More complex medical histories – accidents, chronic pain – multiple problems**
- **More Co-occurring (mental health issues & substance abuse)**

SNAPSHOTS

- For the charts below for **FY 04-05**, the calculations were based only on calls that mentioned only one drug to avoid confusion regarding poly-drug use. There were 2,715 such calls. Of those calls 455 **(16.8%)** were in regard to Prescription Drugs.
- In **FY 10-11**, the Operation PAR Call Center received 21,590 calls. Of these calls 8,302 involved a substance issue of some kind. Of those 8,302 calls, 3,823 **(46.0%)** were in regard to Prescription Drugs.
- For the charts below for FY 10-11, the calculations were based only on calls that mentioned only one drug to avoid confusion regarding poly-drug use. There were 5,397 such calls. Of those calls 2,193 **(40.6%)** were in regard to Prescription Drugs.

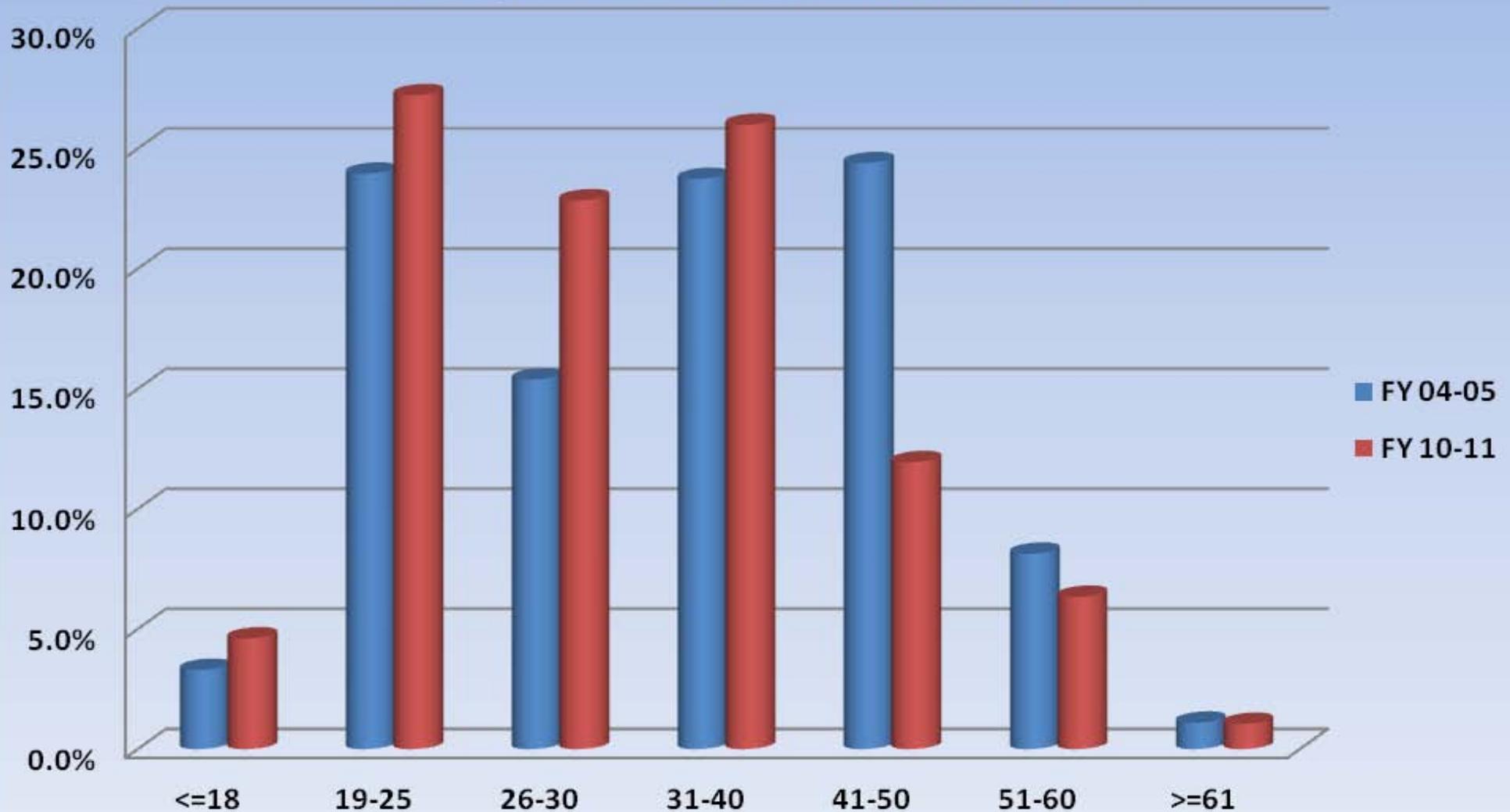
Change in Primary Drug Type

Percent Change in the Number of Calls to the Operation PAR Access Center from FY 04-05 to FY 10-11



