



# STATEWIDE COUNCIL ON OPIOID ABATEMENT

## MEETING PACKET

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A background image showing a close-up of a person's face, specifically their hand holding their head in pain, suggesting the physical effects of opioid use.

## Combating the Opioid Epidemic

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

**September 5, 2025**

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# Statewide Council on Opioid Abatement

## In-Person Meeting Agenda

September 5, 2025

9:00 A.M. – 11:00 A.M. EST

### Council Members

Attorney General James  
Uthmeier  
Chair

Sheriff Dennis M. Lemma  
Delegate Chair

Secretary Taylor N. Hatch  
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

Mayor Keith James  
Florida League of Cities  
Appointee

Council Member Josh Fuller  
Florida League of Cities  
Appointee

Vice Mayor Jolien Caraballo  
Florida League of Cities  
Appointee

**JW Marriott Orlando Grande Lakes**  
**4040 Central Florida Parkway, Orlando Florida 32837**

- |               |  |
|---------------|--|
| 9:00 – 9:15   | Welcome/Call Meeting to Order/Opening Remarks<br><b>Sheriff Dennis M. Lemma, Delegate Chair</b>  |
| 9:15 – 9:20   | Roll Call and Approval of May 7, 2025 Meeting Minutes<br><b>Aaron Platt, DCF Staff Liaison</b>   |
| 9:20 – 9:45   | Keynote: Opioid State of the State<br><b>Mark Stavros M.D., FACEP, FASAM, Florida State University, College of Medicine</b>  |
| 9:45 – 10:00  | Embedding First Responder Resilience and Readiness in the Opioid Abatement Framework<br><b>Dr. Kellie O'Dare, Deputy Executive Director, UCF Restores</b>                                |
| 10:00 – 10:50 | Review and Discussion of the 2025 Statewide Council on Opioid Abatement Report Recommendations<br><b>William Hardin, Deputy Assistant Secretary, Department of Children and Families</b> |
| 10:50 – 10:55 | Public Comment   |
| 10:55 – 11:00 | Closing Remarks<br><b>Sheriff Dennis M. Lemma, Delegate Chair</b>  |



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Commissioner Chris Dougherty  
Florida Association of Counties

Commissioner Lee Constantine  
Florida Association of Counties

Commissioner Kathleen Peters  
Florida Association of Counties

Vacant  
Florida League of Cities Appointee

Vice Mayor Jolien Caraballo  
Florida League of Cities Appointee

# Statewide Council on Opioid Abatement

## Virtual Meeting Minutes

May 7, 2025

2:00 P.M. – 3:30 P.M. EST

### Welcome/Call to Order

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

### Attendance Summary

Sheriff Lemma, Delegate Chair

Secretary Taylor Hatch, Vice Chair

Amy Ronshausen, Governor's Appointee

Major Todd Shear, President's Appointee

Sheriff Robert 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

### Opening Remarks

Sheriff Dennis Lemma opened the May 7, 2025, meeting by welcoming council members and expressing appreciation on behalf of Attorney General James Othmeier. Recent data was shared showing reductions in opioid-related deaths (11%) and non-fatal emergency department visits (16%) in 2023.

### Approval of Previous Meeting Minutes

A motion passed to approve minutes from the March 11, 2025, meeting.

Motion: Major Todd Shear

Second: Amy Ronshausen

### Neonatal Abstinence Syndrome and Opioid Use Disorder

Lenette Serlo, Founder and Chief Executive Officer of Generation O, a national organization for prenatal opioid-exposed children, highlighted long-term developmental and behavioral effects on children and emphasized the lack of pediatrician awareness and peer support. Initiatives to combat prenatal opioid exposure were proposed by Ms. Serlo and included: caregiver education, peer mentor programs, an opioid-exposed child summit and a 10% pledge of settlement funds for child-specific services. Ms. Serlo also recommended the State of Florida fund therapy access via a preloaded healthcare spending card for exposed children. Council Member Shear endorsed increased funding for prenatally exposed children.

Council Member Secretary Hatch supports increasing partnership with the Department of Health, specifically with regard to pediatrician awareness. She also supports increased collaborations with the Agency for Healthcare Administration, hospitals, the Agency for Persons with Disabilities and the newly established HOPE Navigators with the Department of Education.

