



STATEWIDE COUNCIL ON OPIOID ABATEMENT

MEETING PACKET

A background image showing a close-up of a person's face, partially obscured by their hand, suggesting a state of distress or contemplation.

Combating the Opioid Epidemic

See how the State of Florida is serving communities by supporting prevention, treatment, and recovery efforts statewide.

May 7, 2025

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Statewide Council on Opioid Abatement

Meeting Agenda

May 7, 2025

2:00 P.M. – 3:30 P.M. EST

Council Members

Attorney General James
Uthmeier
Chair

2:00 – 2:05 Welcome and Roll Call
Sheriff Dennis M. Lemma, Delegate Chair

Sheriff Dennis M. Lemma
Delegate Chair

2:00 – 2:10 Approval of March 11, 2025 Meeting Minutes
Sheriff Dennis M. Lemma, Delegate Chair

Secretary Taylor Hatch
Vice Chair

2:10 – 2:30 Neonatal Abstinence Syndrome and Opioid Use Disorder
Lenette Serlo, Generation O

Amy Ronshausen
Governor's Appointee

2:30 – 2:50 Early Childhood Court
**Dr. Mimi Graham, Florida State University, Center for
Prevention & Early Intervention Policy**

Major Todd M. Shear
Senate President's Appointee

2:50 – 3:10 Jail-based Medication Assisted Treatment
**Dr. Laura Bedard, Chief of Corrections, Seminole County
Sheriff's Office**

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

3:10 – 3:20 Public Comment

Commissioner Chris Dougherty
Florida Association of Counties

3:20 – 3:25 Closing Remarks
Sheriff Dennis M. Lemma, Delegate Chair

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



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Florida League of Cities Appointee

Vice Mayor Jolien Caraballo
Florida League of Cities Appointee

Virtual Meeting Minutes

March 11, 2025

2:00 P.M. – 4:00 P.M. EST

Welcome/Call to Order

The meeting was called to order at 2:00 PM Delegate Chair, Sheriff M. Lemma
Roll call was taken by LaDarius Gammage

Attendance Summary

Sheriff Lemma, Delegate Chair

Attorney General James Uthmeier, Chair

Assistant Secretary Erica Floyd Thomas on behalf of Secretary Taylor Hatch, Vice Chair

Amy Ronshausen, Governor's Appointee

Major Todd Shear, President's Appointee

Tara Wildes on behalf of Sheriff Robert Hardwick, Office of the Speaker's Appointee

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

Todd Hockert, Subject Matter Expert

Laura Viafora Ray, Subject Matter Expert

Dr. Samantha Thompson, Subject Matter Expert

Opening Remarks

Sheriff Dennis Lemma opened the March 11, 2025, meeting by welcoming council members, staff, and public attendees, expressing gratitude for their continued dedication to the Council's work. Sheriff Lemma acknowledged the postponement of the originally scheduled February meeting, offering a formal apology. The reason, he explained, was his invitation to testify before the U.S. Senate Special Committee on Aging, chaired by Senator Rick Scott where he presented a comprehensive review of Florida's opioid epidemic, and the coordinated statewide response led by the Opioid Abatement Council. Sheriff Lemma congratulated Secretary Shevaun Harris on her appointment as Secretary of the Agency for Health Care Administration and welcomed Secretary Taylor Hatch to the Department of Children and Families leadership and the Council. Attendance was taken and a quorum was established.

Approval of Previous Meeting Minutes

Motion passed to approve minutes from the October 30, 2024, meeting.

Motion: Commissioner Kathleen Peters

Second: Major Todd Shear

Attorney General James Uthmeier, Council Chair

Direction of the Statewide Council on Opioid Abatement

Attorney General Uthmeier commended the Council's impressive progress and stated that its performance has exceeded expectations laid out when the Council was created by executive order. Attorney General Uthmeier outlined several key principles and goals that will guide his leadership of the Council:

- Access to Treatment: Develop strategies to ensure every Floridian has access to high-quality treatment.



Statewide Council on Opioid Abatement

- Youth Protection and Prevention from Opioid Exposure: Emphasized the importance of protecting children from the dangers of opioid misuse and vowed that his administration would center youth in its prevention messaging and increase efforts to restrict youth access.
- Support for First Responders and Healthcare Providers: He committed to prioritizing the needs of front-line personnel by ensuring they have the tools and support to effectively respond to overdoses and related crises.
- Public Education and Awareness: Stressed the need to expand public education efforts, including use of PSAs and multimedia campaigns to raise awareness about the risks of opioid misuse and the availability of treatment resources.

Fiscal Year 2025 Citrus County Opioid Settlement Funds

Presenter: Todd Hockert, Department of Health Citrus & Marion; Chair, Citrus Opioid Task Force

Todd shared the FY 24-25 Citrus County Opioid Settlement Funds plan. The plan included:

- LSF Health Systems partnership to oversee fund allocation.
- Establish tracking mechanisms for program effectiveness, with an annual progress review meeting.
- Prioritize "one and done" projects to ensure sustainability as funding decreases annually.
- Highlighted projects included:
 - CORE team expansion
 - SUD treatment services via Langley Health
 - Recovery housing by Zero Hour Life Center
 - Youth prevention through school-based programs

City of Jacksonville Strategic Use of Opioid Settlement Funds

Presenter: Laura Viafora Ray, Program Coordinator, Jacksonville Fire & Rescue

Jacksonville's Opioid Settlement Funds Strategic Approach includes:

- Administered through Jacksonville Fire and Rescue Department
- The grant program prioritizes prevention, treatment, and recovery support.
 - Implement mobile outreach programs to address gaps in services, particularly in high-risk zip codes.
 - After-school programs to support healthy decision-making attitudes and skills to prevent substance misuse.
 - Strong data tracking and site monitoring

The ATRAC Program

Presenter: Dr. Samantha Thompson, Jacksonville ACE Medical ATRAC Program

Jacksonville ACE Medical ATRAC Program includes:

- Mobile treatment services to underserved communities in Jacksonville.
- Expand Remote Life Health Support (RLH) program to track patients' health data in real-time.
- Conduct opioid prevention education sessions at middle and high schools, including Narcan training.
- Host community health fairs to increase outreach and engagement.

Highlighted youth training, community events, and gaps in health insurance access.

Statewide Opioid Recovery Efforts

Presenter: Erica Floyd Thomas, Assistant Secretary for the Office of Substance Abuse and Mental Health

The Assistant Secretary provided high-level overview of opioid abatement data for the state of Florida.

- Florida saw a 14% decrease in opioid-related deaths in Florida from 2021 to 2023.
- Major drivers:
 - Overdose Prevention Programs increased naloxone access.



Statewide Council on Opioid Abatement

- CORE Network expanded to 30 counties: 96.3% population coverage by the end of Fiscal Year 2024-2025.
- Continued support for Medication-Assisted Treatment programs; over 18,000 individuals received MAT, 45% initiated in treatment settings.
- 33% increase in certified peer recovery workforce.

Open Forum

Council Member Commissioner Kathleen Peters proposed a statewide opioid education campaign, modeled after the "Truth" tobacco initiative. It was confirmed that active efforts are underway via:

- The "Fact Your Future" campaign and toolkit.
- Multiple grants awards.
- Statewide prevention messaging.

Closing Remarks

Sheriff Lemma ended the meeting by calling on the Council to remain laser-focused on saving lives, strengthening communities, and ensuring every dollar of settlement funding yields measurable results. He thanked everyone again for their participation and officially adjourned the meeting at 3:54 PM.



GENERATION O

The National Organization for Opioid-Exposed Children



Hello



Generation O began with a dream—to bring light to the often overlooked and misunderstood struggles of children prenatally exposed to opioids.

As a parent of two opioid-exposed children, I know firsthand the challenges these incredible kids and their families face. It begins with the terrifying and stressful experience of opioid withdrawal.

These children, now numbering over a half million, are innocent victims of our country's opioid crisis. Their prenatal injuries can be a lifelong struggle. They cannot be ignored.