Prescription Drug Users Younger – Calls for help

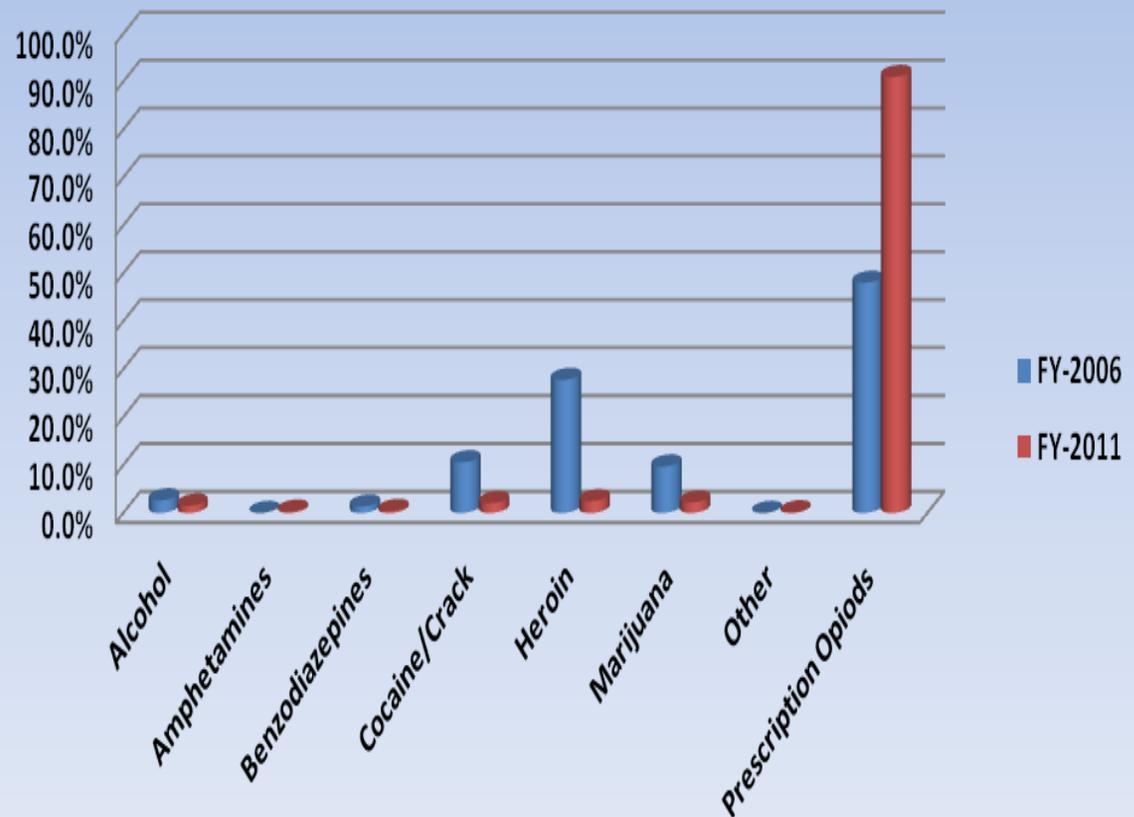
Distribution of Prescription Drug Calls Per Age Group for FY 04-05 and FY 10-11