### Early Childhood Court

Dr. Mimi Graham, Director of the Florida State University Center for Prevention and Early Intervention Policy presented on the Early Childhood Court Program. The Early Childhood Court Program serves children 0-3 years of age in the child welfare system due to substance exposure. The program incorporates trauma-informed judges, therapists and mentors. Thus far



## Statewide Council on Opioid Abatement

results have indicated higher reunification rates, accelerated permanency and lower recidivism rates. Dr. Graham recommends that the State of Florida dedicates opioid abatement funding to expand the Early Childhood Court Program.

### **Jail-based Medication Assisted Treatment**

Dr. Laura Bedard, Chief of Corrections for the Seminole County Sheriff's Office presented on the Jail-Based Medication Assisted Treatment Program and the Residential Drug Treatment Program at the John E. Polk Correctional Facility in Seminole County. The correctional facility is the first jail in Florida to offer Medication Assisted Treatment (MAT). Dr. Bedrad discussed key elements of Seminole County's MAT program including the MAT Committee, a weekly multidisciplinary committee that meets to review the inmate's progress and the residential treatment program, Accepting Change Through Treatment (ACTT) program which focuses on three levels of intervention: prevention, education and treatment. Another key element of the Seminole County program is coordinating with community-based care agencies to ensure continuity of care for inmates upon their release.

### **Council Member Comments**

Council Member Constantine shared that he is a member of the National Opioid Task Force. The Task Force's National meeting was held recently in Washington DC in which 16 counties were recognized for their efforts in fighting the opioid epidemic. Council Member Constantine offered to share this information with this Council.

Council Member Dougherty acknowledged the work of the Bradford County Paramedicine Program and suggested the program present to the Statewide Council on Opioid Abatement.

Council Delegate Chair Lemma suggest the Council hosts an in-person Opioid Summit complete with speakers and presentations.

### **Public Comment**

Rihanna Giannico, Pasco County Support Services: Ms. Giannico's department manages the opioid settlement funds for Pasco County. She thanked the Council and other organizations for advocating on behalf of the victims of the opioid epidemic.

### **Closing Remarks**

Sheriff Lemma provided closing remarks and thanked council members, presenters and community partners for their participation. The meeting adjourned at approximately 3:25 PM.



# **CONFRONTING THE OPIOID EPIDEMIC:**



**TRENDS, IMPACTS, AND PATHWAYS TO RECOVERY IN  
FLORIDA AND THE U.S.**



# **MARK STAVROS, MD, FASAM, FACEP**

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Medical Director, Gulf Coast Addiction Medicine