Lenette Serlo, Founder & CEO

Generation O: The National Organization for Opioid-Exposed Children

Lenette

Our **MISSION**

- Support parents and caregivers through education, resources and community.
- Help professionals and policy catch up with evolving science around prenatal opioid exposure and its long-term effects on children as they grow.
- Provide information and scientific research, in plain English, about the long-term outcomes of prenatal opioid exposure.



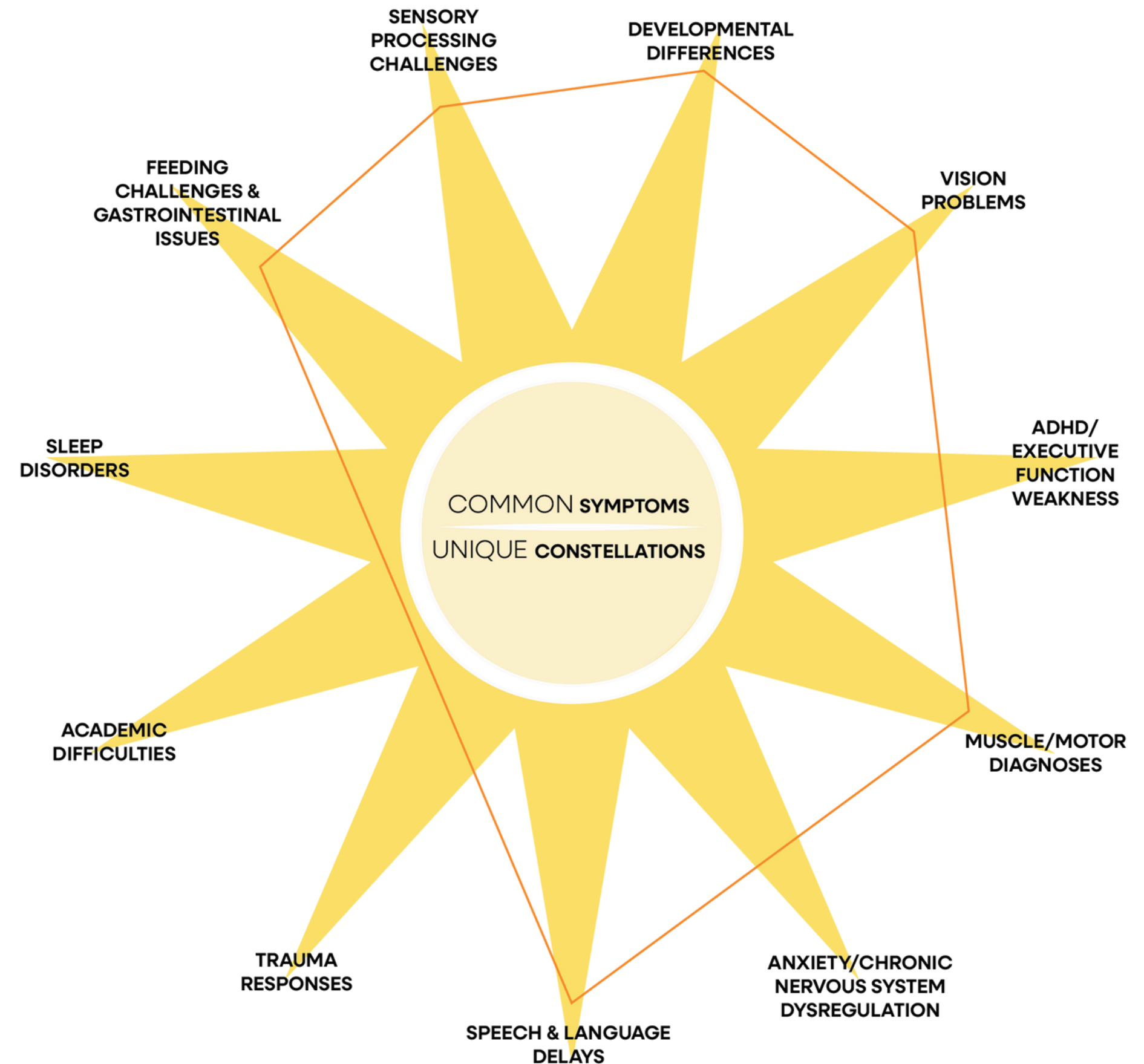


NAS/NOWS* ends in the NICU. **The effects of opioid exposure can last a lifetime.**

Parents and caregivers of babies born with opioid exposure have begun to see common symptoms in their children.

Not every child has every symptom. They do, however, experience their own unique constellation of symptoms from this common group.

**Neonatal Abstinence Syndrome (NAS)
Neonatal Opioid Withdrawal Syndrome (NOWS)*



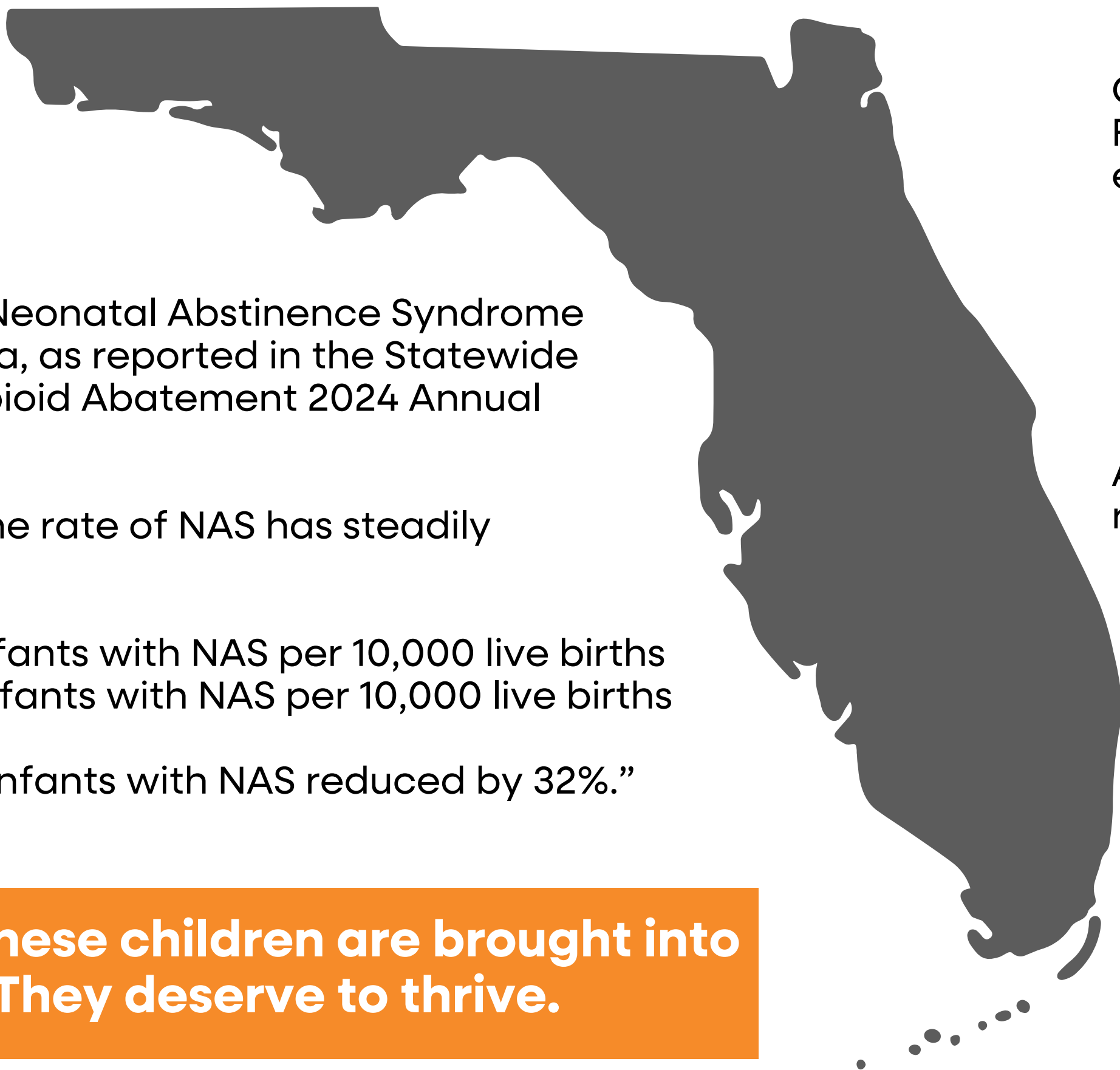
The SCIENCE

Is there proof that prenatal opioid exposure causes the challenges faced by Generation O? Yes-there is!

