

**Drug Policy Advisory Council Meeting**  
**Minutes**  
**June 10, 2008**  
**10 – 3 pm**  
**The Capitol, Conference Room 2103**

**Members in Attendance:**

Mark Fontaine  
Phil Diaz  
Babette Hankey  
Ana Viamonte Ros  
Melanie May  
William Janes  
John Czernis  
Bernie DeCastro

**Members not in attendance**

Joseph Baker  
Shirley Coletti  
Nicholas Thompson  
Peggy Sapp  
Burt Saunders  
Walter McNeil

**Others in Attendance:**

William Lutz  
Iris Wilson  
Kim Riley  
Mary Booker  
William Lefevre  
Todd Dixon  
Bruce Grant  
Nancy Hamilton  
Pam Denmark  
Gilbert Barnes  
Emery Gainey  
Jean-Paul Lagoueyte  
Stephenie Colston  
Joy Mills  
Jennifer Pritt  
Carolyn Harty  
Shairi Turner  
Claude Shipley

**Note\*: Numbered items correspond to order in which presentations were conducted.**

**Welcome and Opening remarks by William Janes, Director, Office of Drug Control**

The Mission of Council should reflect the recommendations that the council believes should influence the State to act. We should certainly have recommendations as we go through today's agenda.

Funding – The state of the economy is such that it is of great concern for all that are here. Had not the field rallied with state leadership; providers, courts, everybody that was involved last Session, I believe our system would have been dismantled. Department of Children and Families (DCF), funding, Department of Corrections (DOC), Department of Health (DOH), Department of Juvenile Justice (DJJ), Court funding cuts were very significant. The economy nationally and statewide is what it is and we must find opportunities to go forward. There are actions we must take between now and next Session and possible a special session to make sure that those requirements that our collective system moves forward. If we wait for next special session or next session, we are too late. For our advocates in the field, it's knowing which Legislators to talk to, while they are in their home districts and find out their stance on our issues. The upcoming Session will define how we move forward.

**Motion:**

**Motion was made by Judge Melanie May to approve the minutes from last meeting. Motion was seconded by Surgeon General Viamonte Ros and approved by full Council.**

**1. Carolyn Harty for Randy Ball - Office of Policy and Budget – Budget**

- a. 6 Billion dollar cut to the Florida budget since July 1, 2007.
- b. In substance abuse funding, these cuts represent a 16 million dollar reduction; DCF funding was reduced by 7.1 million, DOC was reduced by \$6.6 million and DJJ was reduced by 1.4 million.
- c. For law enforcement budgets that have substance abuse funding, only Military Affairs saw an increase in funding from \$5.8 million to \$7.2 million.
- d. Courts and Government Office budgets stayed the same
- e. 21% of inmates in DOC are in for drugs and this represents over 19,000 inmates.
- f. In FY 2006-07, 6,771 inmates received substance abuse treatment. With the budget reductions that occurred during FY 2007-08, the number of inmates served is expected to decrease slightly to 5,910. During FY 2007-08, the DOC provided inmate substance abuse treatment through 1970 slots. The FY 2008-09 budget will support approximately 1,815 slots.
- g. Inmates who complete treatment return to prison 10% less than those who did not receive treatment.
- h. 65% of the inmate population was in need of treatment on 7/1/07: the number at the beginning of the FY 2007-08.
- i. Kansas and Illinois have done what the Governor proposed earlier this year by investing in substance abuse funding as opposed to building additional prisons. We need to continue educating our Legislators on this issue.
- j. The Legislators still funded 10,000 new prison beds for this next year.
- k. Department of Corrections - Community Corrections provided services to 37,717 offenders.
- l. After 2 years, 93-97% of offenders who completed treatment programs don't return to prison.
- m. During last Session, when there was push back from Legislators, we weren't armed to overcome their push-back. There is work we need to do this summer. Members of DPAC should identify Legislators and make contact with them to educate them on this subject.
- n. Office of Program Policy Analysis and Government Accountability (OPPAGA) is studying drug courts for their effectiveness.
- o. We need to look for other ways to fund our programs as revenue continues to fall off and we need alternatives.
- p. DCF funding was reduced by 3.2%. This will allow DCF to continue to serve 44,000 children and 93,000 adults. Reductions were mostly some one-time expenditures. So for the most part the operational funding remained, which allows DCF to continue to be able to serve 44,000 children and 93,000 adults – more of a continuation of services.
- q. Temporary Assistance for Needy Families (TANF) and Special Project Funding have been moved to non-recurring and do not show as cuts, but if we