CMO, Maric Healthcare

Associate Professor, FSU College of Medicine

Emergency Physician, Pensacola, FL

Medical Director, Pensacola State College  
EMT/Paramedic Program

Peer Prescriber, FADAA



# DRIVERS OF THE OPIOID CRISIS

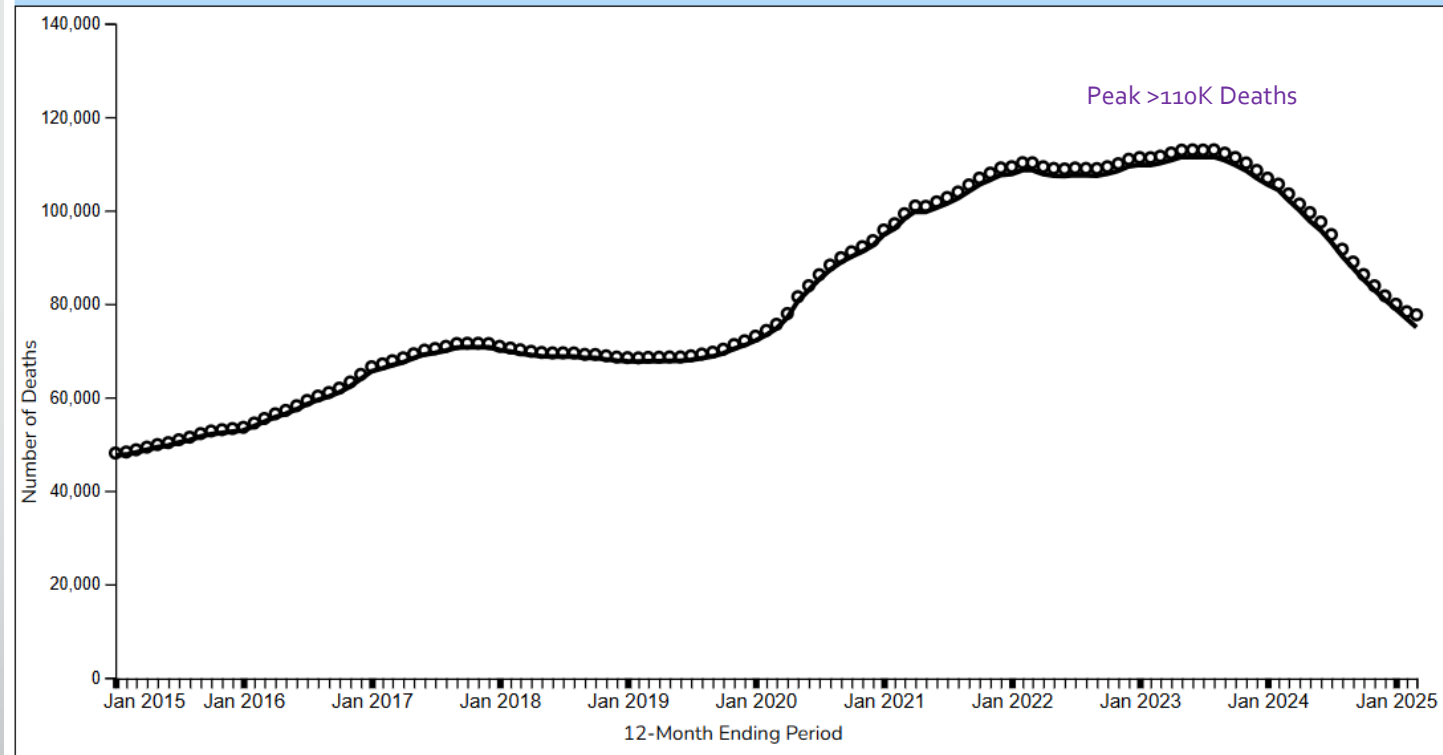
- Over-prescribing of opioids
- Pain as 5<sup>th</sup> Vital sign
- Pharmaceutical marketing (e.g., Purdue Pharma)
- Rise of synthetic opioids (e.g., fentanyl)
- Socioeconomic and mental health factors
- Covid-19



# National Trends

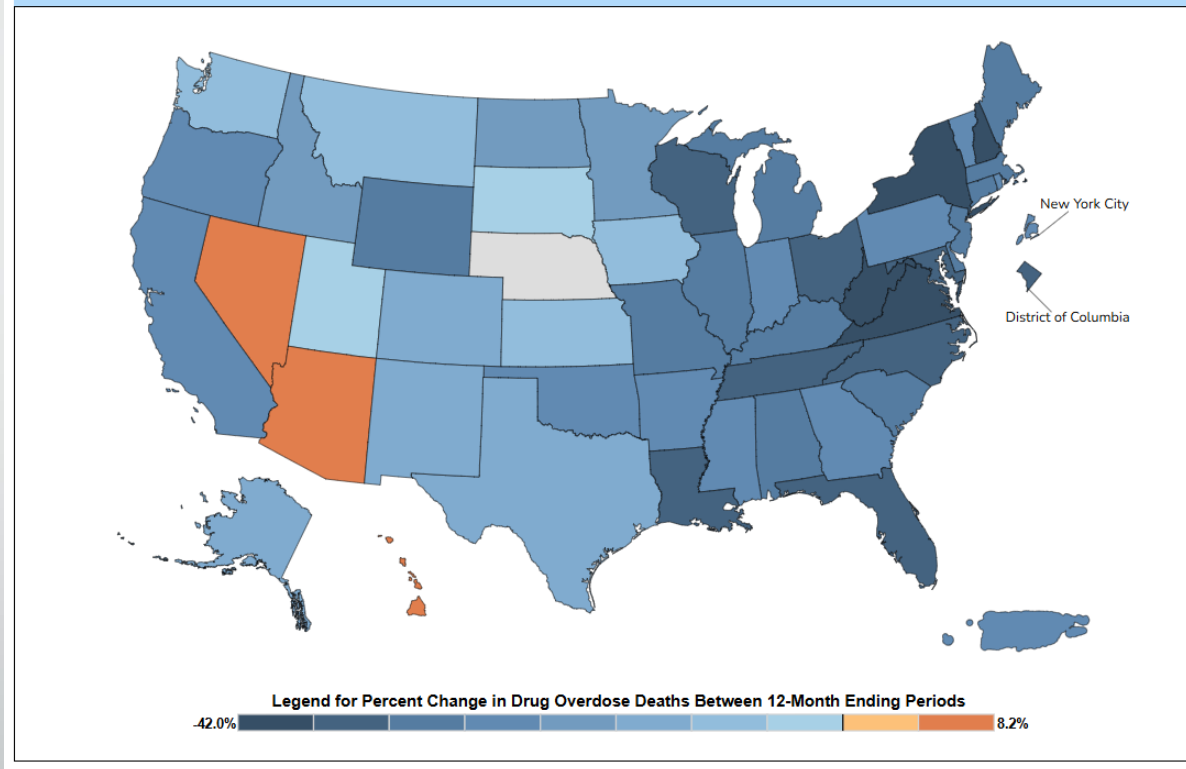
Based on data available for analysis on: August 3, 2025

