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: September 27, 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: October 17, 2018

Latest Statistics:

Just opioid deaths*	2017	2016	2015	2014	2013
Accident	582	545	257	165	141
Suicide	27	37	39	21	15
Undetermined	6	7	11	2	0
Total	615	589	307	189	161

* opioid death = at least one opioid caused or contributed to the death of a person

Updated: 11/15/2018

Meeting Agenda – September 27, 2018 SHTF

1. Introductions:

2. Updates:

    a. State Opioid Response Grant (SOR)-meeting materials handed out

3. NCADD – New Jersey initiative presentation-presented by Stacey Wolff and Richard Hightower-please refer to the powerpoint presentation

4. 2019 Legislation: Discussion-meeting materials handed out

        i. Omnibus SHTF Bill-meeting materials handed out
        ii. Syringe Exchange Expansion-meeting materials handed out
        iii. Proposed Federal Legislation

5. FARR

    a. FARR Certification Overview: Presentation-please refer to the power point
    b. DCF Order on Petition for Declaratory Judgment-meeting materials handed out

        i. FARR standing
        ii. Effect on ADA/FHA application for reasonable accommodation
        iii. Effect on local ordinances

    c. Sunrise Sober Living Complaint for Declaratory Relief

6. Clarification of HUD/DOJ Statement-meeting materials handed out
    a. Proposed new Question and Answer –17-meeting materials handed out

7. Public comments-no final comments from the audience

8. Closing remarks-Al Johnson closed the meeting at 4pm

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

The attached presentations were made at this meeting

Item 3

Work First New Jersey

Substance Abuse Initiative
and
Behavioral Health Initiative
(WNFJ SAI/BHI)

NCADD-NJ is a private non-profit organization founded in 1982 to advocate on behalf of those affected by drug and alcohol addiction and their families.

We are the New Jersey State Affiliate of the National Council on Alcoholism and Drug Dependence. NCADD-NJ has more than 125 employees and a total operating budget of $9.4 million.

The organization also manages over $22 million in addiction treatment funding.

History: Welfare to Work Reform Legislation

- **1996** Congress passed the Personal Responsibility Work Opportunity Reconciliation Act (PRWORA) that changed welfare to an employment directed, time-limited program which emphasized client accountability.
- **1997** New Jersey passed the Work First New Jersey (WFNJ) legislation that included the PRWORA goals of work, accountability and self sufficiency.
  - The NJ Department of Human Services - Office on Policy and Planning recognized the challenges to implementing an effective model to engage welfare clients in treatment:
    - Complex multi-problem clients
    - System fragmentation
    - Poor record of engagement in treatment

- **1998** Through an RFP process, NCADD-NJ was awarded the grant funding to implement the Work First New Jersey Substance Abuse Initiative statewide (SAI).
- **2009** Implementation of the Work First New Jersey Behavioral Health Initiative (BHI).
- **2018** Conducted over130,000 assessments since inception!

Mission of the WFNJ SAI/BHI

- To remove substance abuse and/or mental disorders as the barrier that prevents GA/TANF recipients from engaging in a work activity and becoming gainfully employed.
- To reduce or prevent child abuse or neglect of the children of substance abusing or mentally ill welfare clients who have open child protection cases.
- The focus is always sobriety, stability, family unification, self-sufficiency and employability.

Mission of the WFNJ SAI/BHI

- Single point Care Coordination - Provide easy access to treatment services and necessary supports; 57 licensed/certified Care Coordinators who conduct on-site substance abuse assessments, referral to treatment, client advocacy, and care coordination in all 21 New Jersey county welfare agencies.

- To work collaboratively with community substance abuse and mental health agencies to assist clients to become self-sufficient and gainfully employed (or refer for SSI/SSDI).

Goals of the WFNJ-SAI/BHI Care Coordination Services Model

- To ensure uniform assessment of multi-problem severity throughout the client population. Clients are assessed using a series of standardized instruments including the American Society of Addiction Medicine (ASAM), Addiction Severity Index (ASI) and the DSM-5.
- To decrease fragmentation of treatment services among providers offering various levels of care; tracking of clients across providers and settings.
- To maintain and utilize a comprehensive network of treatment services (over 350 statewide treatment providers) integrated with other social services and community partners.