Pregnant Women

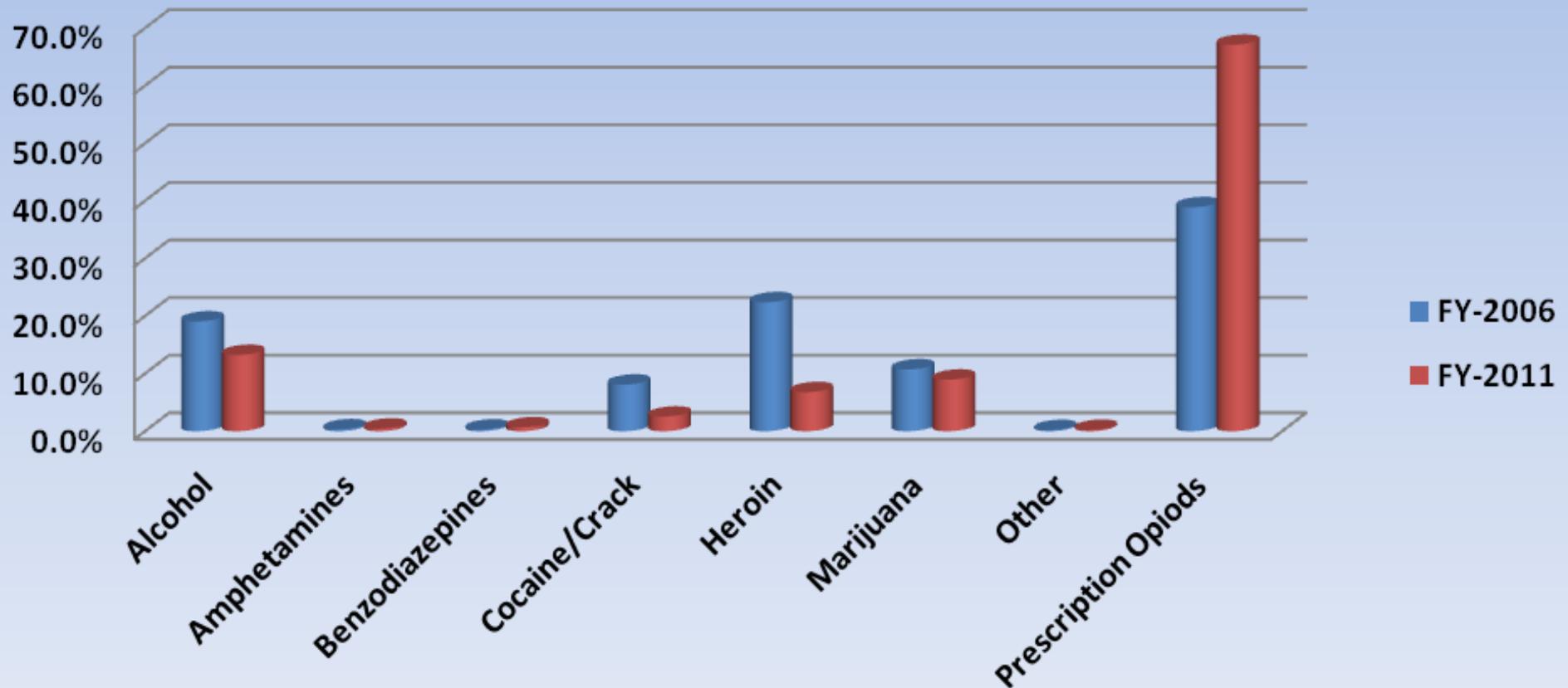
- In 2006 - 13% of admitted PAR Village women listed prescription drugs as primary; In 2011 58.5% did so
- Pinellas Cty - more than 3,400 children involved in child protective services & 75% of these cases involve SA - a major contributing factor
- From October 1, 2010 to August 31, 2011, Eckerd reports 249 child removal cases (Pinellas) due to prescription drug abuse

Percent Change in the Primary Drug of Choice for Clients Admitted to the Selected Treatment Programs at Operation PAR Who Were Pregnant