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



# % Change in US OD Deaths

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: March 2024 to March 2025

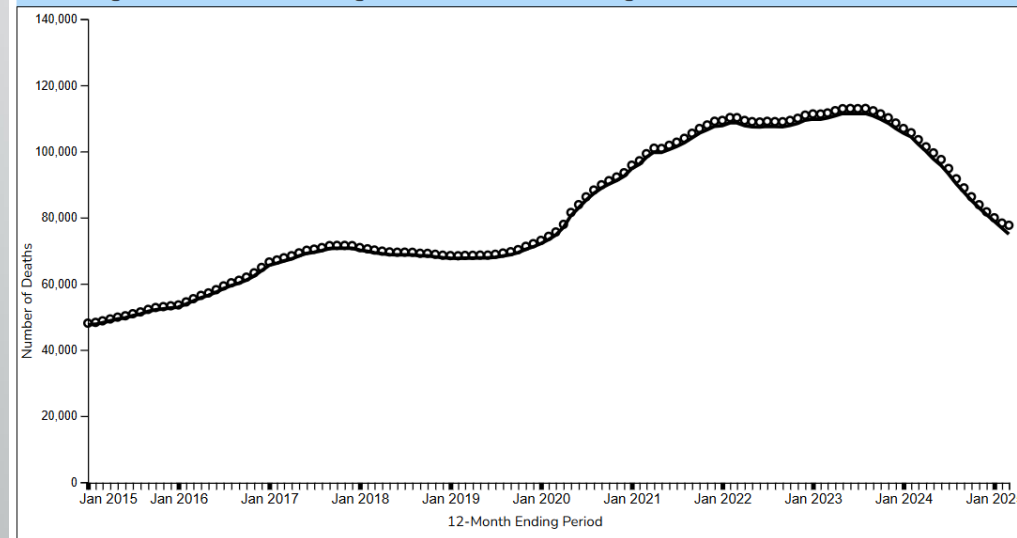


# US vs FL % Change in OD Deaths

## 3/24-3/25

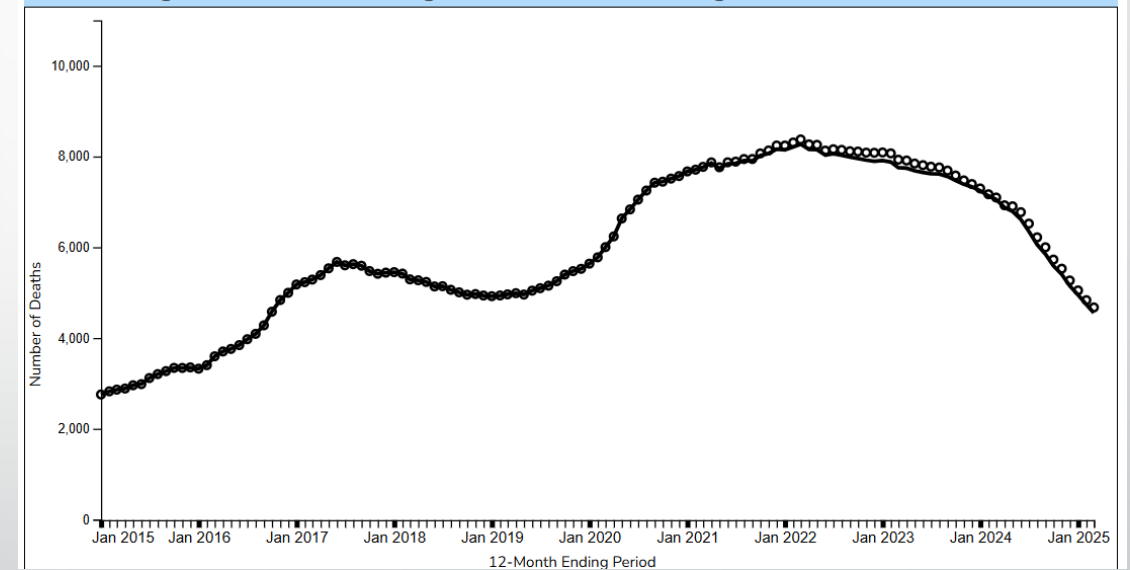
Based on data available for analysis on: August 3, 2025

