



Statewide Council on Opioid Abatement

Meeting Agenda
October 30, 2024
1:00 p.m. – 3:00 p.m. EST

Microsoft Teams:
Meeting ID: 266 526 777 371
Passcode: upMZLt

Council Members

Attorney General Ashley Moody
Chair

Sheriff Dennis M. Lemma
Delegate Chair

Secretary Shevaun L. Harris
Vice Chair

Amy Ronshausen
Governor's Appointee

Major Todd M. Shear
Senate President's Appointee

Sheriff Robert A. Hardwick
Office of the Speaker's Appointee

Commissioner Chris Dougherty
Florida Association of Counties

Commissioner Lee Constantine
Florida Association of Counties

Commissioner Kathleen Peters
Florida Association of Counties

Vice Mayor Kimberly Glas-Castro
Florida League of Cities Appointee

Vice Mayor Jolien Caraballo
Florida League of Cities Appointee

- | | |
|-------------|---|
| 1:00 – 1:05 | Welcome and Roll Call
Sheriff Dennis M. Lemma, Delegate Chair |
| 1:05 – 1:20 | Call Meeting to Order
Sheriff Dennis M. Lemma, Delegate Chair |
| 1:20 – 1:25 | Meeting Minutes Approval from September 19, 2024
Sheriff Dennis M. Lemma, Delegate Chair |
| 1:25 – 2:25 | Annual Legislative Report Review and Discussion
Sheriff Dennis M. Lemma, Delegate Chair |
| 2:25 – 2:45 | Final Vote on 2024 Statewide Council on Opioid Abatement Report
Sheriff Dennis M. Lemma, Delegate Chair |
| 2:45 – 2:55 | Public Comment |
| 2:55 – 3:00 | Closing Remarks
Sheriff Dennis M. Lemma, Delegate Cha |



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Virtual Meeting Minutes

September 19, 2024

2:00 P.M. – 4:00 P.M. EST

2:00 P.M. – Welcome and Call to Order

Aaron Platt provided the welcome for the Statewide Council on Opioid Abatement meeting. The meeting was called to order by Chair Designee Sheriff Dennis Lemma. Roll call was taken by Aaron Platt.

Attendance Summary:

Sheriff Dennis Lemma, Chair Delegate

Secretary Shevaun Harris

Major Todd Shear

Sheriff Robert Hardwick

Commissioner Chris Dougherty

Commissioner Lee Constantine

Approve August 1, 2024, Meeting Minutes

A motion was made to approve the minutes. The minutes were approved by the Council.

Annual Legislative Report

Chair Lemma discussed the creation of the council in 2023 and the charge to provide oversight and recommendations on developing and coordinating state and local efforts to abate the unintended consequences of the opioid epidemic. Chair Lemma also discussed the legislative requirements for the annual report which is due December 1, 2024. The target date for completion of the final draft is October 15, 2024. The focus of the annual report is to evaluate and analyze the previous year's spending of opioid settlement funds. The council will provide recommendations on how funding should be prioritized, data collection and strategies for improvements. Chair Lemma also discussed the template distributed to Council members to submit their recommendations for incorporation into the report.

Data Overview

Nikema St. Fleur, Ph.D., Department of Children and Families

Dr. St. Fleur presented on the roles and responsibilities of the State and municipalities regarding the opioid settlement funding and the importance of data reporting. Dr. St. Fleur reviewed the deadlines that counties and municipalities must adhere to when planning and expending opioid abatement funds. Data should be submitted through the utilization of the established data management system. Assistance with submitting data can be obtained by emailing HQW.SAMH.Opioid.Data.Access.Support@myflfamilies.com

Secretary Harris stressed the importance of data submission.

Chair Lemma asked council members representing the League of Cities and the Association of Counties to reach out to members of their respective associations to ensure timely data reporting.

Lee Constantine requested a list of counties who have not reported. The Department of Children and Families will send the list of counties and cities who have not reported data by the close of business.

Statewide Drug Policy Advisory Council Update

Jeff Cece, Department of Children and Families, Liaison on the Drug Policy Advisory Council



Statewide Council on Opioid Abatement

Mr. Cece discussed the 2023 recommendations from the Drug Policy Advisory Council and the Council of Opioid Abatement's requirement to coordinate with, provide information to, and receive information from the Statewide Drug Policy Advisory Council. The recommendations from the 2023 Drug Policy Advisory Council related to opioid abatement activities.

Recommendation Template and Next Steps

Chair Lemma requested council members utilize the recommendation template to propose any positions or recommendations to be included in the Council's report. Members are being asked to submit their recommendations by the close of business Friday, September 27, 2024. The draft report will be sent to council members before the next meeting and a vote to approve the report will be conducted.

Public Comment

No public comments

Closing Remarks

Chair Lemma provided closing remarks.

Meeting adjourned approximately 2:50pm



Statewide Council on Opioid Abatement 2024 Annual Report

December 1, 2024

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Acknowledgements

Council Members

Attorney General Ashley Moody
Chairperson, Governor Appointee

Secretary Shevaun L. Harris
Vice Chairperson, Governor Appointee

Sheriff Dennis M. Lemma¹
Delegate Chair

Amy Ronshausen
Governor Appointee

Sheriff Robert A. Hardwick
Office of the Speaker of the House Appointee

Major Todd Michael Shear
Senate President's Appointee

Vice Mayor Jolien Caraballo
Florida League of Cities Appointee

Vice Mayor Kimberly Glas-Castro
Florida League of Cities Appointee

Commissioner Lee Constantine
General Board Member

Commissioner Chris Dougherty
General Board Member

Commissioner Kathleen Peters
General Board Member

¹ As of December 2023, Sheriff Dennis Lemma has served as the Delegate Chair designated by Attorney General Ashley Moody.

Message from the Attorney General
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DRAFT

Message from the Chair
HOLD

DRAFT

Executive Summary

The State of Florida is taking significant and positive steps toward addressing and combating the opioid epidemic. The state's proactive approach reflects a growing commitment to creating a healthier and safer future for all Floridians.

Recent mortality data gives reason to be optimistic that Florida has halted the increase in deaths caused by opioids. In 2022, Florida saw a four percent decrease in the number of opioid-caused deaths.² Additionally, interim data for the first six months of 2023 shows a seven percent decrease in opioid-caused deaths when compared to the same timeframe in 2022.³

Florida is currently in various phases of implementation of Opioid Settlement funds. Many cities, counties, and municipalities are in the planning phase of implementation and are conducting gap analyses to understand the local landscape to support the development of community-specific approaches to abate the epidemic. Opioid settlement funds are allocated for expenditure over the next 18 years, and Florida is committed to ensuring that these resources are used in a thoughtful, measurable, and purposeful manner.

Investments have been made in treatment and recovery to develop a comprehensive service array that includes but is not limited to assessments, interventions, case management, residential treatment, outpatient treatment, care coordination, and Medication-Assisted Treatment. Service providers reported delivering over 36,000 service events addressing a range of behavioral health needs.

The Coordinated Opioid Recovery (CORE) Network, a coordinated care system for opioid use disorder treatment expanded in Fiscal Year (FY) 2023-2024 to 30 counties, covering 87 percent of the state's population. From July 2022 to June 2024, CORE served 10,594 individuals, with 5,132 (48 percent) receiving Medication-Assisted Treatment (MAT), significantly surpassing the national average of 19 percent.

In FY 2023-2024, the Legislature appropriated \$13,000,000 for hiring new peers, onboarding new Recovery Community Organizations (RCOs), and expanding the footprint of existing RCOs. Funds were successfully deployed establishing five new RCOs and increasing the number of Peer Specialists in the workforce by 106. Additionally, 14 existing RCOs expanded their services or sites. This is particularly noteworthy as peer support services improve treatment engagement, quality of life, and relationships while reducing recidivism and symptoms of anxiety or depression.

Overall, a total of 17 organizations providing direct client services have submitted a total of 22,218 unique services. The total services submitted represent a range of services provided to 1,966 total unique patients including assessments, case management, counseling, and MAT predominantly methadone and buprenorphine.