Key Objectives To Meet the Goals

- Assessment and placement of clients in the most appropriate and least restrictive level(s) of care that will meet the clients' specific needs while ensuring client safety.
  - Emphasis on client-choice and collaboration in service planning resulting in optimal outcomes
  - Emphasis on community and peer recovery support
- Ongoing clinical review of the clients' status (including decrease or increase in symptom of severity) so that clients may be moved to other levels of care as clinically indicated.
  - As a neutral Care Management Organization, there is no motivation to extend or limit client care -- treatment is solely based on clinical need.
    - ✓No capitation or limitations

Key Objectives To Meet the Goals

- Comprehensive data collection - health information system. Over 100 data reports available at any time they are requested; these include quality assurance reports to illustrate performance targets and outcome data.

Program Design in Summary

- Comprehensive Assessment – Identification of client needs
- Referral to treatment with Care Coordination, client tracking
- Movement along the continuum of care towards self-sufficiency
- Utilization review; regular contact with treatment providers
- Communication with community partners to ensure all agencies are collaboratively working together on behalf of the clients
- Outreach efforts to ensure engagement and retention
- Robust health information system - Aimed at capturing all assessment data/results, ASAM information, treatment placement participation, linkages, and advocacy efforts.

Holding the Service Delivery System Accountable

- Accountability by performance measurements and standards (treatment engagement rates and retention).
- Outcome evaluations such as attendance/length of stay, UDS results, treatment drop-out rates, family involvement, measures of the patient's clinical status during the process of ongoing treatment.
  - Pre-authorized payment incentives for case management and family involvement!

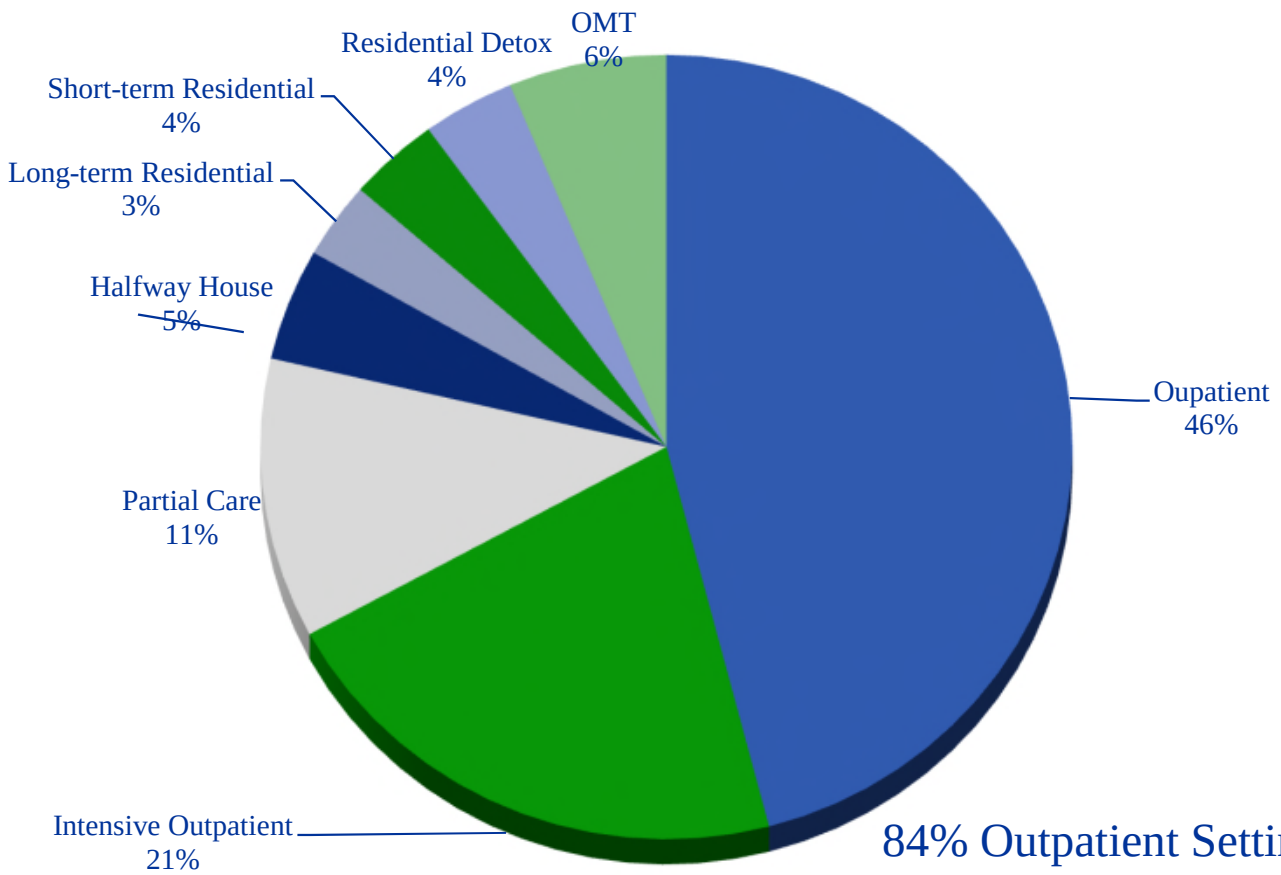
Holding the Service Delivery System Accountable