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



- 25 % Change

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Florida



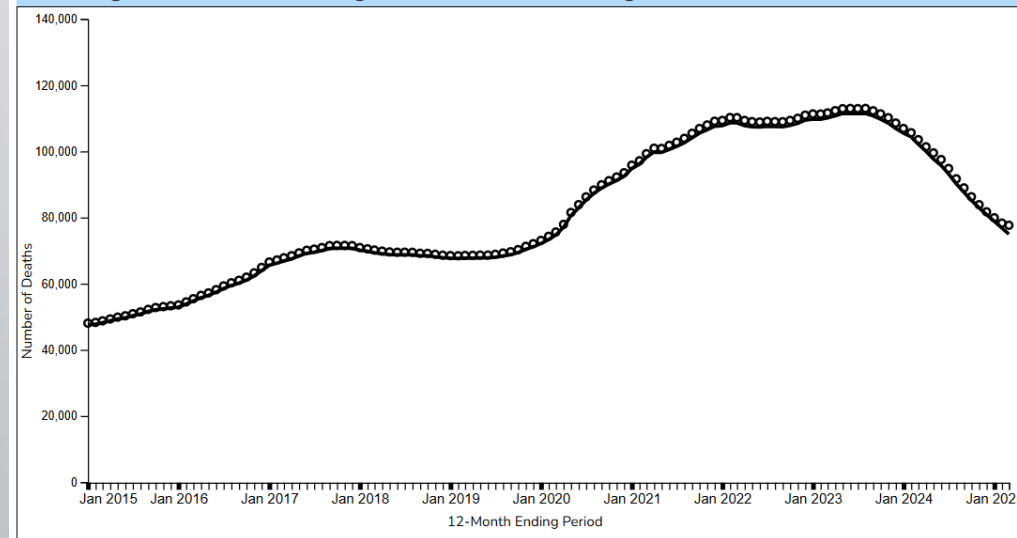
- 34 % Change

# US vs AZ % Change in OD Deaths

## 3/24-3/25

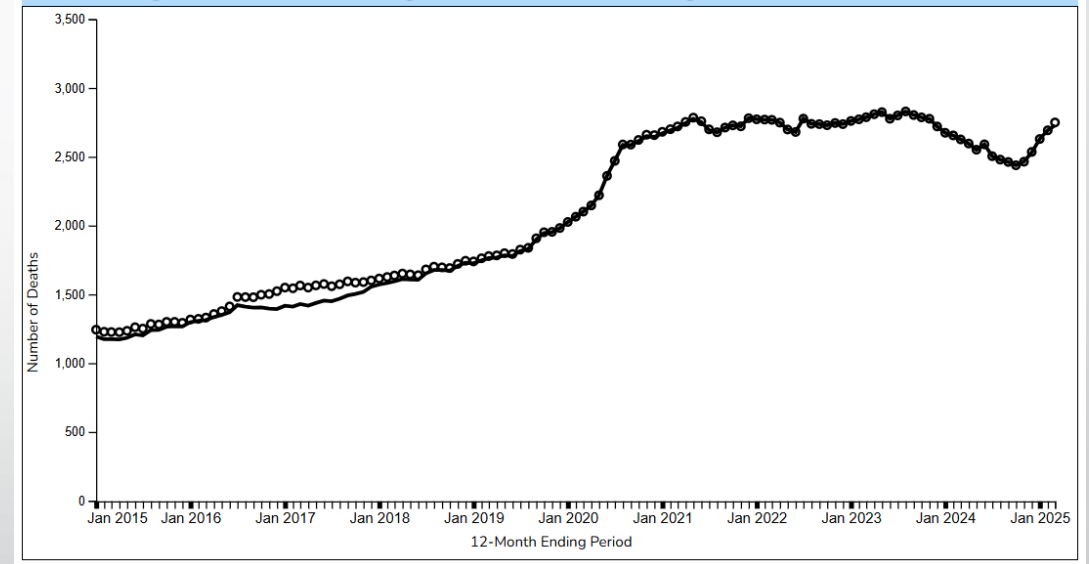
Based on data available for analysis on: August 3, 2025