Many Florida counties are adhering to the opioid settlement agreement by establishing task forces or councils to guide their efforts. While most counties, like Brevard and Collier, had already established these bodies before the settlement, others, such as Duval,

Seminole and Osceola, formed theirs in 2023. Counties such as Broward, Duval, and Orange have made substantial progress, with Broward leading by spending over \$3.9 million. Conversely, others, such as Palm Beach and Seminole counties and are in the preliminary stages and prioritize community and stakeholder participation in their planning efforts before allocation. However, most counties have submitted their implementation plans for fiscal year 2024-2025 while others are awaiting plan approval. Counties are navigating challenges, including contracting delays, understanding legal restrictions, and obtaining Board of County Commissioners' approval for fund disbursement. Despite these obstacles, significant progress is being made toward full compliance with the opioid settlement agreement.

The Council has developed the Opioid Data Management System (ODMS) to store data required to be submitted by counties, municipalities, service providers, and any other entity receiving Opioid Settlement funding. The data system consists of applications that receive provider electronic data and serve as a platform to upload implementation plans, financial information, and other required documentation. The system is provided at no additional cost to users and is designed to minimize administrative burden. The Council also provides technical assistance to users upon request.

The Council has developed and put forward the following 11 comprehensive recommendations to guide funding to optimize the use of the opioid settlement trust fund dollars, build community engagement and collaboration through outreach and technical assistance, and enhance data collection and management processes:

1. Use existing resources before allocating settlement funds to support existing programs unless the intent is to expand programs by providing additional funding.
2. Align law enforcement settlement fund use to focus on decreasing the oversupply of licit and illicit opioids through approved activities.
3. Align the use of opioid settlement funds with evidence-based clinical practices that promote maintenance medications for long-term recovery.
4. Increase access to quality recovery housing through Florida Association of Recovery Residences (FARR) certification for all recovery residences.
5. Update and enhance the Florida Association of Recovery Residences' "Suggested Practices for Medication Assisted Therapy."
6. Expand the use of interagency data sharing agreements to support comprehensive, real-time surveillance and evaluation.
7. Increase funding available to counties for initiatives involving justice system-involved individuals and medication-assisted treatment.
8. Use funding to clear waitlists for treatment and recovery support services.
9. Increase access to peer support & recovery community organizations.
10. Increase resource sharing and collaboration related to research, training/education, and technology.
11. Ensure that problem-solving courts collaborate with treatment providers that offer methadone and buprenorphine.

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Introduction

The Opioid Settlement Trust Fund

The purpose of the Opioid Settlement Trust Fund is to abate the opioid epidemic in accordance with settlement agreements reached by the state in opioid-related litigation or bankruptcy proceedings, namely the Florida Opioid Allocation and Statewide Response Agreement Between the State of Florida (Department of Legal Affairs) and Certain Local Governments. Opioid settlement funds may only be used for approved purposes, which include, but are not limited to, all the opioid-related prevention, treatment, and recovery support services and opioid abatement strategies listed in Schedule A (Core Strategies) and Schedule B (Approved Uses) from the Florida Opioid Allocation and Statewide Response Agreement.

The Statewide Council on Opioid Abatement

The Statewide Council on Opioid Abatement (Council) is responsible for enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims and families of the crisis. The duties of the Council include: (1) advising state and local governments on abating the opioid epidemic and reviewing how settlement funds are being expended and the outcomes from use of funds, (2) collaborating with the Statewide Drug Policy Advisory Council to ensure alignment of efforts, (3) reviewing local, state, and national data on a regional and statewide basis, to advise on the stage of the opioid epidemic, and (4) reviewing data from local governments, other states, and national agencies pertaining to how funds are spent and the effectiveness of programs and metrics.

The Council is composed of 10 members, including the Florida Attorney General, Ashley Moody, who serves as chair and the Secretary of the Florida Department of Children and Families (Department), Secretary Shevaun L. Harris, who serves as vice chair. In December 2023, Attorney General Moody appointed Sheriff Dennis Lemma of the Seminole County Sheriff's Office to serve as her designee on the Council. The Council meets quarterly or upon the call of the chair via teleconference or in-person.

Beginning on December 1 of each year, the Council presents an annual report on how the Opioid Settlement funds were spent during the previous year by the state, Managing Entities, counties, and municipalities. The report must also contain recommendations to the Governor, the Legislature, and local governments on how Opioid Settlement funds should be prioritized and spent in the coming year.

By June 30 of each year, each county, municipality, Managing Entity, or state agency that receives funds from the opioid settlement must provide information to the Council stating how it plans to use settlement funds and how it plans to collect data related to its use of funds, pursuant to section (s.) 397.335(4)(e), Florida Statutes (F.S.).

By August 31 of each year, each county, municipality, Managing Entity, or state agency that receives funds from the opioid settlement must provide information to the Council

stating how the funds were spent and the results related to how those funds were spent, pursuant to s. 397.335(4)(f), F.S.

Collaboration with the Statewide Drug Policy Advisory Council

The Statewide Drug Policy Advisory Council (DPAC) features 19 members, including appointed members with expertise in drug enforcement, prevention, treatment, and faith-based services. Chaired by the State Surgeon General, Joseph A. Ladapo, DPAC is responsible for conducting a comprehensive review and analysis of all drug problems and making recommendations on funding and strategies. They are specifically directed to look at topics which overlap with other ongoing Department initiatives related to public information campaigns, interagency coordination and communication, common outcome measures, and drug courts.

The Council is required to work with, provide information to, and receive information from DPAC and ensure that its recommendations and actions are consistent with DPAC recommendations to the extent possible, pursuant to s. 397.335(4)(b), F.S. The Department is currently using Opioid Settlement funds to implement a variety of DPAC recommendations, including funding for residency slots in Addiction Medicine, prevention media campaigns, data dashboards, hospital bridge programs with screening and brief intervention components, and RCOs.

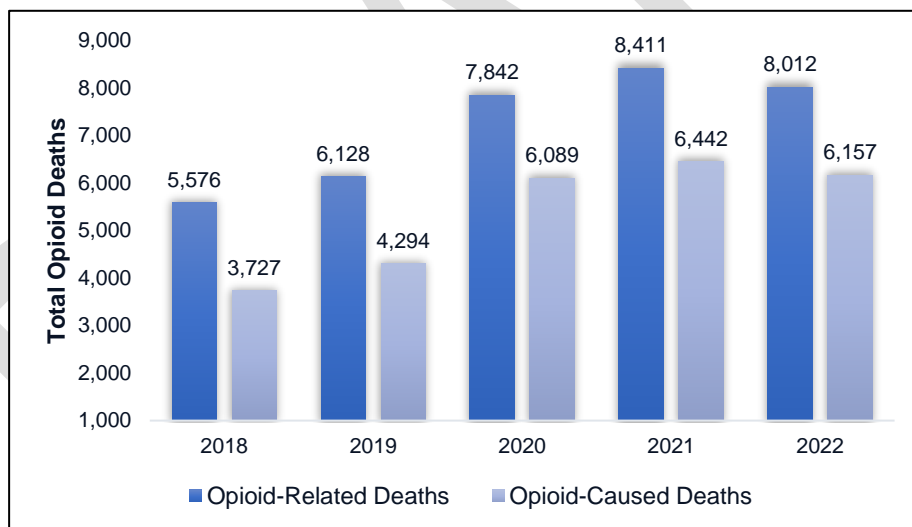
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The Status of the Opioid Epidemic in Florida

Opioid Overdose Data

Every year, the Florida Medical Examiners Commission publishes an annual and interim Drugs Identified in Deceased Persons report which provides data on deaths investigated by Florida’s medical examiners and the drugs present at the time of death for those individuals. When investigating a death, the medical examiner will assess what drugs were the cause of death or present at the time of death. An opioid-related death means that opioids were present at the time of death. An opioid-caused death means that the medical examiner determined the drug played primary role in the cause of death. According to the 2022 Medical Examiners Commission, there were 8,012 opioid-related deaths reported in Florida which is a 5 percent decrease from the previous year.² More specifically, there were 6,157 opioid-caused deaths which marks a 4 percent decrease from the previous year.