- Consumers receive treatment from evidence-based principles and tools that are tailored to their needs (ASI, ASAM, DSM-5).
- Regular provider utilization review to ensure all client needs are addressed across all ASAM Dimensions.
- There is greater flexibility in treatment options, increasing or decreasing the intensity and restrictiveness of the services based on clinical need, and offering a wider array of treatment choices.

Results

- Improved integrated client access, clients placed at the most appropriate ASAM level of care, as long as clinically indicated.
- "Unbundling" of services for co-occurring disorders.
- Improved client commitment with intrinsic motivation to attend treatment.
- Improved quality of care and collaboration across the treatment continuum.

Treatment Placement FY 7/1/17-6/30/18



84% Outpatient Setting
16% Inpatient Setting

Results

ASAM Level of Care Placed	Average Number of Days in Treatment
Outpatient (1-8 hours per week)	61
Intensive Outpatient (9-15 hours per week)	58
Partial Hospitalization (full-day program)	61
Clinically Managed Low-Intensity Residential (halfway house)	97
Clinically Managed Medium-Intensity Inpatient (long-term therapeutic community)	53
Medically Monitored High-Intensity Inpatient (short-term)	20
Medically Monitored Inpatient Withdrawal Management (non-hospital detoxification)	4
Medically Managed Inpatient Withdrawal Management (hospital detoxification)	4
Opioid Treatment Program (methadone maintenance)	91

Results

- Greater value for services provided at the clinically appropriate level of care.
  - Average cost per client per episode of care is $3400, national average is $14,000-$23,000.
- Client-driven not program-driven.
- Collaborative efforts to develop a recovery oriented system of care.
- Sustainability over time.

NCADD-NJ Contact Information:

Stacey Wolff, NCC, LPC, LCADC, ACS
Director of Care Coordination
swolff@ncaddnj.org
609-335-8517