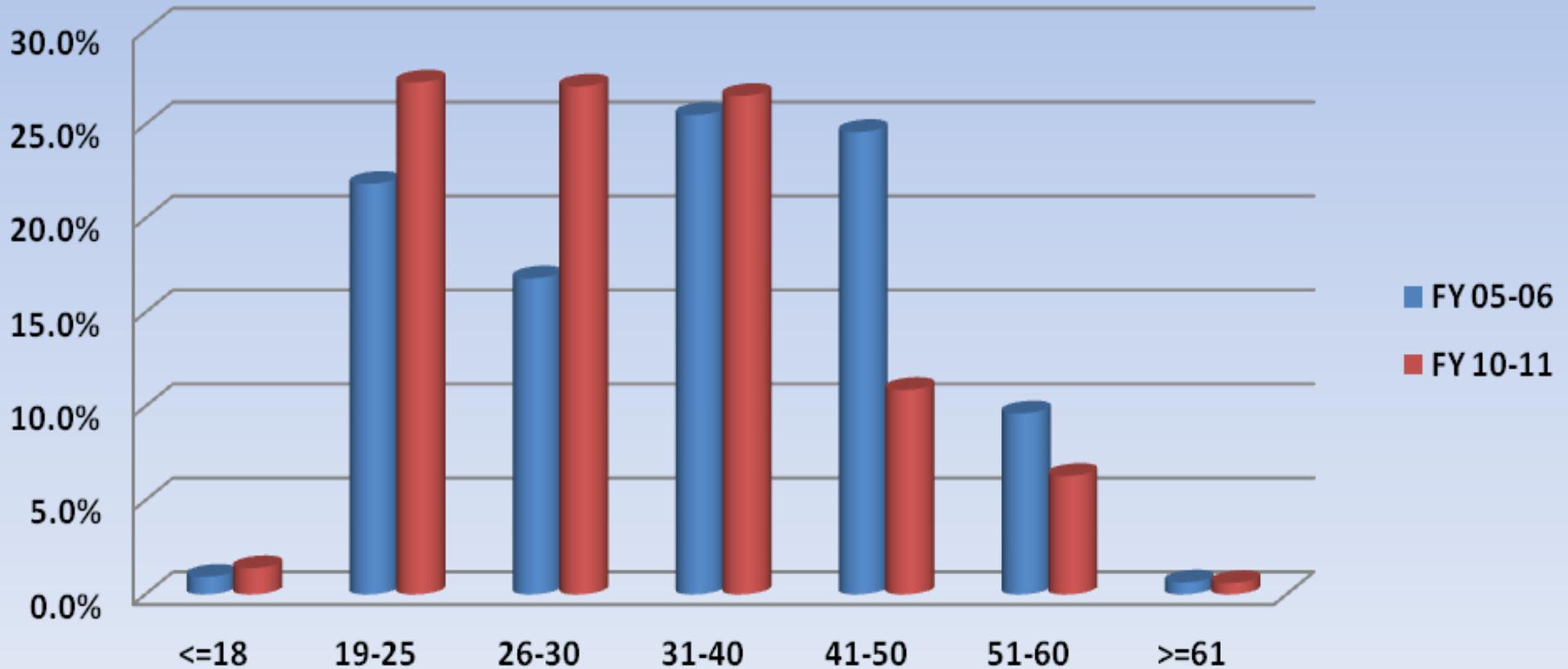
PAR's Major Treatment Programs

Percent Change in the Primary Drug of Choice for Clients Admitted to the Selected Treatment Programs at Operation PAR



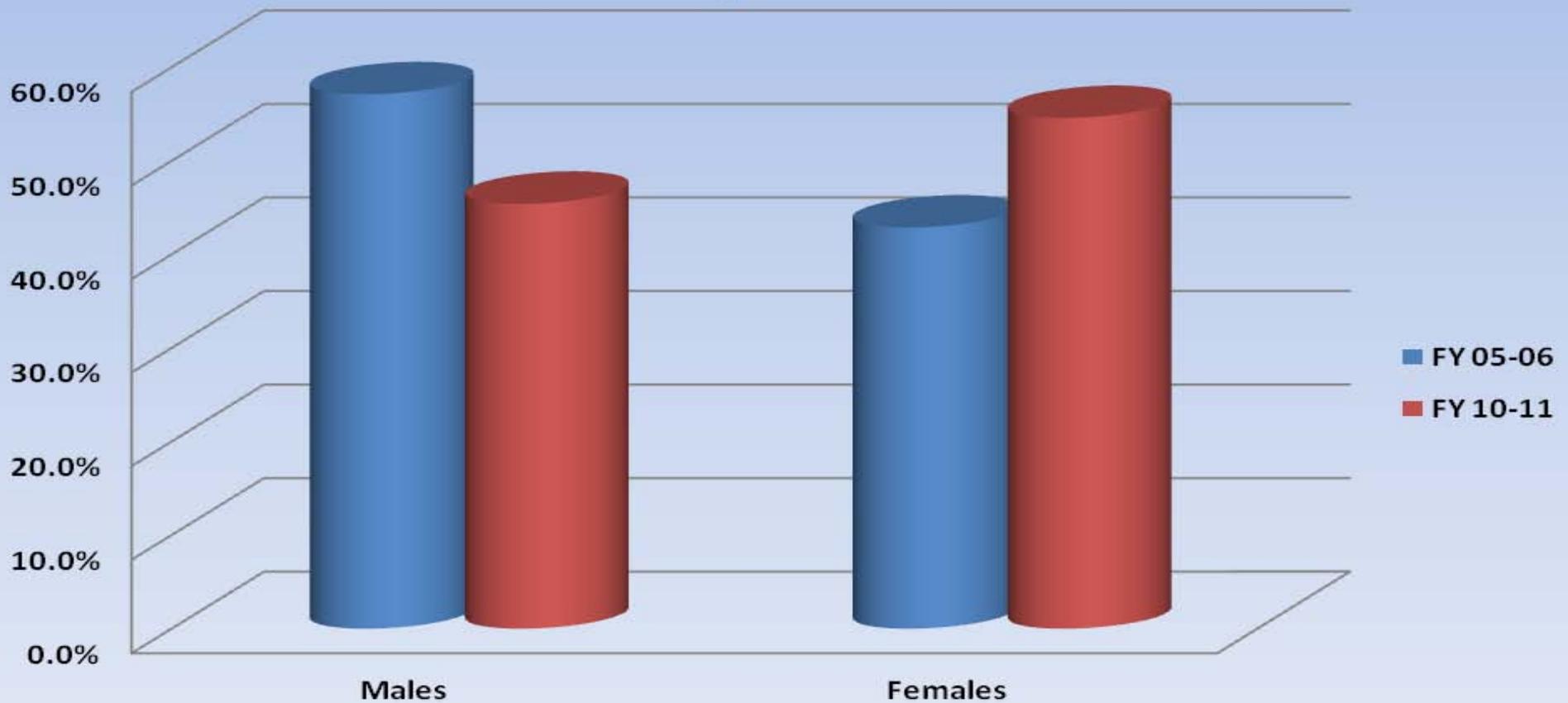
Admitted Clients Getting Younger

Age Distribution of Clients Admitted to Selected Treatment Programs at Operation PAR Whose Primary Drug of Choice was Prescription Opioids