Based on the Interim 2023 Medical Examiners Commission Drug Report, there were 3,640 opioid-related deaths reported in Florida between January 2023 and June 2023 which is an eight percent decrease from the previous timeframe in 2022.³ More specifically, there were 2,783 opioid-caused deaths for the first six months of 2023 which marks a 7 percent decrease from the previous timeframe in 2022.



Source: Florida Department of Law Enforcement

² Florida Department of Law Enforcement. (2024). [Drugs Identified in Deceased Persons by Florida Medical Examiners - 2022 Annual Report](https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2022-Annual-Drug-Report-FINAL-(1).aspx). Retrieved from [https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2022-Annual-Drug-Report-FINAL-\(1\).aspx](https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2022-Annual-Drug-Report-FINAL-(1).aspx).

³ Florida Department of Law Enforcement. (2024). [Drugs Identified in Deceased Persons by Florida Medical Examiners - 2023 Interim Report](https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2023-Interim-Drug-Report-FINAL.aspx). Retrieved from <https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2023-Interim-Drug-Report-FINAL.aspx>.

Researchers have observed four waves of the United States overdose crisis. The first wave began in the early 2000s with the rise in prescription opioid overdose deaths, followed by the second wave around 2010 featuring a shift to heroin.⁴ A third wave in 2013 reflected a shift toward illicitly manufactured fentanyl and fentanyl analogs. In Florida, the number of lethal occurrences of fentanyl increased by 651 percent between 2013 and 2016 (from 185 up to 1,390). This was followed by a fourth wave in 2014 dominated by illicit fentanyl and fentanyl analogs in combination with stimulants. Florida began reporting lethal occurrences of fentanyl analogs in 2016, and between 2016 and 2017 observed the largest year-over-year increase ever recorded (from 965 lethal occurrences up to 1,588). In 2022, over half (55 percent) of deaths caused by opioids in Florida also had a stimulant identified as a cause of death.

Naloxone Distribution and Administration

Naloxone is a drug that rapidly reverses an overdose by blocking the effects of opioids. Ensuring access to this life-saving treatment is one of the core abatement strategies approved by the Opioid Settlement. The Department’s Overdose Prevention Program distributed 405,392 naloxone kits distributed in 2023. This is a 112 percent increase in the number of kits distributed compared to the previous year.

Based on data reported for naloxone reversals through the Department, there were 16,325 incidents where a life was saved by a naloxone kit in 2023 across the state. This is a 47 percent increase compared to the previous year. Additionally, based on provisional data reported to the Florida Department of Health (DOH) for 2023, naloxone was administered 47,410 times by Emergency Medical Services (EMS) or prior to EMS arrival.

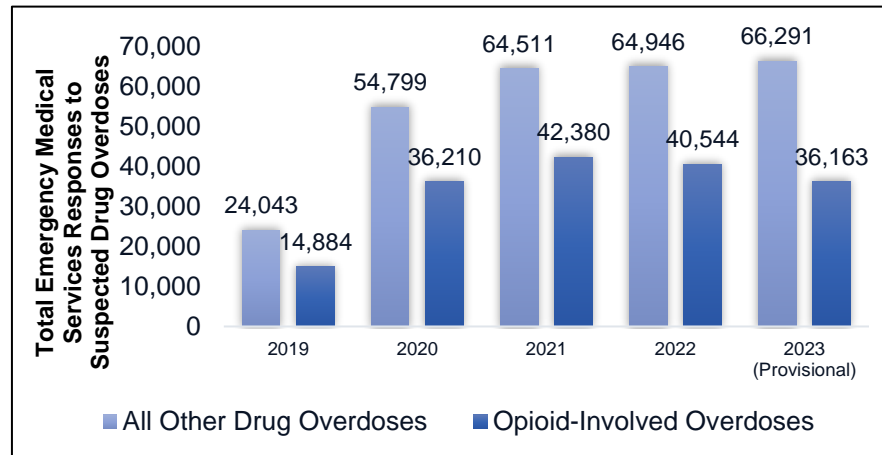
Naloxone Distribution and Administration through the Department		
Year	# of Naloxone Kits Distributed in the Community	# of Times a Life was Saved by a Naloxone Kit
2018	18,898	1,466
2019	36,703	1,592
2020	69,557	4,434
2021	132,269	7,860
2022	191,225	11,132
2023	405,392	16,352

Source: Florida Department of Children and Families

⁴ Friedman, J. & Shover, C. L. (2023). Charting the Fourth Wave: Geographic, Temporal, Race/Ethnicity and Demographic Trends in Polysubstance Fentanyl Overdose Deaths in the United States, 2010-2021. *Addiction*, 12(118), 2477-2485.

Emergency Medical Service Responses for Suspected Opioid Overdoses

Based on provisional data from DOH for 2023, there were 102,454 EMS responses to a suspected drug overdose where 36,163 (35 percent) of those responses were for suspected opioid-involved overdoses. This is a three percent decrease in the total number of EMS responses to suspected drug overdoses and an 11 percent decrease in the number of EMS responses for suspected opioid-involved overdoses.

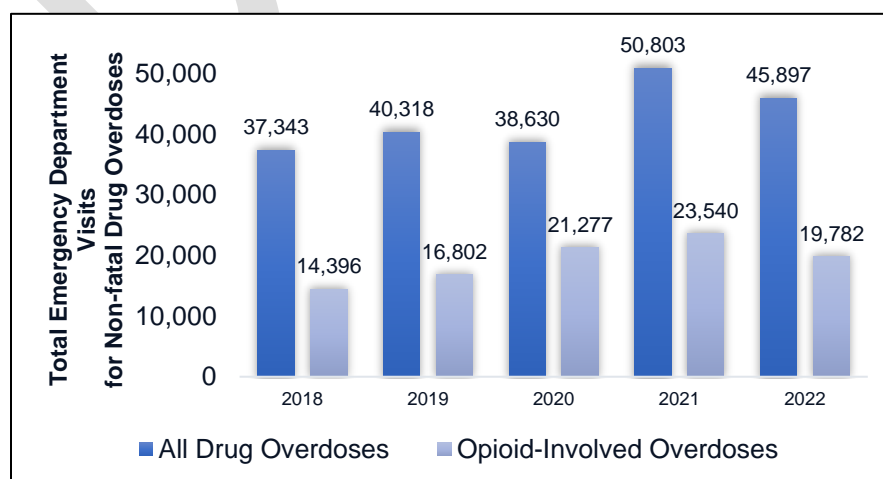


Source: Florida Department of Health

Emergency Department Visits for Non-Fatal Opioid Overdoses

In 2022, there were 45,897 emergency department (ED) visits for all non-fatal drug overdoses where 19,782 or 43 percent of those visits were for opioid-involved non-fatal overdoses, according to the Agency for Health Care Administration. This is a 10 percent decrease in the total non-fatal drug overdose ED visits and a 16 percent decrease in the total non-fatal opioid-involved ED visits compared to the previous year.

Based on provisional data for January 2023 to March 2023, there were 10,186 ED visits for all non-fatal drug overdoses where 3,902 (38 percent) of those visits were for opioid-involved non-fatal overdoses. This is a 15 percent decrease in the total non-fatal drug



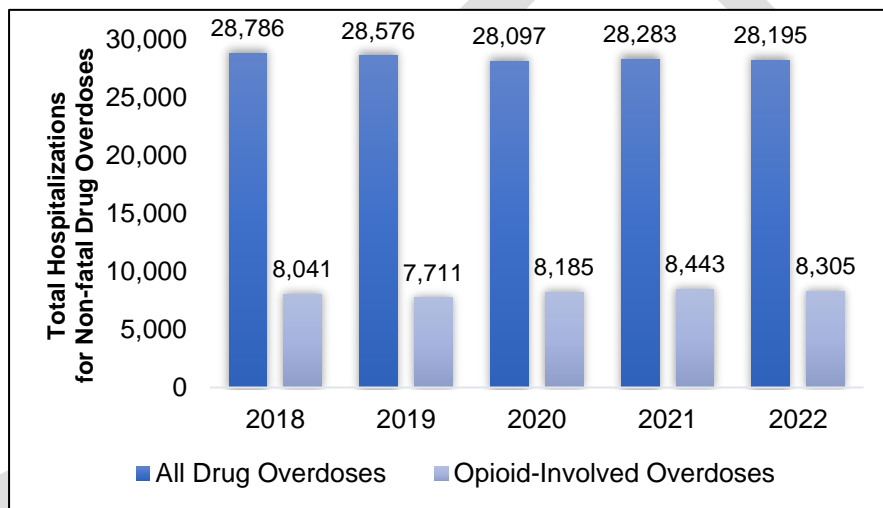
Source: Florida Agency for Healthcare Administration

overdose ED visits and a 26 percent decrease in the total non-fatal opioid-involved ED visits compared to the same timeframe in 2022.