11 MOST COMMON LONG-TERM OUTCOMES:

- Developmental Differences
- Vision Problems
- Executive Function Weakness & ADHD
- Sleep Disorders
- Anxiety/Chronic Nervous System Dysregulation
- Feeding Challenges & Gastrointestinal Issues
- Speech & Language Delays
- Academic Difficulties
- Muscle/Motor Diagnoses
- Trauma Responses
- Sensory Processing Challenges





Incidence of Neonatal Abstinence Syndrome (NAS) in Florida, as reported in the Statewide Council on Opioid Abatement 2024 Annual Report.

“Since 2018, the rate of NAS has steadily decreased.”

- 2018: 62 infants with NAS per 10,000 live births
- 2022: 42 infants with NAS per 10,000 live births

“...number of infants with NAS reduced by 32%.”

It's time these children are brought into the light. They deserve to thrive.

Consider the baseline of NAS births in Florida prior to the ramp up of the opioid epidemic

- 2008: 24 infants with NAS per 10,000 live births
- 2009: 35 infants with NAS per 10,000 live births

Also consider the rates of NAS in 2022 in rural counties

- Bradford County: 268 infants per 10,000 live births
- Putnam County: 196 infants per 10,000 live births
- Clay County: 134 infants per 10,000 live births

**BILLIONS OF OPIOID SETTLEMENT DOLLARS
HAVE BEEN DISBURSED NATIONALLY.**

**FLORIDA OPIOID ALLOCATION
AND STATEWIDE RESPONSE AGREEMENTS**

**Schedule A
Core Strategies**

D. Expanding Treatment for Neonatal Abstinence Syndrome

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. **Expand long-term treatment and services for medical monitoring of NAS babies and their families.**

**4 BABIES IN THE U.S. WILL
BE BORN WITHDRAWING
FROM OPIOIDS IN THE
NEXT HOUR.**

**E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH
NEONATAL ABSTINENCE SYNDROME**

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women - or women who could become pregnant - who have OUD and any co-occurring SUD/MH conditions, and **other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.**
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; **expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.**

Your Support is Critical

Change the conversation around the opioid crisis to **focus more on the children who are impacted**, rather than simply adults who are addicted. Make **Florida** a leader in this fight.



What we can do Together

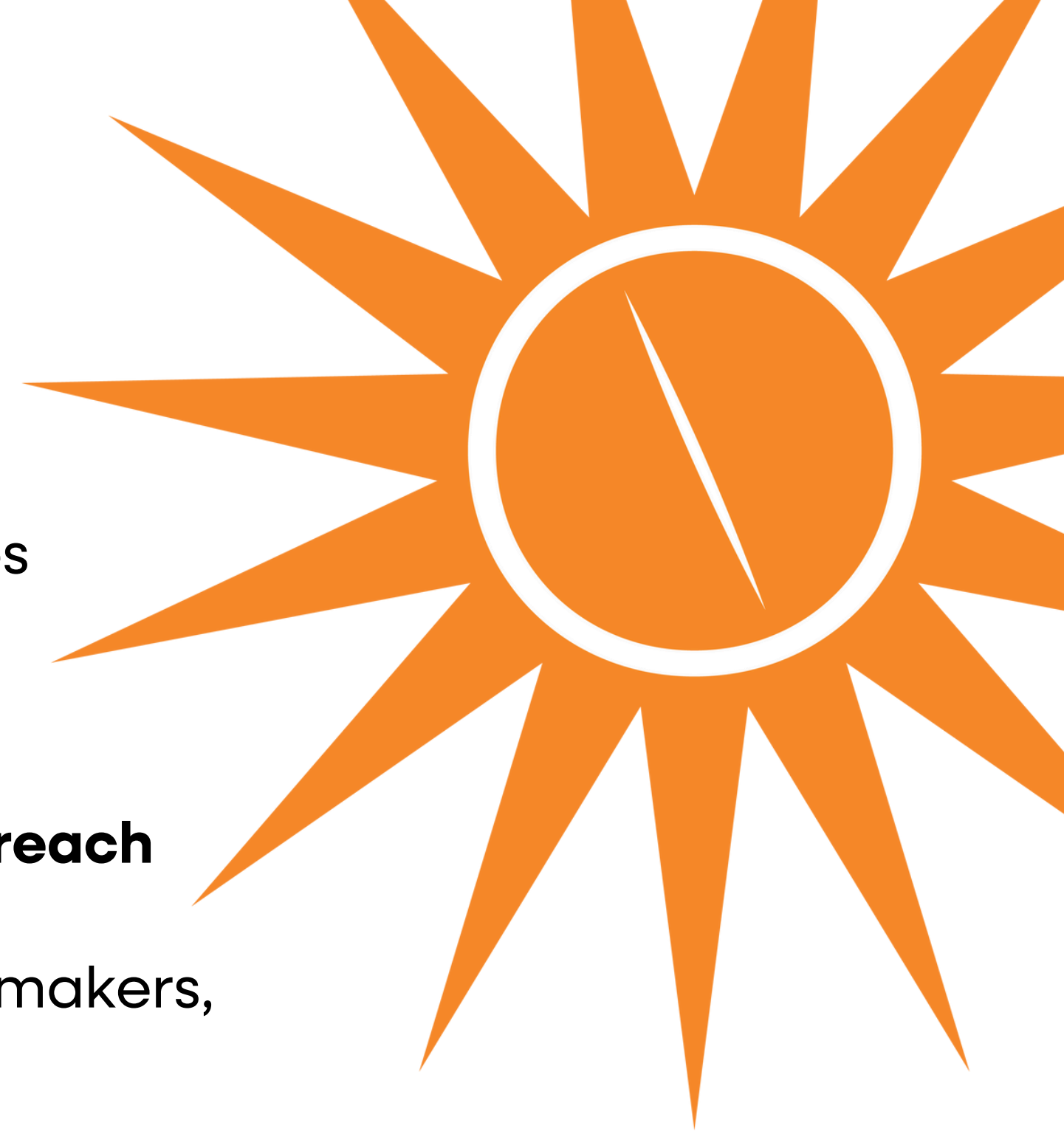
Peer Support for caregivers raising opioid-exposed babies

Education for families through the **Thrive Points Program**

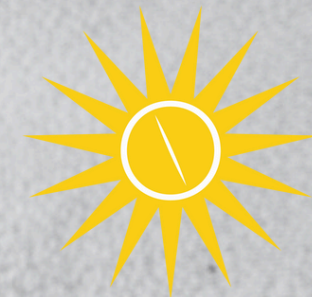
Neonatal Intensive Care Unit (NICU) and Pediatrician **outreach**

Opioid-exposed children summit including Florida policy-makers, medical and therapeutic professionals and parents

The 10% Pledge: Protecting children in the wake of the opioid crisis



OPIOID SETTLEMENT FUNDS FOR OPIOID-EXPOSED CHILDREN



GENERATION O

The National Organization for Opioid-Exposed Children

Lenette@GenerationO.org
GenerationO.org

GenerationO.org





Florida's _____ Early Childhood _____ Courts

Florida's Opioid Settlement: Opportunities for Florida's Early Childhood Courts to Break the Intergenerational Cycle of Trauma

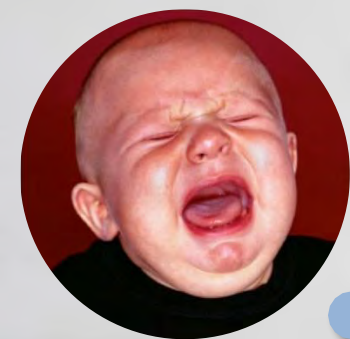
Dr. Mimi Graham, Director, FSU Center for Prevention & Early Intervention Policy

mgraham@fsu.edu. www.cpeip.fsu.edu



50% of children coming into
child welfare are under age 5.
Babies are the largest age group.