are not active and don't get recurring funding, these programs are gone. Some of these programs have been apart of the community for 9-12 years.

- r. Treatment success for DCF programs: Children 85% and Adults 81%.

## **2. Emery Gainey – Attorney General's Office – Florida Gang Reduction Strategy**

- a. In June 2007, the Attorney General's Office called department heads together to look at our gang problem and do something different than before. South Florida was looked at as they had dealt with the problem effectively.
- b. The Attorney General's Office, DOC, Florida Department of Law Enforcement (FDLE), DJJ, DCF, DOE, Office of Drug Control (ODC), Highway Patrol, Executive Council, President of the Florida Sheriff Association, President of the Florida Police Association, President of the Florida Prosecutors Association.
- c. Most gangs are formed by youth between 14-24 years of age.
- d. 3 main goals of the strategy: 1) Stop the growth of criminal street gangs in Florida; 2) Reduce the number of gangs and gang members; 3) Render gangs ineffective.
- e. Primary Areas to Address: Prevention and Intervention. Give them alternatives to gang involvement. Attack king pins/leaders of these gangs. Take them off the street by incarcerating them. Rehabilitate and use re-entry programs and education to assist them when they return to their community.
- f. We need to share information with one another. The communities know who the gang members are and what services they need and are involved in.
- g. Florida Alcohol and Drug Abuse Association (FADAA) has data base of Community Coalitions/Programs of Anti-Drug Coalitions. We need to leverage the existing Prevention Coalitions.
- h. The strategy is an overview of the things we think are essential and critical for every jurisdiction across the state. Now it goes to Regional Task Forces. We don't try to run this from Tallahassee. We will use 7 regions and they will coordinate their efforts so they can use their unique plans that fit their own areas.
- i. Florida has more hybrids, cross gender, race, and territorial gangs than traditional gangs.
- j. The Hillsborough County Regional Task Force (9 counties) will roll out September 9.

## **3. Joy Mills – Florida Youth Delegation (FYD)**

- a. The Florida Youth Delegation has been in existence for 2 ½ years.
- b. Has a contract with Clear Channel to carry the Prevention message.
- c. Social Marketing and Environmental dollars are being released from DCF to support the more mature coalitions.
- d. FYD has been working with ODC for 1 year. Have two professional statewide campaigns; working with adults and teens.

- e. 1 Message that doesn't have to be developed from scratch. Turn-key grant language so that they can determine which message is good for their community.
- f. New Management: Drug Free Charlotte County and FYD took over in October 2007. New name: use to be FYPD, Florida Youth Prevention Delegation. Youth thought group was policing their actions.
- g. Vision and Goals: Assist local communities in mobilization their youth, serve as stable peer educators, develop statewide social marketing campaigns.
- h. Empower youth to reject alcohol and other drugs.
- i. 3 Service Teams: Communications, Peer Education and Environmental Advocacy/Street Team.
- j. 3 E's of Sustainable Change: Education, Enforcement and Engagement.
- k. Challenge - FYD is comprised by mainly teens that are unlikely to get involved with alcohol or drugs. How do we engage, activate and motivate the "swing vote", the 80% of kids who are persuadable?
- l. FYD will launch Freek Republik in July 08 – its edgy, rebellious, cryptic, free thinking, revolutionary, hip and cool.
- m. On the adult side, they promote mass media advertising, earned media, new papers, TV.
- n. Educate parents on how to engage teens.
- o. Synergy with State Investment – All advertising is saying the same thing.