Hospitalizations for Non-Fatal Opioid Overdoses

There were 28,195 hospitalizations for all non-fatal drug overdoses where 8,305 (29 percent) of those hospitalizations were for opioid-involved non-fatal overdoses in 2022. This is a 0.3 percent decrease in the total non-fatal drug overdose hospitalizations and a two percent decrease in the total non-fatal opioid-involved hospitalizations compared to the previous year.

Based on provisional data for January 2023 to March 2023, there were 7,012 hospitalizations for all non-fatal drug overdoses where 1,969 (28 percent) of those hospitalizations were for opioid-involved non-fatal overdoses. This is a one percent increase in the total non-fatal drug overdose hospitalizations and a one percent increase in the total non-fatal opioid-involved hospitalizations compared to the same timeframe in

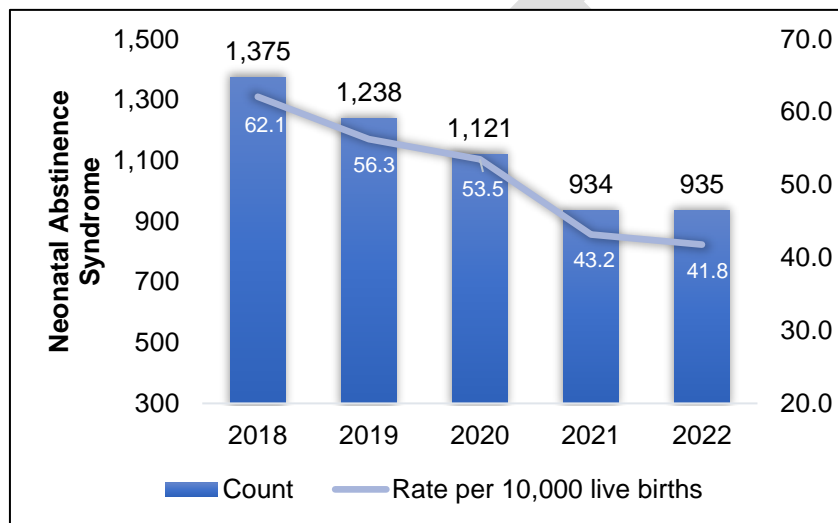


Source: Florida Agency for Healthcare Administration

2022.

Incidence of Neonatal Abstinence Syndrome

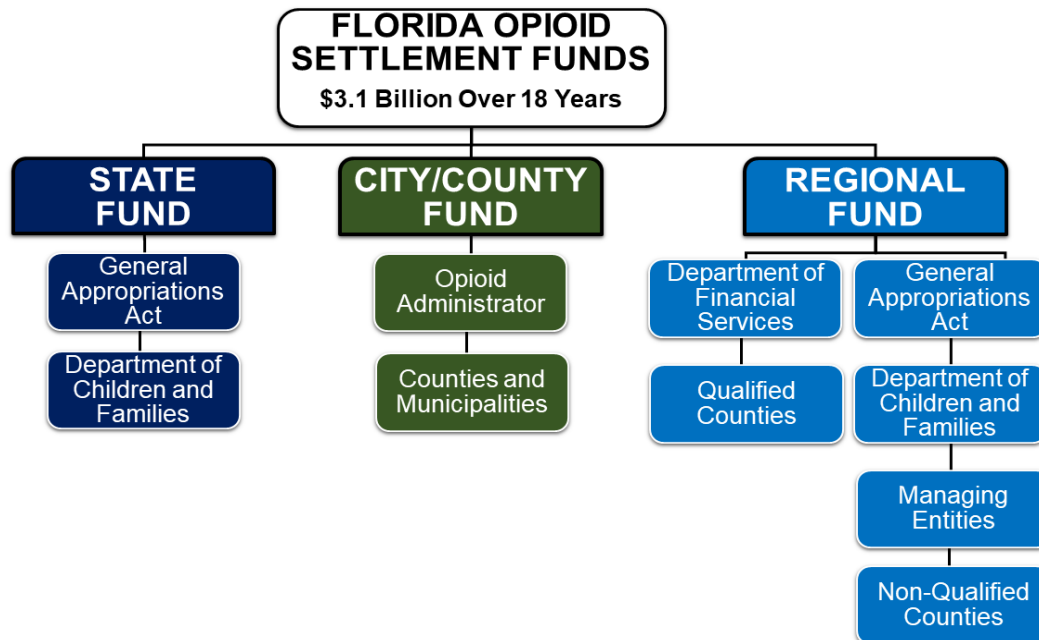
Neonatal abstinence syndrome (NAS) occurs when babies are exposed to drugs while in the womb before birth leading them to experience drug withdrawal. Since 2018, the rate of NAS has steadily decreased. In 2018 there 1,375 infants with NAS, for a rate of 62.1 per 10,000 live births. However, in 2022 the rate decreased to 41.8 per 10,000 live births and the number of infants with NAS reduced by 32 percent.



Source: Florida Department of Health, Birth Defects

Florida’s Opioid Abatement Expenditures & Priority Initiatives

The Opioid Settlement funds are distributed through the City/County Fund, the Regional Fund, and the State Fund. A county may receive funds from both the City/County Fund as well as the Regional Fund. This funding structure intends to ensure full saturation of settlement dollars within the state. The State of Florida is in various stages of implementation of Opioid Settlement funds.



The table below reflects the different funding subtypes for opioid settlement funds and details the initial three years of funding by category. Although funds are distributed by funding category, cities and counties may voluntarily transfer money from their City/County Fund, the Regional Fund for Qualified Counties, or the Regional Fund for Nonqualified Counties to a Managing Entity to disperse and oversee. Counties and municipalities may transfer or pool monies with another county or municipality to disperse and oversee. The Florida Opioid Allocation and Statewide Response Agreement states that Counties and Municipalities can pool, comingle, or otherwise transfer their funding to another County or Municipality, as long as this is done by a written agreement.

Funding Category	Previous FY 2022-2023	Previous FY 2023-2024	Current FY 2024-2025
City/County Funds	\$21,340,784	\$47,974,685	\$25,160,680
Regional Funds for Qualified Counties	\$135,559,681	\$64,005,081	\$69,012,661
Regional Funds for Non-Qualified Counties	N/A	\$33,897,266	\$16,220,944

State Funds	N/A	\$205,721,243	\$85,053,320
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State Fund

The State Funds are dedicated to addressing the complex issue of opioid use and its associated impacts by employing a comprehensive approach that includes education, intervention, treatment, research and workforce development, and technology. By integrating these strategies, funds will offer individuals contending with opioid use disorder the most effective resources and support. This multifaceted approach is designed to improve the likelihood of positive outcomes, overcome addiction, and maintain long-term recovery and improved quality of life.

To support the work of the Statewide Council on Opioid Abatement, the Opioid Data Management System (ODMS) to allow: (1) providers and recipients of settlement funds to submit data for patient-level service claims (e.g., treatment for OUD), (2) recipients to submit reports of expenditures by quarter in effort to collect data on where, (3) reporting on how money is being spent and the approved use and core strategy categories determined as appropriate by the funds’ recipients, and (4) submission of implementation plans. ODMS supports an effective, transparent, and accountable system for monitoring the management of Opioid Settlement funds.