Early Childhood Courts Stop the Multigenerational Cycle of ACEs & Court Involvement



Adverse Childhood Experience



High Risk Teen Years



Adverse Adult Experience



Dependency Court

Juvenile Court

Adult Courts:

Criminal Court
Drug Court
DV Court
Divorce Court
Veteran's Court

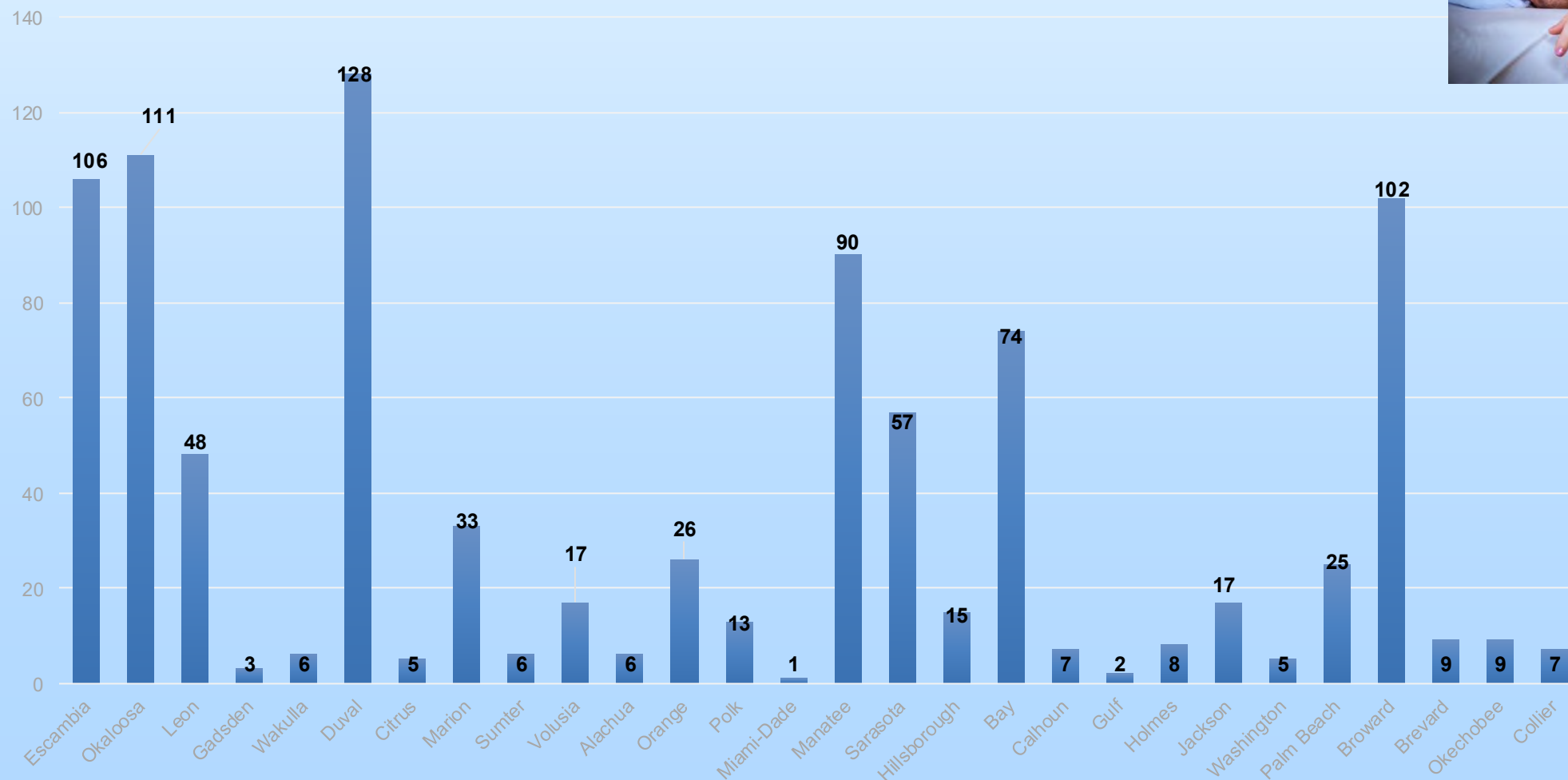
Florida's Early Childhood Courts

82% of children in ECC had substance use as removal/referral reason
(936 out of 1137 during the period 1/1/2018-4/4/2023)

ECC Children with a Removal/Referral Related to Substance Use

Data from 1/1/2018 - 4/4/2023

Compiled by Florida's Office of State Courts Administrator



Florida's Early Childhood Courts

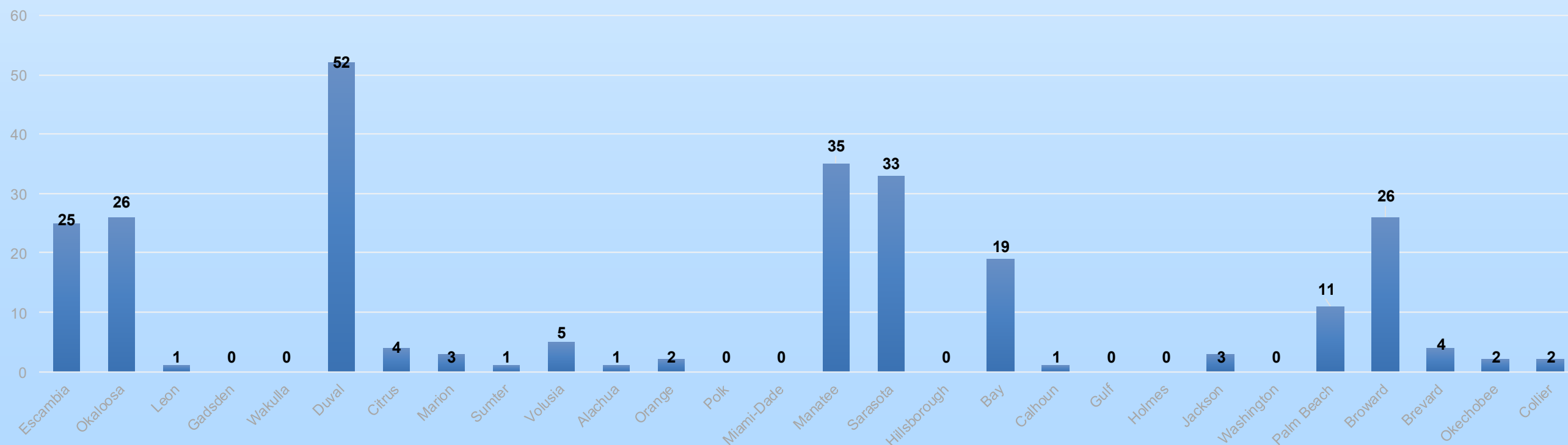
24.28% of children in ECC had opioids as removal drug

(256 out of 1137 during 1/1/2018-4/4/2023)

ECC Children with Opioids as a Removal Drug

Data from 1/1/2018 - 4/4/2023

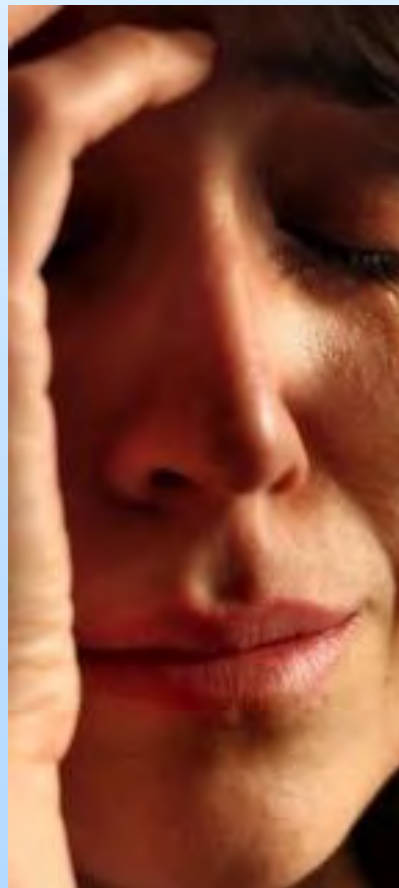
Compiled by Florida's Office of State Courts Administrator



Decades of research show that Adverse Childhood Experiences (ACEs) can have devastating effects on long-term health and well-being.