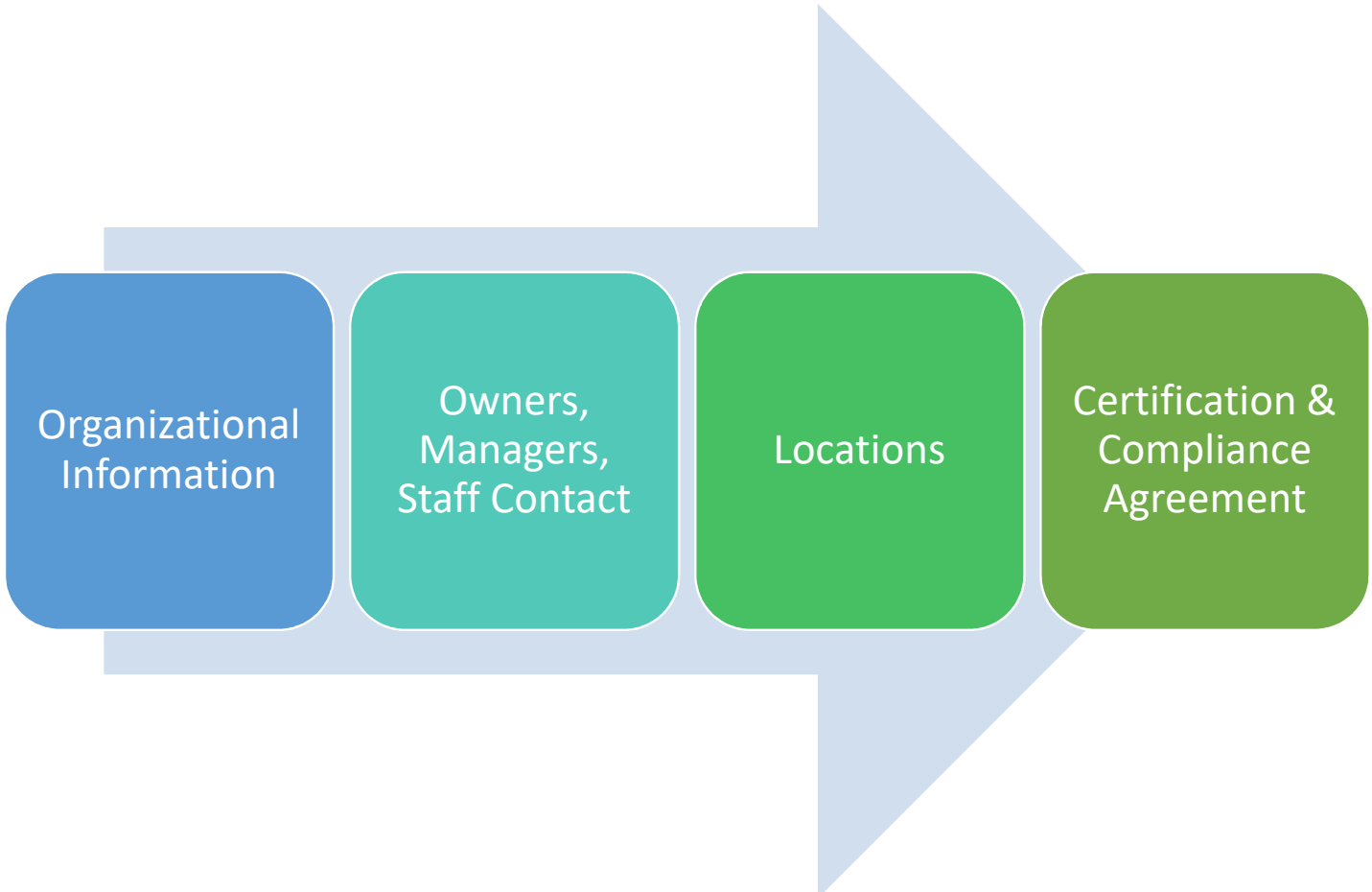
Robert Hightower
Director of Information Technology
rhightower@ncaddnj.org
856-981-6239