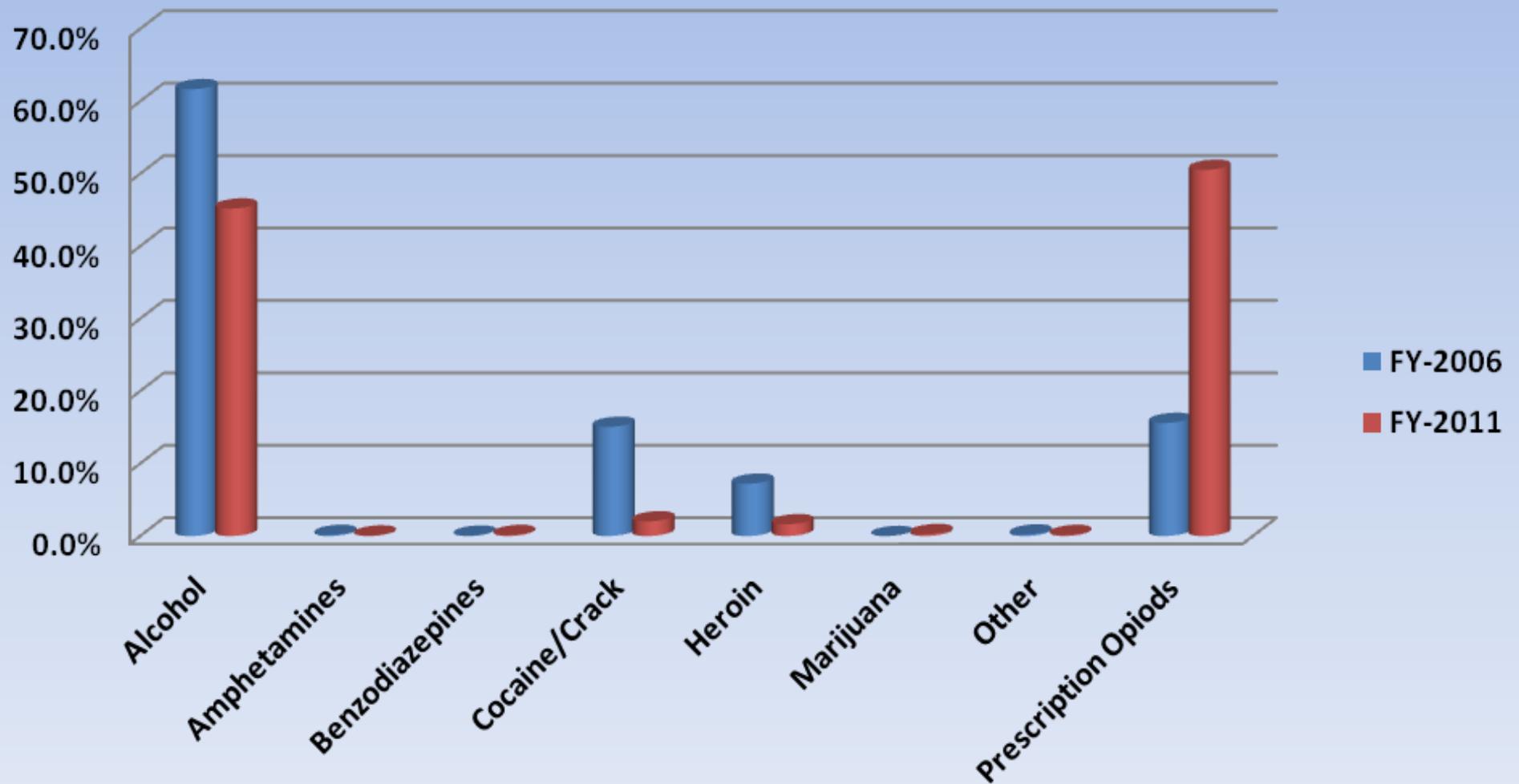
Increase in Female Clients

Gender Distribution of Clients Admitted to Selected Treatment Programs at Operation PAR Whose Primary Drug of Choice was Prescription Opioids



Detox Only

Change in Primary Drug of Choice for Detox Admissions from FY06 to FY11



Capacity Issues

- **Greater numbers seeking treatment – reduction in capacity = longer wait times**
- **Due to ending of a federal grant & HUD homeless beds – PAR's women's treatment beds that allow children will go from 65 to 25 as September 30th = increased wait lists**
- **Complex opiate detox increase # of days in residential detox & funding limits OP detox**
- **Decreased sources for pain meds on the streets = increased need for treatment**