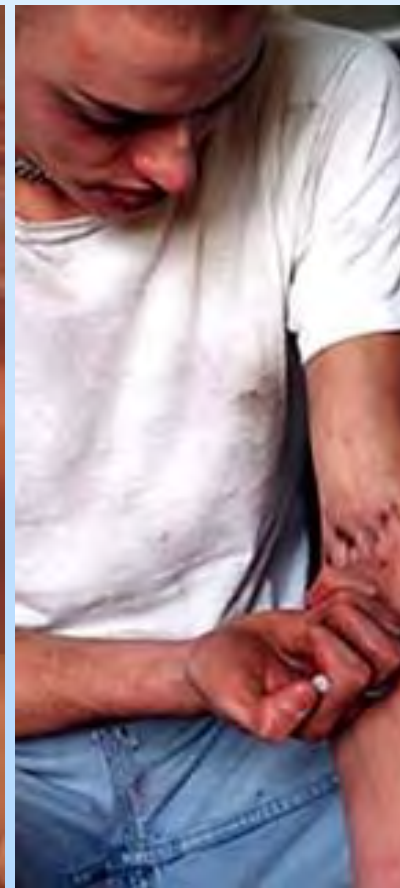
Academic



Mental Health



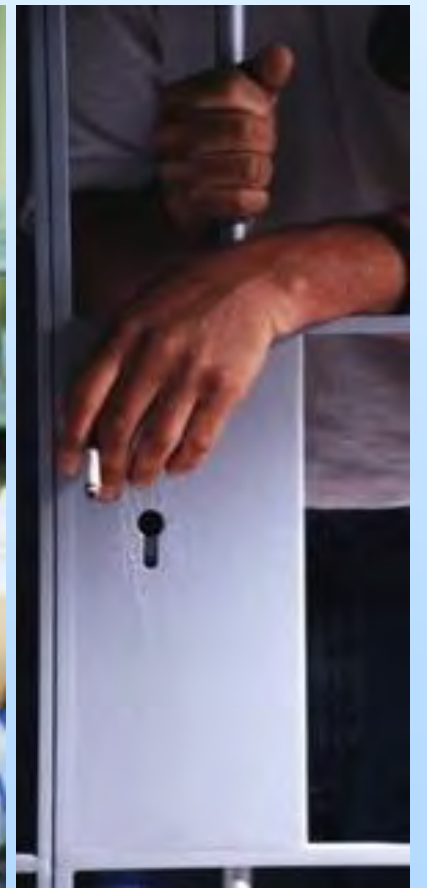
Maltreatment



Addictions




Disease



Crime

Trauma to Prison Pipeline:

Yesterday's Trauma Victims Become Today's Defendants

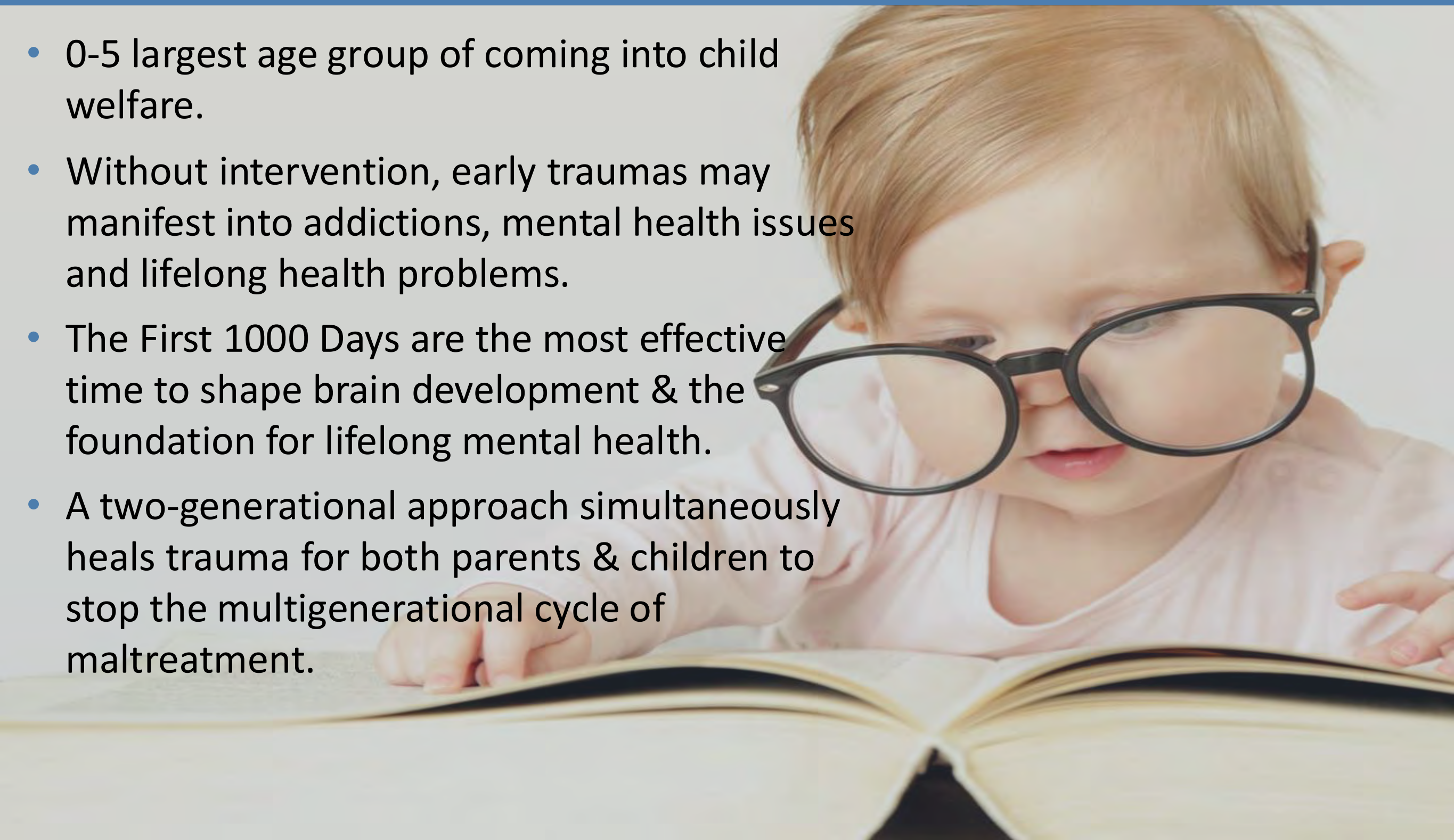
A close-up photograph of a person's hands and forearms. They are wearing an orange jumpsuit, typical of prison attire. Their hands are cuffed together in front of them with metal handcuffs. The background is dark and out of focus.

Child maltreatment is the strongest predictor of delinquency, recidivism, violence, and incarceration.

Example: Mom who lost 7 children because of her addiction

Why Early Childhood Court?

- 0-5 largest age group of coming into child welfare.
- Without intervention, early traumas may manifest into addictions, mental health issues and lifelong health problems.
- The First 1000 Days are the most effective time to shape brain development & the foundation for lifelong mental health.
- A two-generational approach simultaneously heals trauma for both parents & children to stop the multigenerational cycle of maltreatment.





Early Childhood Court Family





What is Early Childhood Court?