A comprehensive array of treatment and support services is necessary to assist adults and children with an opioid use disorder (OUD) to achieve the highest possible level of independent functioning, stability, independence and to facilitate recovery. The Department has enhanced infrastructure to support the provision of services such as early identification and intervention, assessment, medication-assisted treatment (MAT), outpatient counseling services, residential treatment for mothers and babies, case management, care coordination, and supportive housing and employment.

The Department has expanded the CORE Network, a coordinated care system for opioid use disorder treatment. CORE includes the use of specialized EMS protocols for overdose and acute withdrawal, transport to an Emergency Department-based addiction stabilization center with experts in addiction medicine willing to initiate buprenorphine treatment, and peer support specialists to help with engagement and linkage to long-term, individualized, integrated treatment. From July 2022 through June 2024, 10,594 individuals with Opioid Use Disorders were served at CORE receiving clinics, and 5,132 (or 48 percent) received Medication-Assisted Treatment (MAT), which is higher than nationwide estimates which indicate that only about 19 percent of adults with Opioid Use Disorders receive MAT.⁵

⁵ Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health Detailed Tables*. Table 5.23B.

The possession of a workforce that is skilled and able to respond to the complex behavioral health disorders is an essential component in combating the opioid epidemic. The Department is working to strengthen the behavioral health workforce to enhance the training of medical professionals specializing in psychiatry, pain medicine, addiction medicine, and other fields related to the treatment of individuals with OUD, co-occurring substance use disorder SUD, and other mental health conditions.

City/County Fund

The City/County Funds represent 15 percent of the total settlement amount. Funds are disbursed directly to 247 cities and counties, and do not flow through the Department. Cities and counties determine how funds are expended in accordance with the permissible uses outlined in the Statewide Response Agreement provided by the Office of the Attorney General.

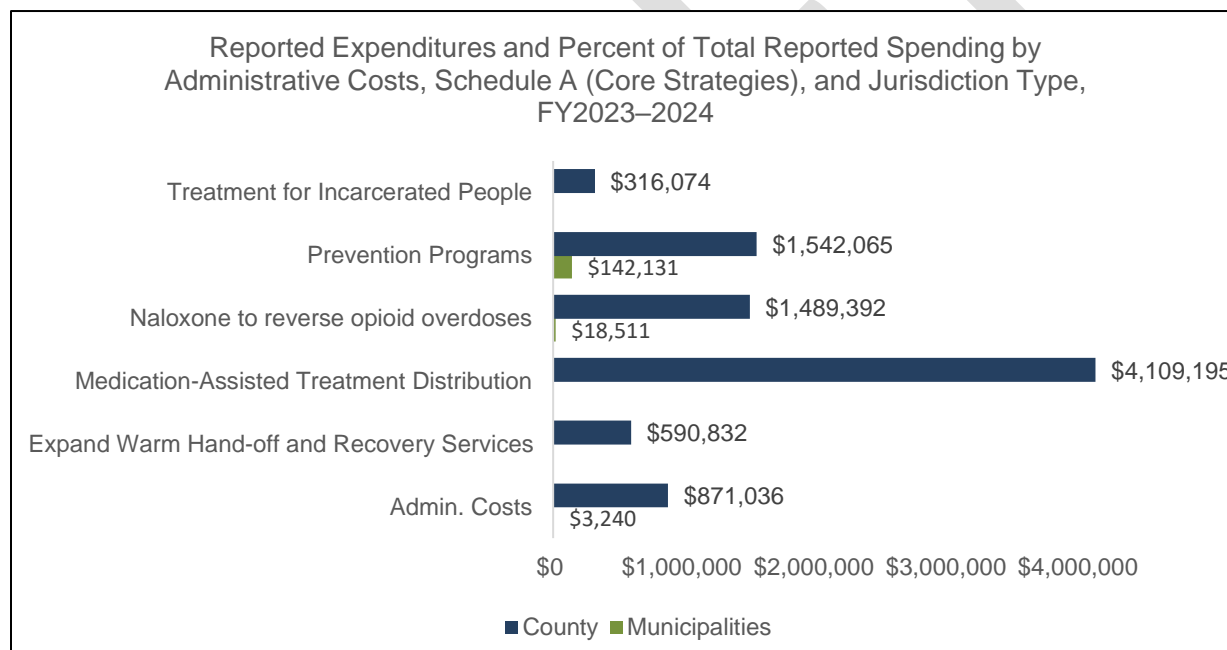
During FY 2023-2024, \$47,978,238 was appropriated to the city/county fund. Of the municipalities with submitted implementation plans, there was overwhelming prioritization of prevention (91 percent), followed by treatment and recovery services (55 percent), and Naloxone distribution (45 percent).

	Treatment & Recovery Support Services	Medication-Assisted Treatment	Justice-System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Municipalities	55%	9%	9%	45%	91%	18%

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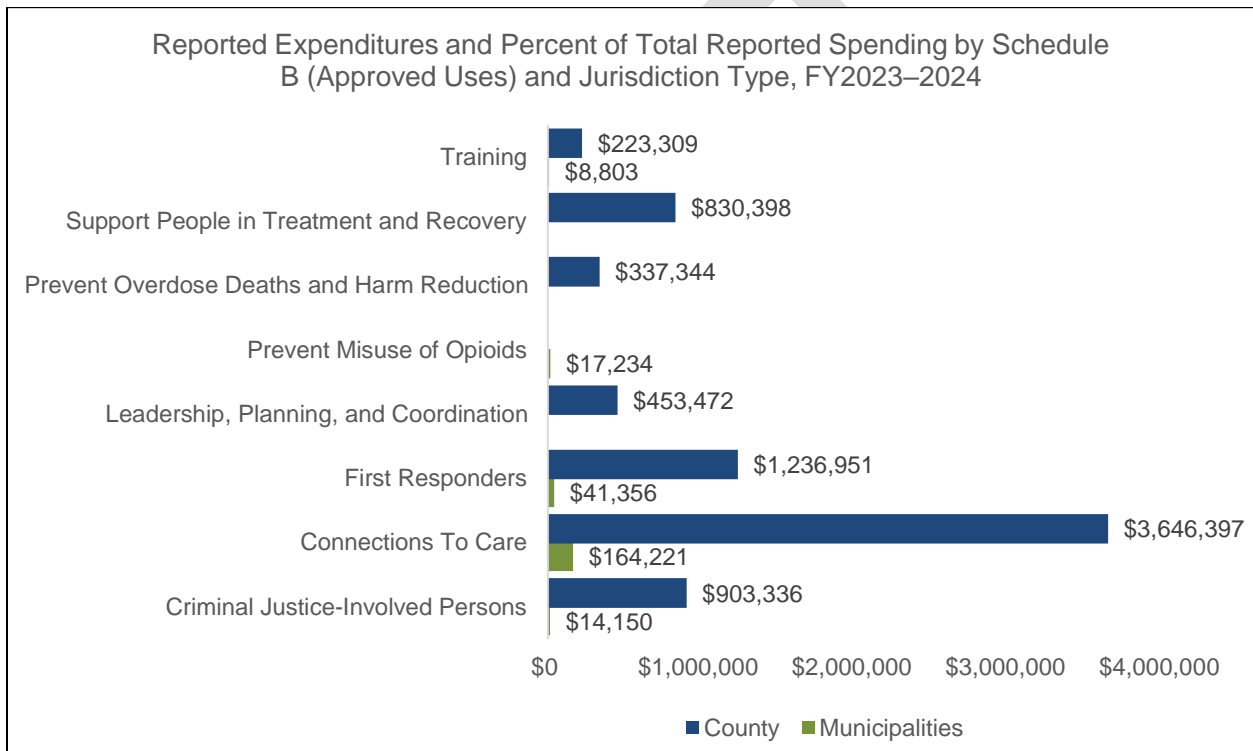
The Department performed preliminary analyses on the expenditure data retrieved from the Opioid Data Management System for the 2022-2023 and 2023-2024 fiscal years. A total of 219 non-zero expenditures were submitted. The sum of expenditures reported is \$211,248 for FY 2022-2023 and \$16,038,059 for FY 2023-2024, for a combined total of \$16,249,307.