Best Practices & Programs

- **Best programs - combination of therapies & other services to meet an individual's needs.**
- **Specific needs may relate to age, race, culture, gender, trauma histories, pregnancy & physical condition, presence of other disorders (MH, etc.), HIV, social problems – poverty, lack of housing & employment.**
- **Drug addiction treatment can include medications, behavioral therapies, or combination.**
- **Treatment medications, such as methadone, buprenorphine, and naltrexone, etc. are available for individuals addicted to opioids, - unfortunately some of the costs exceed the current reimbursement rates**

More Complex cases require:

- **More Trained, Certified & Licensed staff – in EBP – Mi, MET, CBT, Seeking Safety, Parenting, medication management, etc. ,**
- **Greater need for Clinical supervision & Medical staff time**
- **Need for greater connection with primary health care**
- **Need for more Medicated Assisted Programs – Buprophine; Methadone; Probuophine; Vivitrol; Disulfiram (Antabuse) etc. + medications to control mental illnesses.**

Treatment Works

- **Drug abuse treatment does almost as well as diabetes treatment & better than hypertension or asthma treatment in relapse rates**
- **Chronic relapsing disorders require life long maintenance – but remission is more likely than not if individual receives proper evidenced based treatment & case planning**



Mission Statement: To help secure resources for Florida Boys & Girls Club Boards and Professionals to use in their work to enable all young people, especially those who need us the most, to reach their full potential as productive, caring, responsible citizens.

2010 Florida Boys & Girls Club Facts:

The total number of youth, ages 6-18, served by Boys & Girls Clubs in Florida last year was, **147,217**. Youth members were served by **42 Boys & Girls Club organizations** which operated **238 Sites/Branches** that were located in **55 of Florida's 67 Counties**. Members received guidance and supervision from **3,000** full and part-time professional staff which were supported by **10,400 volunteers/mentors**.

Proposed Program:

Targeted Outreach and Re-Entry (Gang & Delinquency Prevention Program)

I. The first program segment: Targeted Outreach is a comprehensive gang and delinquency prevention initiative that uses effective techniques and strategies to direct at-risk youth to positive alternatives. This effort begins with mobilizing community leaders and Club staff to discuss local gang and delinquent problem issues, design a community-wide strategy and clarify each organization's or person's role in providing services to targeted youth. Through a referral network with courts, police, other juvenile justice agencies, schools, social service agencies and community organizations, as well as through direct outreach efforts young people ages 6-18 will be identified as being highly at-risk of becoming involved in gang or delinquent activities will be recruited and mainstreamed into Boys & Girls Club program activities.

This prevention program acknowledges the fact that youth most at risk of gang involvement and delinquent behavior are not seeking the constructive environment that Clubs have to offer. Through this initiative, programs will be created to excite and attract targeted youth. Boys & Girls Clubs will provide positive, constructive activities that meet both the interests and needs of youth participants. The **Targeted Outreach** segment of the program is comprised of the following four components: **Community Mobilization, Recruitment, Mainstreaming and Programming and Case Management**.

Upon recruitment, the targeted youth will be mainstreamed into regular Club programs in a non-stigmatizing way, while tracking and case management services will be provided for a full-year of participation. Proper record keeping and documentation will ensure that targeted youth receive appropriate services through the Club and referral sources. On a monthly basis, school performance, family contact, referral status and significant achievements or problems, such as involvement in the juvenile justice system will be monitored. The case management information will serve as the basis for evaluating the success of the overall project

The project will use two primary methods to actively reach out and recruit at-risk youth::

- **Direct Outreach** (13,400 Professional Staff and Volunteers associated with Florida Boys & Girls Clubs will use various techniques to get to know young people outside the Club and encourage them to join).
- **Referral** (Community organizations and agencies will refer youth to one of the 238 facilities operated by Boys & Girls Clubs).

Once in the Club, staff professionals will assess individual interests, needs and strengths to help place the targeted youth in programs they will benefit from and enjoy. Staff also will establish a bond of trust necessary to create a positive sphere of influence and a long-lasting mentor relationship. Bonding is one of the most effective tools the Club has to influence the life of a young person, with the staff person having the potential to become a significant adult role model in the life of that youth.

Programs offered by the Club incorporate Boys & Girls Clubs of America's Youth Development Strategy, providing: a sense of competence, usefulness, belonging and influence. These program activities develop skills for getting along with others, problem solving, communicating, goal setting and decision making. They are designed to give young people the sense that they can do something well and they are competent and have individual worth. Education, career preparation, leadership clubs, technology laboratories and SMART Moves, a nationally recognized substance and teen pregnancy prevention curriculum, are common Boys & Girls Club programs areas. Through sports, fitness and recreational activities, members will have fun, and acquire self-confidence and skills in interpersonal relationships.