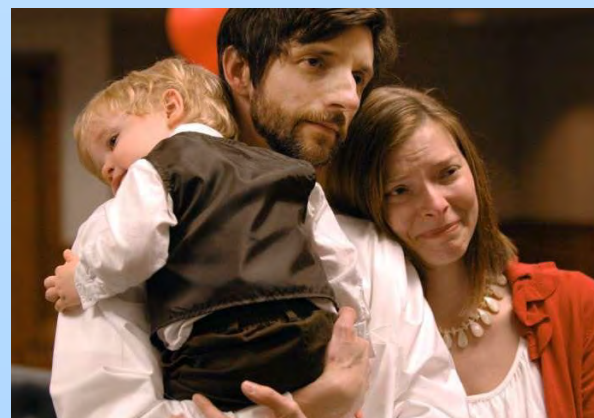
1. Trauma Informed Judges



2. Community Coordinator & Collaborative Court Team



3. Child-Parent Psychotherapy





1. Trauma- Educated Judges Create Trauma-Informed ECC Courts



- Hosts monthly court dockets
- Creates a trauma-informed court team with therapeutic services
- Informed by the science & multidisciplinary team to guide decisions



2. Court Coordinator & Collaborative Court Team



Serves as liaison with judge, team, and family to expedite permanency



Learns family needs & integrates with clinical and team input to fast track services



Coordinates monthly team meetings to ensure on track



3. Child-Parent Psychotherapy (CPP)

CPP: Evidence-based intervention for children 0-5 with trauma

- Licensed clinicians
- Rigorous 18-month skill building training with bi-weekly case consultation and fidelity measures
- Addresses both parent & child trauma.



COST AVOIDANCE MEDICAID: Benefit to cost ratio (CPP)

<https://www.wisipa.org/BenefitCost?AreaSelection=BC&SearchQuery=520050.paramType=KEYWORD:Any&SearchQuery=WSR045D.paramType=AND&SearchQuery=WSR045D.valueString=Child+Parent+Psychotherapy>

Costs of CPP (and other Medicaid services: CPRS)

Annual cost per child:	\$ 10,480	
Annual Savings/Cost avoidance	\$ 63,125	over lifetime
Benefits to cost ratio	\$ 6.02	ROI
Adjusted annual HC savings per child	\$ 901.79	

Benefit-Cost Summary Statistics Per Participant

Benefits to:		
Taxpayers	\$20,585	Benefits minus costs \$58,558
Participants	\$34,566	Benefit to cost ratio \$13.82
Others	\$6,886	Chance the program will produce benefits greater than the costs 96 %
Indirect	\$1,089	
Total benefits	\$63,125	
Net program cost	(\$4,567)	
Benefits minus cost	\$58,558	

For an overview of WSIPP's Benefit-Cost Model, please see [this guide](#). The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2018). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our [Technical Documentation](#).

For every \$1 invested, there is an expected \$6.02 savings and a projected \$900 annual savings per child on the CPP clinical services funded by Medicaid.

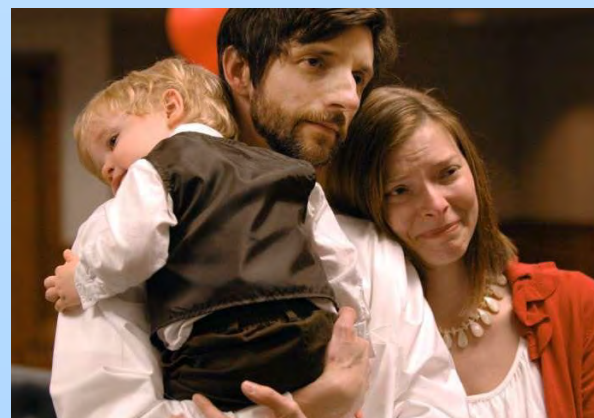


What are the outcomes?

1. Trauma Informed Judges

2. Community Coordinator & Collaborative Court Team

3. Child-Parent Psychotherapy



Accelerates Permanency

Reduces Re-Abuse

Enhances Well-Being



How Does Early Childhood Court Differ From Current Practice?

Area	Current FL Statutory Requirement	Trauma-Informed Baby Court Process
Case Reviews/Hearings	Status reviews every 6 months.	Monthly case reviews
Visitation	1x per month required	Daily contact recommended 3x week visitation minimal
Judges	No trauma training required	Training in science of attachment, brain development, trauma & resiliency
Mental Health/Focus	Not required	Predominant role of IMH & CPP
Wellbeing	CBHA	Early Identification & treatment



Hope & Healing



Documentaries of Florida's Early Childhood Courts

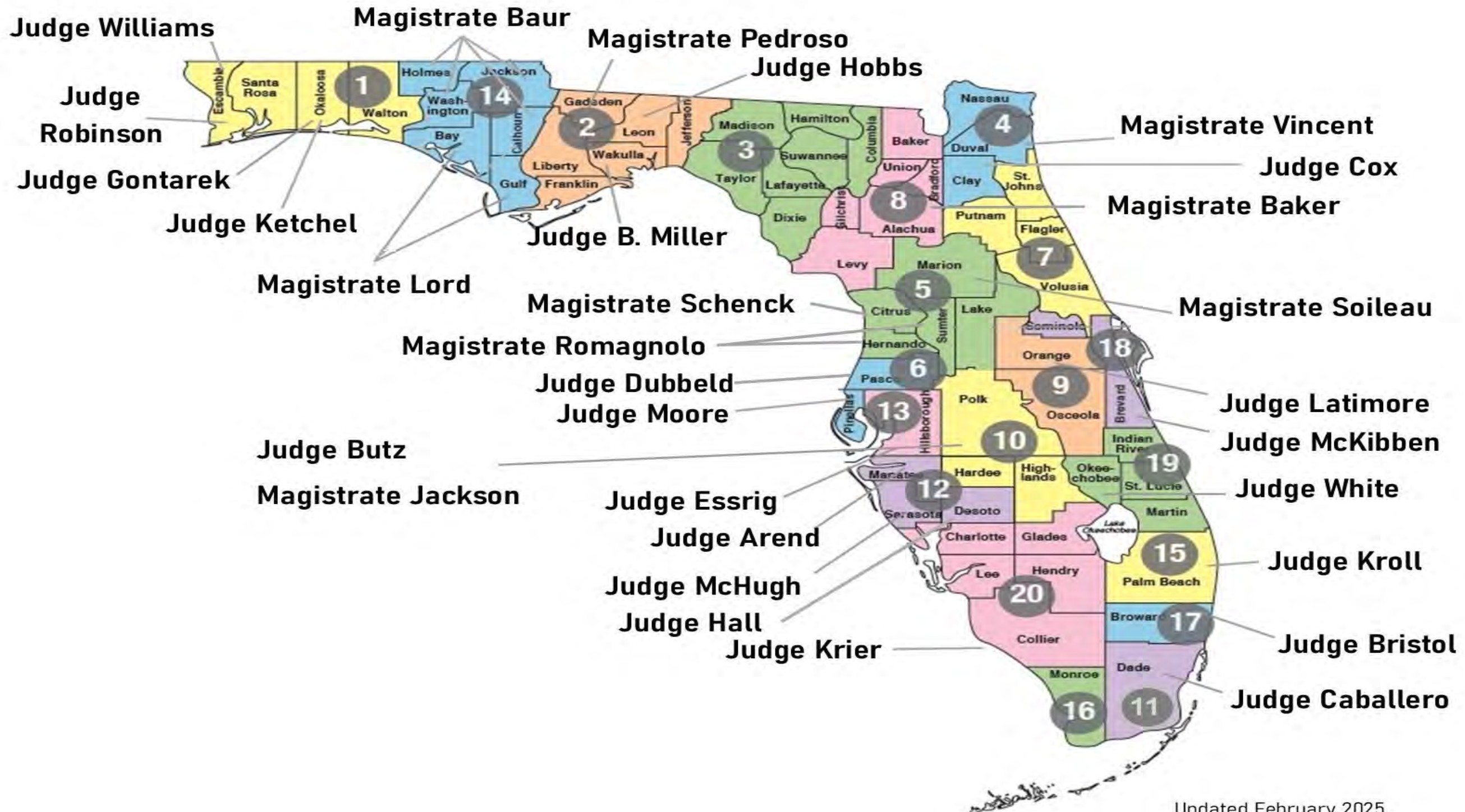
Hope & Healing Documentary (4 minutes)

https://www.youtube.com/watch?v=yZX7_Ad_WQo&t=113s

Hope & Healing Documentary (20 minutes)

https://www.youtube.com/channel/UCngRSdoTP5mul63TIP_eL7w

**In 2025, 34 ECC sites
yet, only 304 of the 3804 eligible 0-3
children served**



WHY aren't ALL 0-3 Babies in ECC?