The majority of expended funds according to Schedule A (Core Strategies) by counties were used to support the distribution of Medication Assisted Treatment (\$4.1 million), followed by prevention programs (\$1.5 million), and Naloxone to reverse opioid overdoses (\$1.4 million). Although fewer funds have been expended, municipalities also prioritize prevention programs and Naloxone distribution.



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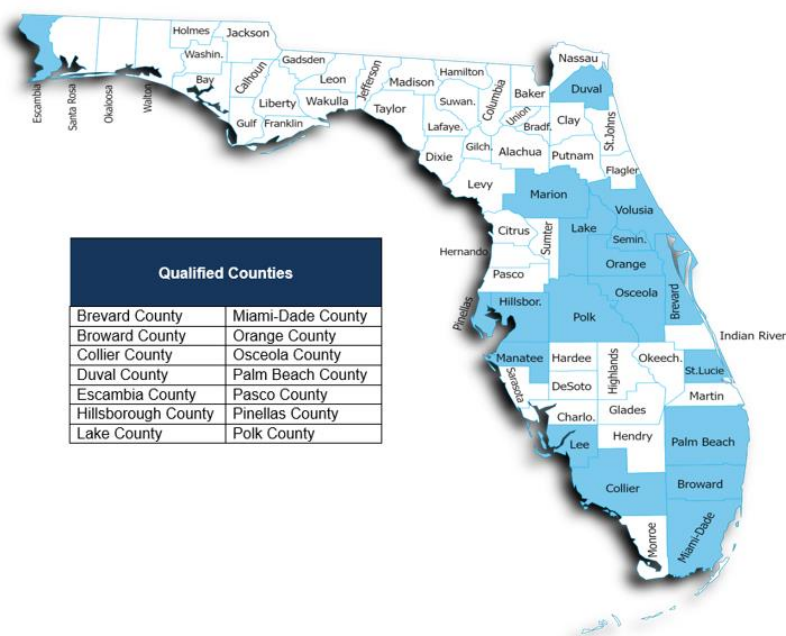
When evaluating reported expenditures by Schedule B (Approved Uses), the majority of county funds were expended on connections to care (\$3.6 million), followed by first responders (\$1.2 million), and criminal justice-involved persons (\$903,336). Similar prioritization can be seen with expenditures by municipalities for connections to care and first responders. Municipalities, however, have expended more funds in the category of prevent misuse of opioids.



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Regional Fund

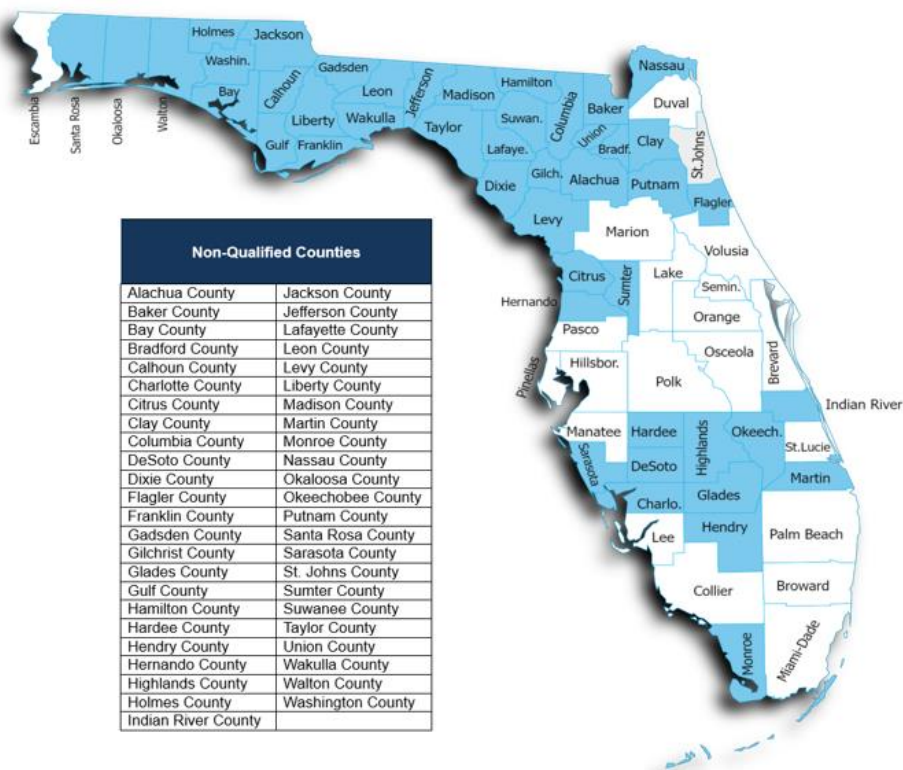
The Regional Fund is subdivided into two separate streams: one for qualified counties and the other for non-qualified counties. **Qualified counties** are defined as having a population of at least 300,000 individuals, an opioid task force (or similar entity), and an opioid abatement plan. There are 20 qualified counties. Regional Funds for qualified counties are disbursed from the Department of Financial Services annually in September. The Regional Funds for the qualified counties do not flow through the Department of Children and Families or the Managing Entities.



During FY 2023-2024, \$64,005,081 was allocated to the qualified counties. Of the qualified counties with submitted implementation plans, 88 percent prioritized treatment and recovery, followed by prevention (75 percent), and Medication Assisted Treatment (50 percent), peer support and recovery support organizations (50 percent), and Naloxone distribution (50 percent).

	Treatment & Recovery Support Services	Medication-Assisted Treatment	Justice- System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Qualified Counties	88%	50%	38%	50%	75%	50%

Conversely, Regional Funds for **non-qualified counties** are allocated through the General Appropriations Act then disbursed from the Department of Children and Families through the seven Managing Entities. There are 47 non-qualified counties that receive funding through the Managing Entities.



During FY 2023-2024, \$33,897,266 was allocated to the non-qualified counties. Of the non-qualified counties with submitted implementation plans, 65 percent prioritized justice-involved person, 61 percent prioritized treatment and recovery, and 58 percent prioritized and Medication Assisted Treatment.

	Treatment & Recovery Support Services	Medication-Assisted Treatment	Justice-System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Non-Qualified Counties	61%	58%	65%	32%	45%	39%

Future Funding Initiatives

In FY 2024-2025, Florida is witnessing an increased prioritization of treatment and recovery support services as well as prevention efforts among counties and only a slight decrease among municipalities. There were decreases in naloxone distribution efforts among local governments that can be attributed to distribution efforts at the State level. While there were decreases in the prioritization of peer supports and Recovery Community Organizations among counties, municipalities showcased a large increase in prioritization of these strategies. Submitted FY 2024-2025 implementation plans reflect the priorities of counties and municipalities in the table below.

	Treatment & Recovery Support Services	Medication Assisted Treatment	Justice- System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Qualified Counties	94%	60%	40%	20%	94%	40%
Non-Qualified Counties	80%	52%	52%	20%	52%	24%
Municipalities	52%	17%	6%	43%	66%	40%

The State plan involves continuing support for priority initiatives slated in FY 2023-2024 which was the first year the State Fund received a disbursement from the Opioid Settlement. A summary of the initiatives included in the 2024-2025 State Plan as decided through the General Appropriations Act are listed in the table below.

Initiative from State Fund	FY 2024-2025 Allocation
Primary Prevention and Media Campaigns	\$18,000,000
Overdose Prevention Through Naloxone Saturation	\$6,502,352
Treatment and Recovery Support Services	\$24,677,391
Court Diversion	\$7,000,000
On-Demand, Mobile MAT	\$6,000,000
Jail-Based MAT	\$2,000,000
Hospital Bridge Programs	\$4,000,000
CORE Network	\$31,804,964
Initiative from State Fund	FY 2024-2025 Allocation
Peer Supports and Recovery Community Organizations	\$8,250,000
Recovery Housing	\$17,820,560
Office of Opioid Recovery	\$4,404,410
Specialized Training in Graduate Medical Education	\$4,036,031
Applied Research	\$2,000,000
Statewide Integrated Data System	\$5,000,000
Online Bed Availability System	\$1,000,000
Local Projects	\$7,567,872

Fixed Capital Outlays

The Legislature approved nine Fixed Capital Outlay projects for FY 2024-2025 using Opioid Settlement funds, totaling \$13,163,276, as described in the table below.