Item 5a

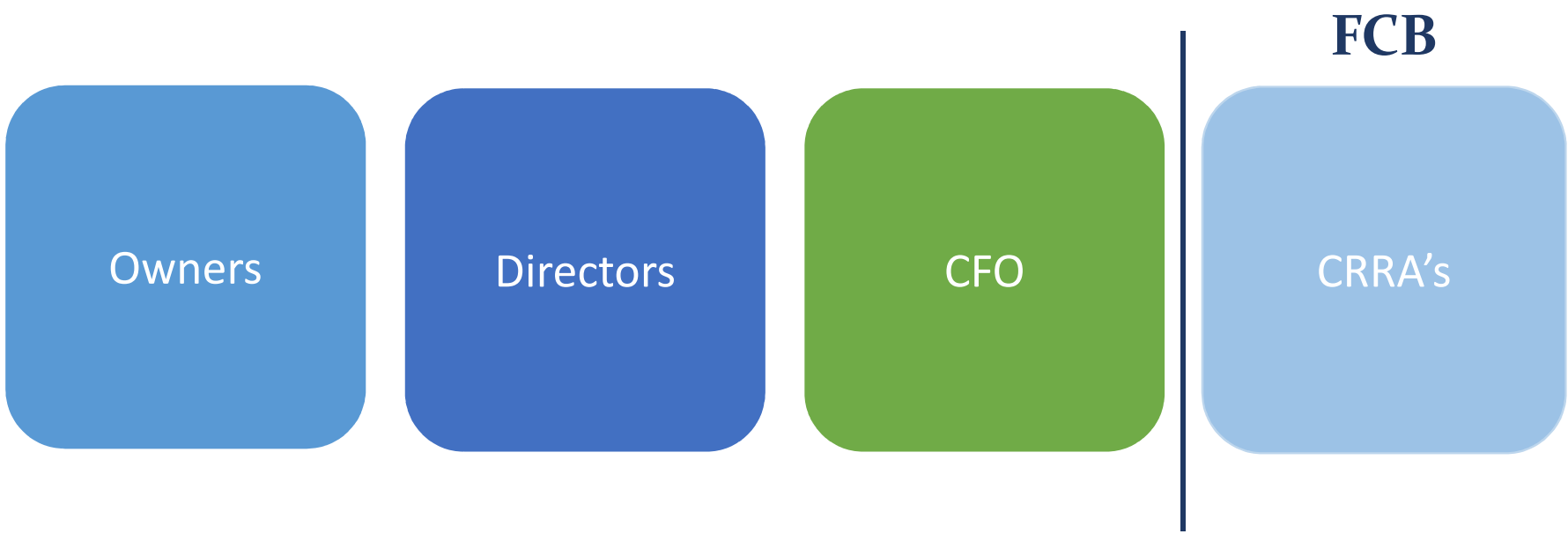
FARR Certification Overview

FARR 2018

Step 1 & 2 – Application & Payment



Step 3 – Level II Backgrounds per 397.487



Step 4 – Documentation Review

4 Domains = 37 NARR Standards

169 “as evidenced by” Sub- Standards

37 Ethical Codes

8 Additional Requirements required by 397.487 not covered by NARR Standards

52 STANDARD Compliance Documentation Requirements

450 STANDARD Documentation Review Questions

165 STANDARD Onsite Assessment Questions

9 Special Assessment Domains

Documentation Review

Example 4 – Medication Storage & Usage **Protocol**

	Compliant	Non-Compliant	NP/NA
Does the procedure include where medications are to be stored, with a minimum an "out of sight" policy? (both prescribed as well as OTC)	Yes	No	
Does procedure include how residents can access their medications? (if held by staff) (both prescribed as well as OTC)	Yes	No	N/A
Does procedure include an observation protocol as opposed to an administration protocol? (if held by staff)	Yes	No	N/A
Does procedure include documentation of observation? (if held by staff)	Yes	No	N/A
Does policy include a complete list of prohibited medications? (both prescribed as well as OTC)	Yes	No	
Is procedure inclusive of all levels of care operated by the provider? (if multiple levels exist)	Yes	No	N/A

Documentation Review

Example – Medication Storage & Usage **Protocol**

	Compliant	Non-Compliant	NP/NA
Does the procedure make sense for the type of structure, level of care, staffing plan, and priority population served?	Yes	No	
Does the procedure include what happens to resident medications in the event of a relapse, discharge, and/or AMA.	Yes	No	
Is the procedure staff directed instead of resident directed?	Yes	No	