- No dedicated funding for ECC
- Widespread vacancies & high turnover due to non-competitive salaries
- Shortage of trained CPP therapists
- Inadequate Medicaid compensation



Florida ECC Expansion Plan





Rational for Expansion

1. ECC is an Evidence-based Intervention



Florida's Early Childhood Courts (ECC) are based on multiple multi-site evaluation studies showing the evidence-based **Safe Babies Court Team** sites "reached permanency faster and had lower rates of recurrence when compared with national averages" as summarized in the most recent permanency study (2024).

Safe Babies: The Evidence Base:
<https://www.zerotothree.org/resource/safe-babies-evidence/>



2. ECC is a two-generational intervention with simultaneous focus on needs of both parents & the child.

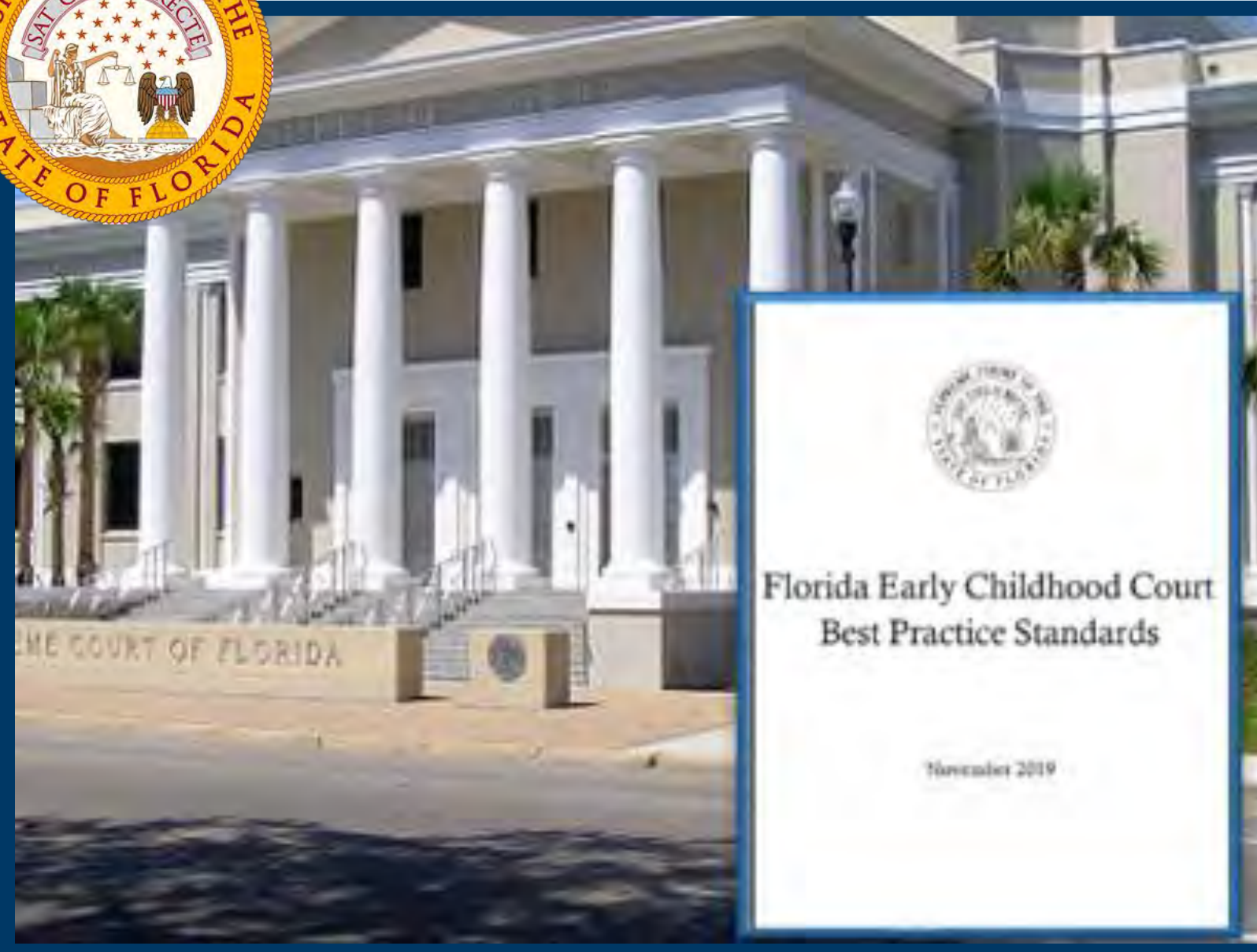
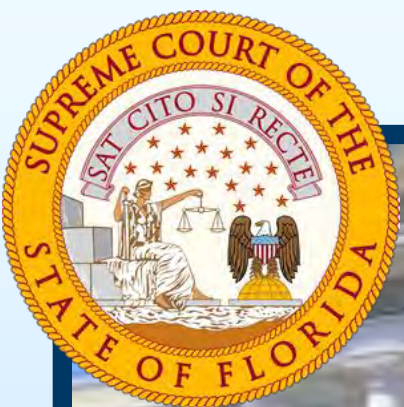




Rational for Expansion

3. Best Practices Standards

Promote Quality Statewide





Rational for Expansion

4. Data-Supported Outcomes- 2022-2024

- **Higher reunification rates** for ECC than non-ECC (62% vs 50%)
- **Faster reunification** for ECC than non-ECC by 49 days
- **Faster adoptions** in ECC than non-ECC (by almost 6 months)
- **Lower re-removals rates** (7.8%) for ECC than non-ECC (8.8%) in 2020 and even lower ECC re-removals (6%) in 2024.



Rational for Expansion

5. Taxpayer Cost Savings

“The ECC approach yields significant benefits to taxpayers and society. We recommend statewide expansion with permanent dedicated funding.”

Florida TaxWatch, 2020



Florida TaxWatch Projects Millions in Saving from Early Childhood Court (2020)

	Total Labor Costs	Total Out-of-Home Costs	Total Recidivism Costs	Total Cost
Traditional Courts	\$297.2 million	\$140.1 million	\$55.9 million	\$493.4 million
Early Childhood Courts (ECC)	\$242.7 million	\$111.9 million	\$25.1 million	\$379.8 million
Total Savings	\$54.5 million	\$28.3 million	\$30.8 million	\$113.6 million

Summary

Early Childhood Court is a proven, evidence-based trauma treatment approach that can improve child well-being, strengthen families to stop the multigenerational cycle of maltreatment AND save taxpayer dollars.



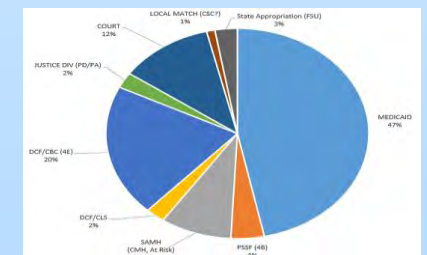
Cost Projections for Expansion

Cost to deliver the ECC model is estimated at \$500,000 per team serving 20 families/30 children.



Blending and Braiding Funds would optimize funding streams for ECC including:

- Medicaid Community Behavioral Health Services
- DCF Promoting Safe and Stable Families Act (Title 4B funds)
- DCF Substance Abuse and Mental Health Funding
- DCF Children's Legal Services
- DCF Title 4E Case Management Funds
- Local match (city, county and local funding as match to Title 4B)
- Court administration
- University funding (Florida Institute for Child Welfare)





If we use science and do our jobs well, we can change the tragedy that brings children and families into our courtrooms into an opportunity to heal.