The **Targeted Outreach** prevention program has a proven record of providing effective youth development programs according to a study (*The Youth Gangs, Drugs and Violence Connection*) commissioned by the U.S. Department of Justice's Office of Justice, Office of Juvenile Justice and Delinquency Prevention, (1999). After participating in the Targeted Outreach program for one year, Youth participants reported the following:

- 73 percent were still attending the Club.
- 50 percent attended several times a week.
- 64 percent felt a sense of belonging to the Club.
- 86 percent felt safe at the Club.
- Additional findings are available at www.ppv.org

II. The second segment of the program, Targeted Re-Entry proposes an alternative to high priced case management. This proposal suggests that the state provide dollars for Boys & Girls Clubs to partner with appropriate state agencies to create transition centers (238 Boys & Girls Club Sites/Branches statewide) that provide mentoring, supervision, and guidance to our youth when they need it most. The program is simple. This project will provide mentoring services, youth development, and guidance to youth. It will create a continuum of services that will start from the initial court room hearings and continue on well after release. The program is based on creating Community Action Teams (CAT) for individual youth. The CAT will consist of family members, teachers, coaches and other adults who are vested in the best interest of the child. The proposed program would provide community coordinators statewide that would be housed at a local Boys & Girls Club to implement this program in conjunction with the leadership team at the Boys & Girls Clubs of Tabula Rasa.

The program consists of four phases:

- **Initial Orientation:** This process allows Club staff located at one of the 5 residential detention facilities operated by the Boys & Girls Clubs of Tabula Rasa to access the level of program support that can be provided to each youth. This process includes: a review of initial charges, interviews with family members, review of academic success, and an overview of Club programming with the youth. The last portion of this orientation is to determine if the youth lives in a close proximity to a Boys & Girls Club or an after-school program in their area.
- **Initial Club Contact:** During the youths stay at one of the Tabula Rasa facilities, they will participate in Club programming to help get them acclimated to being in structured after-school environments. Youth participate in programs that include low organized games, academic enrichment, leadership development, and many other activities. Through this process the intent is to provide participants with a comfort level that will allow them to transition back into similar setting in their communities.
- **30-day Club Visits:** BGC of Tabula Rasa program conducts field trips to local Clubs that allow the youth to familiarize themselves with the program in their communities. These visits are conducted within the last 30 days of the youth's sentence. Participating youth are escorted to local Clubs and spend the day completing the necessary paperwork to attend, getting to know the staff, and meeting new friends. This process enables participants to attend the Club immediately upon release. It also allows our staff an opportunity to work with local Clubs to develop strategies to help retain these youth in post-commitment.
- **Post Commitment Mentoring:** What separates the **Targeted Re-Entry** program from other post-commitment is the fact that we want to supervise these youth on a daily basis. The program proposes that Boys & Girls Clubs of Tabula Rasa create post-commitment youth centers with training and funding to provide the structured environment as the residential facilities. These centers can be located in local Boys & Girls Clubs where a Club staff or volunteer can provide the programming and supervision that our youth need. These professionals will provide job training skills, mentoring, and positive recreation activities to these youth who need it the most.

This outlines provides you with a general overview of what the proposed program provides. To date, with limited financial support, the BGC of Tabula Rasa has been successful in referring youth to clubs in Pensacola, Orlando, Jacksonville, Daytona, and Gainesville. As of December 31, 2010, 80% of the youth referred to Clubs have not re-offended.

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Boys and Girls Clubs of America

Presentation by Danny Lyons, Boys and Girls Clubs of America

Video is located at:

http://bgca.org/newsevents/Pages/GFSH_PSA.aspx?utm_campaign=Argyle+Social-2011-09&utm_medium=Argyle+Social&utm_source=General+Use&utm_term=2011-09-14-14-31-00

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OUTWARD BOUND



FINS-Community Program Overview

Since 1983, FINS (Families In Need of Services)-Community programs have provided prevention services to youth and families. This program targets at-risk youth and status offenders ages 13 to 17 that live in communities with high rates of juvenile crime. The program serves youth who are exhibiting risk factors such as problems specific to family, school and substance abuse.