Documentation Review

Example – Medication Storage & Usage **Consent**

	Compliant	Non-Compliant	NP/NA
Does the policy include a safe storage requirement that at minimum includes an "out of sight" policy?	Yes	No	
Does the policy include the process for reporting and having new medications (prescribed and OTC) approved by management?	Yes	No	
Does the policy include how residents can access their medications if staff held?	Yes	No	N/A
Does the policy include what happens to medications if the resident is discharged/transferred/or abandons property?	Yes	No	
Does the policy include capturing resident consent?	Yes	No	
Is the policy inclusive of all levels of care operated by the provider? (if multiple levels exist)	Yes	No	N/A
Does the policy make sense for the type of structure, level of care, staffing plan, and priority population served?	Yes	No	

Documentation Review

Example 4 – Medication Storage & Usage Policy & Procedure

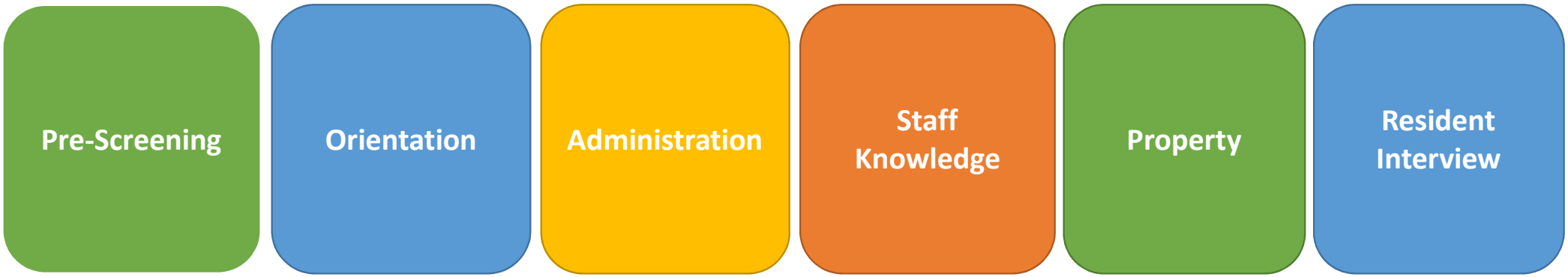
2. All medications prescribed to a client will be documented in the resident file.
3. Lock boxes will be available for residents to store and secure their medication and/or any medication supplies, such as syringes.

Per Medication Storage & Usage:

- Your protocol states residents are responsible for handling and storage of medications but that staff administers medications. Are you stating that residents have to track down staff in order to take meds?
- Please provide licenses/credentials maintained by BHTs that would allow them to administer medications.
- Please include how OTC meds are approved and handled.
- Please include a list of prohibited medications.
- Please clarify, you are applying for Level II certification but employ BHTs and medical staff? Are residents enrolled in a clinical program?
- Policy states there is no onsite storage. Are you stating medications must be stored offsite?

Medication Storage and Usage protocol lists terminology and staff associated with a clinical program. Procedure states residents are to hold/store their medications but then states medications are administered by staff and logged on MORS in KIPU.

Step 5 – Onsite Assessment



Step 6 – Ongoing Compliance

FARR
Staff Trainings

Annual
Renewals

Audits

Gov. Scott: Florida Awarded More Than $50 Million to Fight National Opioid Crisis

On September 26, 2018, in News Releases, by Staff

TALLAHASSEE, Fla. – Today, Governor Rick Scott directed the Florida Department of Children and Families (DCF) to begin utilizing a new federal grant to increase access to medication-assisted treatment, reduce opioid-related deaths and equip professionals with the necessary tools to combat the national opioid epidemic in Florida. DCF applied for and received more than $50 million from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to continue providing treatment and recovery support services for individuals seeking help for opioid use. This funding is in addition to $65 million that is already being used to combat opioid use and addiction. The Governor's existing executive order enables DCF to immediately begin drawing down and distributing these funds.