Fixed Capital Outlays-Nonrecurring FY 2024-2025		
Description	County of Service	Appropriation Budgeted
Agency for Community Treatment Services - Outpatient Clinic	Hillsborough	\$2,000,000
Charlotte Behavioral Health Care-Substance Abuse Facility	Charlotte	\$2,816,891
DISC Village - Opioid Residential Treatment Expansion	Leon	\$850,000
EPIC Community Services -Sober Living Transitional Housing Project	St Johns	\$2,896,385

Gateway Community Services - North Florida Addiction Stabilization and Detoxification Building	Duval	\$1,000,000
Open Door Re-Entry and Recovery Program	Flagler	\$750,000
Operation PAR Integrated Care Project	Pinellas	\$850,000
Osceola Mental Health - Long Term Residential Substance Use Disorder Treatment Facility	Osceola	\$650,000
Sulzbacher Center - Enterprise Village	Duval	\$1,350,000
Total		\$13,163,276

A total of ten local projects were included in the FY 2024-2025 State Plan, totaling \$7,567,872. The local projects are detailed in the table below:

Proviso-Nonrecurring FY 2024-2025			
Provider	Service Description	County of Service	Appropriation Budgeted
DISC Village	Residential Treatment	Leon	\$1,150,000
SMA Healthcare	Residential Re-Entry Program	Putnam	\$1,500,000
Recovery Connections of Central Florida	Mobile Recovery Support Services	Orange	\$525,000
Tri-County Human Services	Detoxification Beds	Polk	\$1,667,872
Specialized Treatment Education & Prevention (STEPS)	Women's Residential Treatment	Orange	\$500,000
EPIC Community Services	Women's Residential Treatment	St Johns	\$750,000
Here's Help	Residential Treatment	Miami	\$50,000
Broward County	Medication-Assisted Treatment	Broward	\$275,000
Florida Alliance for Healthy Communities	Opioid Addiction Training and Education	Statewide	\$1,000,000
The Pearl Project	Children's Outpatient	Marion	\$150,000

Total	\$7,567,872
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Recommendations

The Council is statutorily mandated to propose recommendations regarding how moneys should be prioritized and spent in the coming FY 2025-2026 to respond to the opioid epidemic. The Council's recommendations can be categorized into three overarching themes:

- Optimizing the Use of the Opioid Settlement Trust Fund Dollars.
- Building Community Engagement and Collaboration through Outreach and Technical Assistance.
- Enhancing Data Collection and Management Processes.

Optimizing the Use of the Opioid Settlement Trust Fund Dollars

Recommendation 1: Use Existing Resources Before Allocating Settlement Funds to Support Existing Programs Unless the Intent is to Expand Programs by Providing Additional Funding.

Presently, First Responders can obtain free naloxone kits from the Florida Department of Health using an annual \$5 million appropriation or from a Walmart Pharmacy through the Attorney General's Helping Heroes program. The Council recommends that cities and counties look to these sources of free naloxone before committing opioid settlement funds for these purchases. According to information submitted into the Opioid Data Management System, approximately \$1.4 million in Opioid Settlement funding (from FY 2022-2023 and 2023-2024) has been used to purchase naloxone. By relying on these other sources of naloxone that are exclusively for First Responders, funding budgeted for this could be used for other evidence-based services.

This recommendation has no known fiscal impact.

Recommendation 2: Align Law Enforcement Settlement Fund Use to Focus on Decreasing the Oversupply of Licit and Illicit Opioids through Approved Activities.

The Council recommends aligning law enforcement settlement fund use with core strategies and approved uses. Opioid settlement funds can be allocated to support various law enforcement initiatives: including (1) education and training of law enforcement to identify substance abuse disorders and methods to referral individuals to appropriate services (2) drug disposal programs, and (3) campaigns designed to reduce social access (e.g., by encouraging individuals to safely secure their medications and never share them as outlined above.

This recommendation has no known fiscal impact.

Recommendation 3: Align the Use of Opioid Settlement Funds with Evidence-Based Clinical Practices that Promote the Use of Maintenance Medications for Long-Term Recovery.

While Schedule B lists, “Support evidence-based withdrawal management services” among the approved uses, it is important to clarify that withdrawal management alone does not constitute treatment for opioid use disorder and therefore does not adhere to the American Society of Addiction Medicine (ASAM) standards of care for opioid use disorder. According to the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder (2020 Focused Update), “Opioid withdrawal management (i.e., detoxification) on its own, without ongoing treatment for opioid use disorder, is not a treatment method for opioid use disorder and is not recommended. Patients should be advised about the risk of relapse and other safety concerns, including increased risk of overdose and overdose death. Ongoing maintenance medication, in combination with psychosocial treatment appropriate for the patient’s needs, is the standard of care for treating opioid use disorder.” More specifically, the ASAM Guideline states that, “Using methadone or buprenorphine for opioid withdrawal management is recommended over abrupt cessation of opioids.”

This recommendation has no known fiscal impact.

Building Community Engagement and Collaboration through Outreach and Technical Assistance

Recommendation 4: Increase Access to Quality Recovery Housing through Florida Association of Recovery Residences (FARR) Certification for all Recovery Residences.

Housing instability often precedes and elevates the risk for substance use and overdose.⁶ Individuals with opioid use disorders are a vulnerable population in need of safe and supportive housing. To protect individuals who reside in recovery residences, and the communities in which they are embedded, the Legislature established a voluntary certification program for recovery residences. The approved credentialing organization overseeing certification is the Florida Association of Recovery Residences

⁶ Austin, A. E., et al. (2021). Associations of Housing Stress with Later Substance Use Outcomes: A Systematic Review. *Addictive Behaviors*, 123, 107076.

(FARR). FARR promote quality recovery housing through compliance with national standards and the FARR Code of Ethics.

Interventions that address housing instability and homelessness are therefore urgently needed to effectively abate the opioid epidemic. Certification is a valuable way to encourage ethical practices and ensure that recovery residences operate in ways that effectively support and sustain individuals' recovery journeys. Therefore, it is recommended that all recovery residences receive FARR certification.

Recommendation 5: Update and Enhance the Florida Association of Recovery Residences' "Suggested Practices for Medication Assisted Therapy".

Effective January 1, 2025, section 397.487(13), Florida Statutes, prohibits certified recovery residences from denying individuals access to housing solely because they are prescribed medications that treat substance use disorders. This statutory change codifies the minimum expectation that recovery residences (certified by FARR) accept individuals that choose to recover with Medication Assisted Treatment (MAT).

It is recommended that the Florida Association of Recovery Residences revise their suggested practices to encourage and sustain the use of MAT for as long as it is beneficial and to remove any requirements for MAT stop dates or taper plans. The Florida Association of Recovery Residences is the credentialing entity that administers a voluntary certification program for recovery residences in Florida. Their mission is to promote quality recovery housing through compliance with national standards in domains related to administrative operations, the physical environment, recovery support, and being a good neighbor. According to a 2022 secret shopper study of FARR-certified recovery residences in South Florida, 53 percent prohibit admission of individuals taking buprenorphine at any dose and 31 percent accepted individuals taking buprenorphine only under certain conditions. Of the recovery residences with conditional admission policies, about 26 percent require individuals to completely taper off, 39 percent allowed a maximum dosage of 8 mg daily, 13 percent allowed a maximum dosage of 12 mg daily, 7 percent allowed a maximum dosage of 16 mg daily, and 7 percent required a letter from the prescriber.⁷

This recommendation has no known fiscal impact.

Enhancing Data Collection and Management Processes

Recommendation 6: Expand the Use of Interagency Data Sharing Agreements to Support Comprehensive, Real-Time Surveillance and Evaluation.