**4. Jennifer Pritt – Florida Department of Law Enforcement – Proposed Additions to F.S. 893.**

- a. No government agency is in charge of proposing additions, making modifications or removing substances from the scheduling list.
- b. 893.05 and 893.055 spell out the list of considerations the Attorney General's Office must do under emergency situations, which includes a review by FDLE and DOH. The rule making process that can go forward is not formally adopted.
- c. The question becomes: How do we get this permanent scheduling process outside of the emergency scheduling?
- d. Suggestion: We need a formal process of review on an ongoing basis to permanently schedule drugs.
- e. We need to make sure that the drugs that have been federally scheduled are scheduled by Florida so that we don't become a refuge for others from outside the state to come here to obtain these scheduled drugs.
- f. Amphetamines: N-Benzylpiperazine (BZP, A2, Legal E or Legal X) Schedule I; Lisdexamfetamine (Vyvanse) Schedule II; Modafinil (Provigil) Schedule IV; Sibutramine (Meridia) Schedule IV.
- g. Hallucinogenic: Alpha-Methyltryptamine (AM, Spirals, AMT) Schedule I; Propylthiophenethylamine (Blue Mystic, Beautiful, Tripstay) Schedule I; N-Diisopropyltryptamine (Foxy) Schedule I. Was previously "emergency scheduled, but not permanently scheduled.
- h. Barbiturates/Sedatives: Pyrrolidine (PCPy, PHP) Schedule I; Embutramide (Tributame, Euthanasia Solution) Schedule III; Petrichloral, Schedule IV; Zaleplon (Sonata) Schedule IV; Dichloralphenazone (Midrin) Schedule IV.

- i. Benzodiazepines: Zopiclone (Lunesta) Schedule IV; Zolpidem (Ambien) Schedule IV; Pregabalin (Lyrica) Schedule V.
- j. Opioids: Dihydroetorphine, Schedule II; Remifentanyl (Ultiva) Schedule II; Difenoxin (Motofen) Schedule V.
- k. Other states are attempting to marry their state drug statutes to the Federal schedule increased continuity of enforcement across the nation.

**Motion:**

**Motion was made by Director Janes that Council proceed with drafting a letter to the Governor, Speaker of the House and President of the Senate, that all of the aforementioned drugs be aligned with the Federal schedule. Surgeon General Viamonte Ros seconded the motion and the motion was approved by the full Council.**

**Motion:**

**Motion was made by Judge Melanie May that Council proceed with drafting a letter to the Governor, Speaker of the House and President of the Senate, to determine a procedure to make these recommendations on a routine basis in the future. Motion was seconded by Surgeon General Viamonte Ros and approved by full Council.**

**Motion:**

**Motion was made by Judge Melanie May that Council form a sub committee or task force for Florida to determine the best process in scheduling the aforementioned drugs. The group will be comprised of the AG, DOH, ODC, FDLE and FADAA. Claude Shipley of the ODC will head and facilitate the work group. Motion was seconded by Surgeon General Viamonte Ros and approved by full Council.**

**Motion:**

**Motion was made by Judge Melanie May to send all Council approved letters to the Governor, Speaker of the House and President of the Senate. Motion was seconded by Surgeon General Viamonte Ros and approved by full Council.**

- l. Claude Shipley will work with Jennifer Pritt of FDLE to obtain a summary, research and background on these listed drugs that led to their Federal listing.
- m. Recommend that the Council start identifying bill sponsors and making contact with their staffers to move legislation forward on the scheduling of these drugs. This should be done on a routine basis. Perhaps a shell bill can be created to attach these scheduling recommendations to for routine processing.