Governor Scott said, "In Florida, we are standing with families who are fighting opioid addiction and will continue to find ways to help our communities and law enforcement agencies. This more than $50 million in additional funding will provide important recovery services for many families and aid in our fight against the national opioid epidemic. Since I took office, we have invested more than $8 billion to better coordinate mental health and substance abuse services in Florida's communities, including $65 million during the 2018 legislative session. We will continue to work closely with our federal, state and local partners throughout this fight."

The state opioid response grant will be used to expand medication-assisted treatment across the state, distribute more than 40,000 naloxone kits per year, and provide resources and training to advocates and professionals across the state. This grant will provide more than $50 million per year for two years, for a total of more than $100 million.

DCF Interim Secretary Rebecca Kapusta said, "The department remains committed to helping people who are living with an opioid use disorder, supporting their families, and equipping the treatment industry with the right tools for the most effective treatment. The grant will continue to facilitate the expansion of services and treatment options throughout Florida's communities to get people the help they need."

DCF anticipates more than 5,000 new individuals could receive medication-assisted treatment and associated recovery support services this year with this grant funding. Funding will also allow local substance abuse treatment providers to distribute free, take-home naloxone kits directly to individuals at risk of experiencing an opioid overdose and their families. Additionally, state opioid response grant funding will add 18 new behavioral health consultants in DCF regional offices to provide clinical expertise and direct assistance with the identification of parents with opioid use disorders in the child welfare system.

###

Comments are closed.

IN AND FOR PALM BEACH COUNTY

DAVE ARONBERG
STATE ATTORNEY

SOBER HOMES TASK FORCE TIP LINE

1-844-324-5463

NAME	ORGANIZATION
Dr. Alina Alonso	Florida Department of Health – Palm Beach County
Andy Amoroso	Vice-Mayor City of Lake Worth
Dr. Belma Andric	Health Care District of Palm Beach County
Thomas Baird	Lake Park City Attorney
Phil Barlage	COBWRA- Coalition of Boynton West Residential Associations
Andrew Bernard	Office of the Attorney General-State of Florida
Richard Casey	Caron Renaissance & Caron Ocean Drive
Ariana Ciancio	Delray Beach Police Department
Dr. Karen Dodge	FAU, Center for Complex Systems and Brain Sciences
Steve Farnsworth	FARR-Florida Association of Recovery Residences
Suzette Fleischmann	DCF-Department of Children and Families
Mark Fontaine	FADAA- The Florida Alcohol and Drug Abuse Association
John Hulick	Palm Beach County Community Services Department
Jeffrey Lynne	Attorney
Neal McGarry	FCB-Florida Certification Board
Melissa McKinlay	Mayor, Palm Beach County District 6
Dr. Robert Moran	Family Center for Recovery
Dr. Rachel Needle	Whole Health Psychological Center
Terrill Pyburn	Coconut Creek City Attorney
Susan Ramsey	Attorney
Dr. Lori Vinikoor	Alliance of Delray Residential Associations
Eric Yorlano	Integrity Billing Company

OFFICE OF THE STATE ATTORNEY

FIFTEENTH JUDICAL CIRCUIT
IN AND FOR PALM BEACH COUNTY

DAVE ARONBERG
STATE ATTORNEY

SOBER HOMES TASK FORCE TIP LINE-1-844-324-5463

SOBER HOMES TASK FORCE MEETINGS

2018	
DAY	**DATE**
WEDNESDAY	**JULY 18, 2018**
THURSDAY	**AUGUST 9, 2018**
THURSDAY	**SEPTEMBER 27, 2018**
WEDNESDAY	**OCTOBER 17, 2018**
TUESDAY	**NOVEMBER 13, 2018**
WEDNESDAY	**DECEMBER 5, 2018**
2019	
WEDNESDAY	**JANUARY 16, 2019**
WEDNESDAY	**FEBRUARY 20, 2019**
FRIDAY	**MARCH 8, 2019**
FRIDAY	**APRIL 12, 2019**
WEDNESDAY	**MAY 15, 2019**
WEDNESDAY	**JUNE 19, 2019**

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