Statewide outcomes data is collected from various State Agency's publicly available data. While the Florida Opioid Allocation and Statewide Response Agreement requires that the

⁷ Guido, M. R., et al. (2024). Limited Acceptance of Buprenorphine in Recovery Residences in South Florida: A Secret Shopper Survey. *Journal of Substance Use and Addiction Treatment*. doi: 10.1016/j.josat.2024.209535.

Department and Local Governments receive and report service utilization data for any provider receiving opioid funds, service utilization data currently collected by State Agencies other than the Department are not required to be submitted for the purposes outlined in the settlement agreement. Access to real-time data will allow the Department and other stakeholders to make data driven decisions at the state and local level. However, the Department only has access to publicly available data and these datasets are lagged by two calendar years leading to gaps in access to real-time data on hospitalizations, arrests, incarcerations, fentanyl contamination, and justice-involved juvenile assessments, for example. This recommendation has no known fiscal impact.

Additional Recommendations Derived from Submitted Implementation Plans

Florida is currently in the second year of State Fund implementation, and the third year of City/County and Regional Qualified Fund implementation. Several initiatives implemented in the first and second year are multi-year phase projects that will need additional funding support to ensure full state funding saturation and support. The following recommendations were carefully considered after review of submitted local government plans, expenditures, and national trends for opioid settlement expenditures. Local government implementation plans were reviewed to determine areas of need for localities and compared to expenditure patterns to ascertain where additional funding support may be needed. The recommendations are as follows:

Recommendation 7: Increase Funding Available to Counties for Initiatives Involving Justice System-Involved Individuals and Medication-Assisted Treatment.

More than half of the initiatives composed by the non-qualified counties encompass prevention programs aimed at reducing opioid use disorder and overdoses in the community and justice-involved population. Justice-involved individuals include those awaiting trial or sentencing, serving sentences in jail or prison, or under community supervision, such as probation. The opioid abatement plans involve distributing education on opioids, addiction, and overdose at various community locations. Additionally, the community prevention component describes educating individuals on the proper use of naloxone, provide information on available services, and facilitate linkages to medication-assisted treatment for those in need.

Research demonstrates that treatment with either methadone or buprenorphine is associated with lower rates of illicit opioid use, decreased mortality, improved social functioning, and decreased engagement in criminal activity.⁸Over 50 percent of both the qualified and non-qualified counties have reported that they plan to prioritize a large sum of their opioid settlement funding for Medication Assisted Treatment (MAT), making linkages to treatment services for those incarcerated, and for the expansion of warm hand-off programs and recovery services. The MAT distribution aims to support

⁸ The National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press.

individuals in treatment and recovery, while the warm hand-off programs target the diversion needs of justice system-involved persons. Counties also plan to implement post overdose response teams whose responsibility will be to treat patients and provide them with behavioral resources.

This recommendation has no known fiscal impact.

Recommendation 8: Use Funding to Clear Waitlists for Treatment and Recovery Support Services.

Approximately 94 percent of the qualified counties, 80 percent of the non-qualified counties, and 52 percent of the municipalities that submitted implementation plans, intend to fund treatment and recovery support services. All the plans that mention this work intend to create linkages to treatment services, recovery housing, workforce re-entry, and provide additional assistance for those in need of support. According to figures from the Managing Entities, 1,082 individuals were placed on a waitlist for drug treatment in FY 2023-2024, presenting a clear indication that more capacity building needs to be done before treatment is available on demand.

This recommendation has no known fiscal impact.

Recommendation 9: Increase Access to Peer Support & Recovery Community Organizations.

Peer Support & Recovery Community Organizations (RCO) work collaboratively to achieve increased positive outcomes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery who have direct lived experience with substance use and recovery. RCOs provide certified peer recovery support services, in addition to recovery-focused community education and outreach. RCOs work closely with community treatment providers and other stakeholders to provide outreach, information and referrals, wellness recovery centers, and other recovery support services. While reviewing submitted implementation plans, several remarks were made by the qualified counties, non-qualified counties and municipalities that indicated that they were linking the work completed by both areas together and that they planned to create access to services for community residents and justice system involved individuals. Peer-based recovery support can increase treatment engagement, reduce substance use, and help address the workforce shortages in behavioral health.⁹ Peer support services can also help improve relationships and quality of life, while reducing symptoms of anxiety or depression.¹⁰

⁹ The National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press.

¹⁰ Substance Abuse and Mental Health Services Administration. (2023). *How Can a Peer Specialist Support My Recovery from Problematic Substance Use? For People Seeking or In Recovery*. Publication No. PEP23-02-01-004.

Researchers used a longitudinal design panel to examine the impact of housing stability and peer support on long-term recovery and recidivism reduction for individuals with justice involvement and substance use histories in Palm Beach County. This study demonstrated the importance of peer support specialists, care coordination, and building community connections as ways to significantly support long-term recovery and reduce recidivism rates. Of 97 participants, only 14 percent experienced rearrest, while 76 percent achieved housing stability.¹¹

This recommendation has no known fiscal impact.

Recommendation 10: Increase Resource Sharing and Collaboration Related to Research, Training/Education, and Technology.

For FY 2024-2025, 80 percent of the qualified counties and 94 percent of the non-qualified counties have mentioned they will provide training, research, education, and technology to their communities. Fifty percent of the non-qualified counties and 25 percent of the qualified counties reported that they will complete trainings with law enforcement and first responders. Counties have purchased technology/equipment to assist in detecting opioids and other substances from entering their communities and detention centers. Two counties reported that they will use technology to enhance patient services and improve their Electronic Health Record systems. It is evident that as the work to abate opioid misuse continues, additional education, training, technology, and research will be needed to ensure Florida's communities are kept current on the most recent evidence-based best practices and trends in opioid misuse. The Council recommends that all participating providers and community sectors share strategic plans, best practices, and existing resources related to training and workforce development, opioid-related research, and new technology to effectively and efficiently abate opioid misuse.

This recommendation has no known fiscal impact.

Recommendation 11: Ensure that Problem-Solving Courts Collaborate with Treatment Providers that Offer Methadone and Buprenorphine.

Problem-solving courts, like drug courts, help connect individuals to community-based treatment, thereby diverting them from more extensive involvement in the justice system and helping to keep families intact. Judges play a critical role by closely monitoring progress, holding participants accountable, and encouraging their success. A meta-analysis of evaluations found that participation in drug courts can reduce recidivism by about 25 percent for up to three years.¹² However, some courts provide only limited access to the most effective medications for OUD. According to a survey of criminal

¹¹ Howard, H., et al. (2024). Evaluating Recovery Capital to Promote Long-Term Recovery for Justice-involved Persons in South Florida. *Journal of Addictions and Offender Counseling*. <https://doi.org/10.1002/jaoc.12141>.

¹² Mitchell, O., et al. (2012). Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts. *Journal of Criminal Justice*, 40(1), 60-71.

problem-solving and dependency court staff in Florida, only 38 percent collaborate with treatment providers that encourage methadone, and only 49 percent collaborate with treatment providers that encourage buprenorphine.¹³ Another survey of judges in criminal problem-solving and civil dependency courts in Florida found that nearly two percent reported that they never allow participants to recover with methadone or buprenorphine.¹⁴ Similar restrictions on naltrexone were not reported by any judges.¹⁵ To ensure that individuals involved with problem-solving courts remain connected to life-saving treatment, it is recommended that problem-solving courts collaborate with treatment providers that offer methadone and buprenorphine.

This recommendation has no known fiscal impact.

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¹³ Andraka-Christou, B. & Atkins, D. N. (2021). Whose Opinion Matters about Medications for Opioid Use Disorder? A Cross-Sectional Survey of Social Norms Among Court Staff. *Substance Abuse*, 42(4), 735-750.

¹⁴ Andraka-Christou, B., et al. (2022). Criminal Problem-Solving and Civil Dependency Court Policies Regarding Medications for Opioid Use Disorder. *Substance Abuse*, 43(1), 425-432.

¹⁵ Andraka-Christou, B., et al. (2022). Criminal Problem-Solving and Civil Dependency Court Policies Regarding Medications for Opioid Use Disorder. *Substance Abuse*, 43(1), 425-432.

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