**5. Jean-Paul Lagoueyte – Central Florida HIDTA – Threat Assessment**

- a. They are 1 of 32 High Intensity Drug Trafficking Area (HIDTA's) across the country.
- b. They are comprised of 47 participating agencies
- c. The CFHIDTA wants to add Brevard and Lake Counties to their area because of the I-4 Corridor.

- d. Initiatives: HIDTA Meth Task Force, HIDTA Drug Enforcement Administration (DEA) Heroin Task Force, HIDTA DEA Mexican/Poly Drug Task Force.
- e. Cocaine is the number one drug threat and marijuana is the number one most commonly abused and MDMA is showing up everywhere in the region.
- f. Cocaine causes the most deaths and is related to most violent crime.
- g. Methadone is the most deadly pharmaceutical.
- h. \$1 - \$2 prescriptions can be sold on the street for 5 to 10 times their value.
- i. Polk County is leading the area in in-door marijuana grows. As Central Florida does not know the patterns and availability of hydroponics and South Florida operations are migrating into the area. Property is cheaper and law enforcement pressure is less.
- j. As pressure is applied at the borders, drug trafficking organizations are looking for other ways to move their product. The CFHIDTA has 2 major ports and 3 smaller ports. Port of Tampa, St. Pete, New Port Richey, Manatee and Port Canaveral. All of which do heavy business with Central and South America which are source countries for drug smuggling.
- k. There is evidence that drugs are moving through these ports and there have been seizures. Customs and Immigration and other law enforcement presence are light at these ports. The problem is inbound and outbound cargo as cargo is seldom searched. They do not have x-ray machines or a helicopter to search their cargo. The CFLHIDTA Director and Deputy Director have briefed the ports on these issues.
- l. There has to be a balance between commerce and security at our ports.

**6. Surgeon General Ana Viamonte Ros – Department of Health**

- a. The cuts to the DOH budget this year totaled \$33 million.
- b. \$22 million of GR was cut from \$209 million for County Health Departments.
- c. AG Holley State TB Hospital was cut 10% or \$553,189. Hospital has a 100 bed capacity and they usually have a 50% of the beds filled at a time. The Legislature is considering privatizing this location.
- d. DOH recommended the closing of the Volunteer School Nurse recruitment Program as it wasn't performing well. That costs was \$650,000.
- e. All general revenue funding for the Ounce of Prevention Program was cut (\$928,412). 8 of 22 programs may not be funded.
- f. Area Health Education Center Network general revenue was cut by 10% or \$1,180,891. This should not impact on the care provided.
- g. Primary Care Challenge Grants/Dental Projects general funding was cut by \$1,118,773 of a total of \$1,802,825 available General Revenue (GR) funding.
- h. DOH has been told to start cutting again. They are very concerned for communities.
- i. Federal funding is also impacted by these cuts as money may have to be returned. The Center for Disease Control (CDC) funds many programs across the state. Their funding allocation is based on state demographics from 30 years ago. We currently get \$4.60 per citizen, while the national average/cost is \$17 per person. We need the Governor to state our case to get

to the national average. That would represent a \$60 million of additional funding.

#### **7. Mary Booker – FADAA- 2008 Legislative Summary**

- a. At one point during the Session, there were \$60 million in cuts on the table for the House and Senate for Substance abuse funding.
- b. Lost \$3.188 million in TANF funding for DCF. 23% of TANF funding effects 1600 women and children.
- c. \$3.4 million of TANF funding was shifted to non-recurring.
- d. \$16.1 million for the Continuation of Community Projects was shifted to non-recurring.
- e. DOC received no cuts, although everything was on the table to be cut.
- f. The biggest fight is bringing back the non-recurring money to the recurring side.