Join Us!



1000

FIRST 1000 DAYS
Florida



1000 FIRST 1000 DAYS Florida

Florida's 2025 First 1000 Days Policy Priorities

MATERNAL AND CHILD HEALTH

- Expand access to maternal mental health services.
- Address provider shortages and maternity "deserts" to increase prenatal and postpartum care.

Advocates: Florida Policy Institute, Florida Department of Health, Florida Hospital Association, Managed Care Plans, Florida Impact

INFANT AND TODDLER CARE

- Expand quality infant/toddler care and education to promote school readiness.
- Address early childhood workforce shortages.

Advocates: Association of Early Learning Coalitions, Children's Forum, The Children's Movement of Florida, Head Start Association, FSU Center for Prevention & Early Intervention Policy

EARLY INTERVENTION

- Increase community based screening.
- Increase workforce for early detection and intervention for autism and other developmental issues.

Advocates: The Children's Movement of Florida, Children's Home Society of Florida, FSU Center for Prevention & Early Intervention Policy, Children's Forum

ACES, RESILIENCE, & TRAUMA

- Increase access and providers in early childhood and family mental health services.
- Expand therapeutic "baby courts" to break multigenerational trauma.

Advocates: FSU Center for Prevention & Early Intervention Policy, Children's Home Society of Florida, Office of the State Courts Administrator, Florida Department of Children and Families, Community Based Care, Florida Association for Infant Mental Health

ECONOMIC & FAMILY SUPPORTS

- Expand health coverage eligibility and paid maternal and family leave.
- Support working families with childcare subsidies.

Advocates: Florida Policy Institute, The Children's Movement of Florida, Florida Impact, Florida Chamber of Commerce

Revised 1/15/25

Thank you!

Dr. Mimi Graham, Director
FSU Center for Prevention & Early Intervention Policy

mgraham@fsu.edu

www.cpeip.fsu.edu





JEPGF

MEDICATION ASSISTED TREATMENT PROGRAM

MEDICAL SCREENING UPON INTAKE

- Maintenance:

Medication started and then the inmate is seen by the provider within 2 to 3 days. The provider will order additional bloodwork, an EKG, and an additional UDS.

- Medically Assisted Withdrawal Protocol:

Treatment for peripheral symptoms alone and/or the use of Subutex or Librium.

- MAT screenings:

Individuals request MAT services through the kiosk. They must attend an education group and be screened for eligibility.

MAT SCREENING

- Medical screening
 - EFORSCE check
 - Clinical Institute Withdrawal Assessment for Alcohol (CIWA)
 - Clinical Opiate Withdrawal Scale (COWS)
 - UDS
-
- Medical screening generates:
 - Maintenance
 - Medically Assisted Withdrawal Protocol
 - MAT screening

MEDICATION ASSISTED PROGRAM

- Components:
 - Medications (Suboxone, Subutex, Vivitrol, Sublocade, Naltrexone, Brixadi)
 - Counseling
 - Medical Supervision

MAT COMMITTEE

- Weekly multidisciplinary meetings are held consisting of Medical, Programs & Security Staff
- Review inmate progress
- Discuss challenges and solutions
- Discuss diversion
- Ensure program adherence and safety
- Ensure Grant requirements and documentation are completed
- Share updates and insights
- Discuss and identify eligible inmates

IN RESPONSE TO THE OPIOID EPIDEMIC THE SEMINOLE COUNTY SHERIFF'S OFFICE CREATED THE ACTT PROGRAM

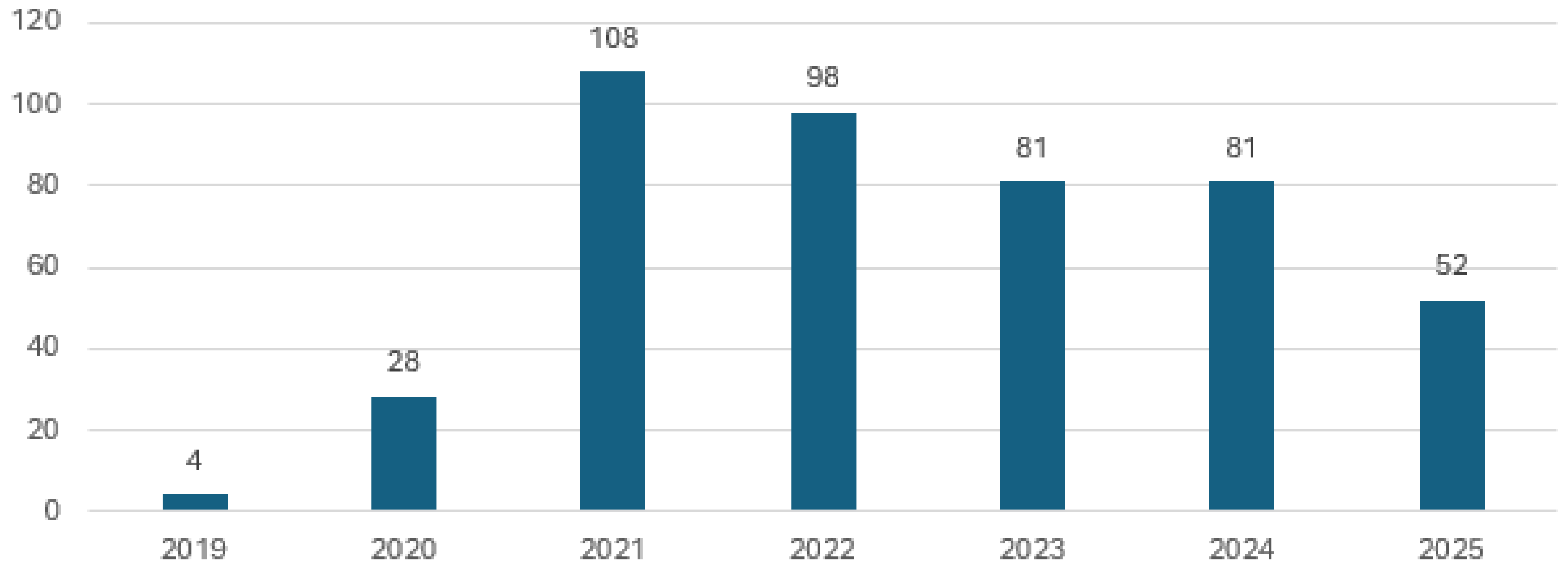
- The ACTT Program is focused on 3 levels of intervention:
- Prevention - Providing information about resources and services in the community. Communicating the dangers of prescribed medications.
- Education - Teach the inmate population about substance abuse and key factors that contribute to addiction.
- Treatment - Improve the mental, physical and emotional well-being through MAT, counseling, yoga and mindful mediation.

ACCEPTING
CHANGE
THROUGH
TREATMENT

PROGRAM ELEMENTS

- Medication Assisted Treatment (MAT) for those who qualify (Vivitrol, Suboxone)
- Health and wellness activities (yoga and mindful meditation)
- Education surrounding drug addiction (evidence based programming)
- Cognitive behavioral intervention for criminal and addictive thinking patterns (T4C)
- Peer support – NA, AA and self lead groups
- Trauma focused therapy
- Release planning and re-entry support aftercare services, SCORE team follow-up – Outpatient treatment (Aspire, Recovery House etc.)

2019-2025 MAT Participants



MEETING INMATES WHERE THEY ARE

- We treat approximately 20 inmates at a time.
- Maintenance inmates
- Inmates returning to the community within the next 90 days.
- All inmates complete the education group, the screening, a psychosocial, and a treatment plan.
- They are required to attend weekly outpatient services or enter one of our substance use disorder dorms.

TREATMENT & DISCHARGE

- Treatment and discharge planning are required.
- Individuals are seen by the provider as well as a counselor on a weekly basis.
- Partnership with Clear Futures and health department
- Individuals are either case-managed into transitional housing that will allow MAT services or return home, and we help coordinate them entering the provider of their choice upon release.



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