PROGRAM ELEMENTS

FINS-Community programs are broken into two components: A Wilderness Expedition and Transition Component. Together through the use of evidenced based model youth and family focus on:

- Individualized & Family Goal Planning
- Behavior Intervention & Management (includes pro-social & life skills focus)
- Non-therapeutic Individual, Group, Peer, and Family Counseling
- School interventions
- Family Mediations

Youth participate in an intense and challenging 20-day wilderness expedition focused on and promoting success-oriented skill building and mastery in a wilderness setting. This is followed by an intensive minimum 20 day transition to focus on home and school issues. Families can be served up to 6 months based on need. Youth and/or family participate in the following program components:

- **Individualized and Family Goal Planning:** Students and parent/guardians participate in a formal needs assessment to determine individualizes goals and objectives surrounding social/life skills, education, family reunification, mental health and substance abuse.
- **Behavior Intervention & Management:** Students are taught skills that focus on improved: decision making, problem solving, anger management, conflict resolution to assist with home and school.
- **Service Projects:** Students may participate in a community-based service project. As students develop skills to help themselves, they are also involved in learning to care for others.
- **Parent Education:** Parents are required to participate in activities during wilderness and transition component. Tools are provided to assist parents in strengthening their relationship with their child.
- **Family Mediation:** Parent(s)/guardian and student create a mediated contract. This serves as a framework for transition and assists in the success of both parties upon the student's return to their everyday life.
- **Transition/Reinforcement:** Outward Bound staff meet and work with families in their home to continue with mediated contract and goal planning. Outward Bound staff also meet with school personnel to provide solutions to ensure academic success. Students received limited academic credit while participating in wilderness expedition.
- **Additional Resources for Extended Services:** Upon completion of a FINS-Community program, students and families are provided with information on outside agencies, support groups and resources to support the student and their families.

TARGETED OUTCOMES

- *Reduce recidivism*
- *Increase life skills impacting home & school: decision making, problem solving, conflict resolution, communication & leadership .*
- *Increase success in school—less disciplinary action & increased academic success & attendance*
- *Improved employability*





COMMUNITY PARTNERS:

FINS-Community students are referred by schools, social service agencies and community organizations such as:

- Teen Court
- Drug Court
- Civil Citation
- Local Crisis Runaway Shelters

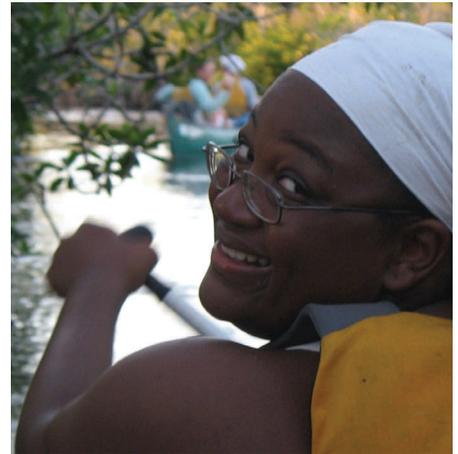
RISK FACTORS:

The following are base line risk factors used to determine eligibility of youth served. A youth must meet at least two of these risk factors:

- Youth lives in high delinquency zip code
- Youth attends a low performing school
- Youth has significant academic problems (including: chronic truancy, suspensions, expulsion, failing two or more classes within semester, has been held back, and/or has failed a grade level)
- Youth has significant family problems
- Youth has a history of using drugs or alcohol
- Youth has exhibited pre-delinquent behavior

FACTS: *

- **Florida's Department of Juvenile Justice 2009 Outcome Evaluation Report, indicates a 95% overall success rate for FY08-09**
- **In FY09-10 Served 225 youth and their families at average 90+ utilization of services.**
- **28% of youth served had prior charges.**
- **Average prior seriousness index is 1.2**
- **46% of youth served are female.**

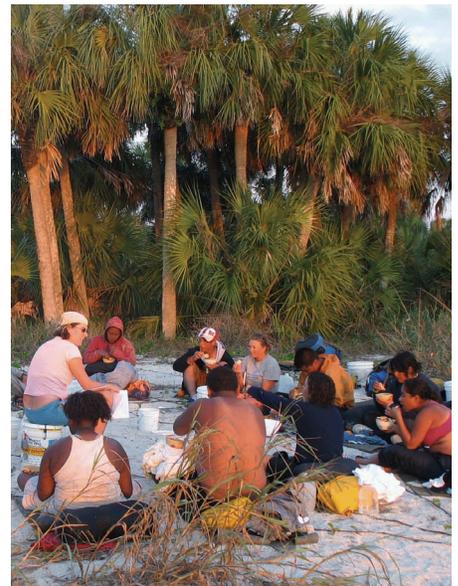


FUNDING:

Funding for FINS-Community programs comes from: DJJ, local school district contracts, foundations, and private contributions.

COST:

Outward Bound's FINS-Community program is cost effective with the cost per student averaging \$81.50 per day.



TESTIMONIALS

"I came here thinking I had to box with the world. Now I know I can dance with it."
~ FINS Alumnus

Outward Bound

Presentation by John Howard, Outward Bound

Video is located at:

<http://www.youtube.com/watch?v=bMzZi4HRweE>

For further information, please contact:

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