#### **Motion:**

**Motion was made by Judge Melanie May to have DCF look at special projects that have been in existence for three (3) years be considered as part of their base budget and not separated from the budget recommendation, independent of the base budget. Motion was seconded by Babette Hankey and approved by full Council.**

#### **Motion:**

**Motion was made by Judge Melanie May to send letter to the Governor, Speaker of the House and President of the Senate to recommend the restoration of the TANF and Special Project funding that was cut and the retention of these dollars that were moved to non-recurring, back to a recurring funding source. Motion was seconded by Surgeon General Viamonte Ros and approved by full Council.**

#### **8. Judge Melanie May – Drug Court Funding**

- a. The Drug Court bill for this year failed, again!
- b. The Legislature was against additional fees. We will go back to our teen court concept of not limiting the funding source to substance abuse infractions, but all criminal dispositions.
- c. Drug Courts have been affected by the cuts. Case Managers have suffered and may be cut as well as Drug Court Coordinators.
- d. The Juvenile Drug Court in Pinellas County has been closed.

#### **9. Kim Riley – Department of Corrections**

- a. There was a \$4.4 million decrease in funding from the original budget of 07-08 Community Corrections side. (Residential and Outpatient services)
- b. We are expecting \$28.6 million for Community Based substance abuse programs. \$28.6 million from general revenue will be used to fund \$23.1 million for Residential, \$5 million for Outpatient.
- c. We will try to keep 1,567 beds on line, but reductions may occur to per diem increases of the contracted provider.
- d. If we maintain the 1,567 beds, we will still treat 618 fewer offenders in FY 08-09.

- e. Some Outpatient services were obtained through line item appropriations that were no longer funded.
- f. In-Prison: FY 08-09 we have \$1.7 million GR for contracted drug treatment. \$1.4 for salaries and expenses and \$2.6 million from Federal Grant Awards.
- g. We have 1,158 In-Prison treatment slots; 670 Modality 1 (Outpatient); 249 Therapeutic Community; 239 substance abuse transitional/re-entry, and an additional 617 treatment slots will be funded through the departments Security and Institutions Office.
- h. Lost 180 treatment slots. Of those, 140 slots were from a grant funded program.
- i. We will serve 540 fewer inmates in FY 08-09. We also lost funding for 100 Post-Release Transitional beds.
- j. The Department lost 199 Probation Officers and 132 Administrative Staff.
- k. There is a consensus that because of what transpired during last Session that the Department needs to have its data reviewed by an independent third party to prove that its treatment programs work and provide a cost savings.

**10. Stephenie Colston – Department of Children and Families**

- a. Adult substance abuse reductions: TANF 23% reduction across the board or \$3,181,416.
- b. \$450,000 reduction in non-recurring special projects.
- c. Children substance abuse reductions: \$500,000 reduction in non-recurring special projects.
- d. DCF funding resources are split 58% Federal funding and 42% from State funding. Additional cuts will affect DCF's Federal Block Grant.
- e. Most of the losses are from the Residential side of services. The largest loss is felt in the \$300,000 reduction in the Girls Residential Program in Miami.
- f. Adult TANF funding – 30% shifted to non-recurring. Special Projects for adults was split 50-50 between recurring and non-recurring. \$2,239,100 of Children's Special Projects was moved to non-recurring.
- g. Total shift of funding from recurring to non-recurring was \$8,328,820.

**11. Dr. Shairi Turner – Department of Juvenile Justice.**

- a. Total DJJ budget is \$700 million.
- b. In Special Session C, they lost \$5.6 million. In Appropriations they lost \$13.7 million and during this last Session, they lost \$39.5 million.
- c. DJJ received reductions in the amount of \$392,372 for 2008-09 which will impact mental health and substance abuse services.
- d. Contracted Mental Health Services in Circuit 7 was reduced by \$87,500. This represents a 25% cut.
- e. Lost \$74,600 in OPS Appropriations Category.
- f. DJJ did not receive any non-recurring funding related to substance abuse services.
- g. Contracted Services was reduced by \$230,272. This budget is used to fund mental health, substance abuse, medical and pharmacy services.

**Next meeting is September 9, 2008**

**Adjournment**