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



- 25 % Change

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Arizona



+ 5 % Change

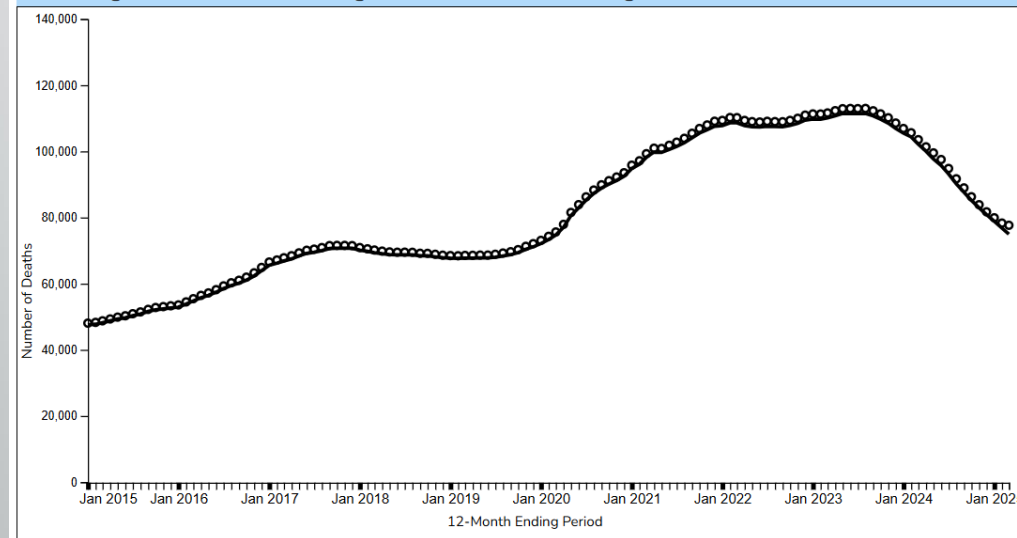
8/31/2025

# US vs HI % Change in OD Deaths

## 3/24-3/25

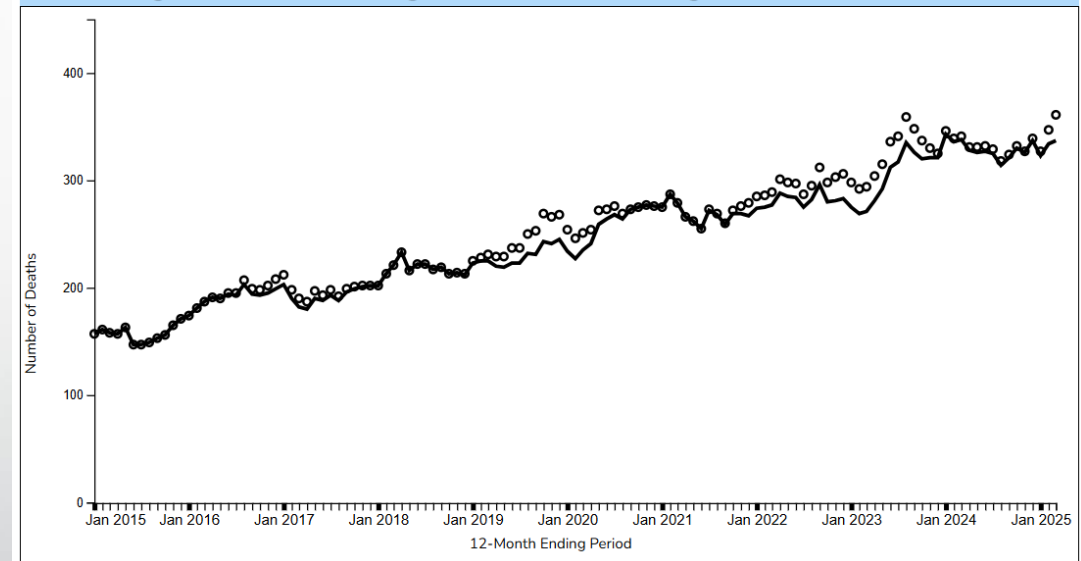
Based on data available for analysis on: August 3, 2025

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



- 25 % Change

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Hawaii



+ 6 % Change

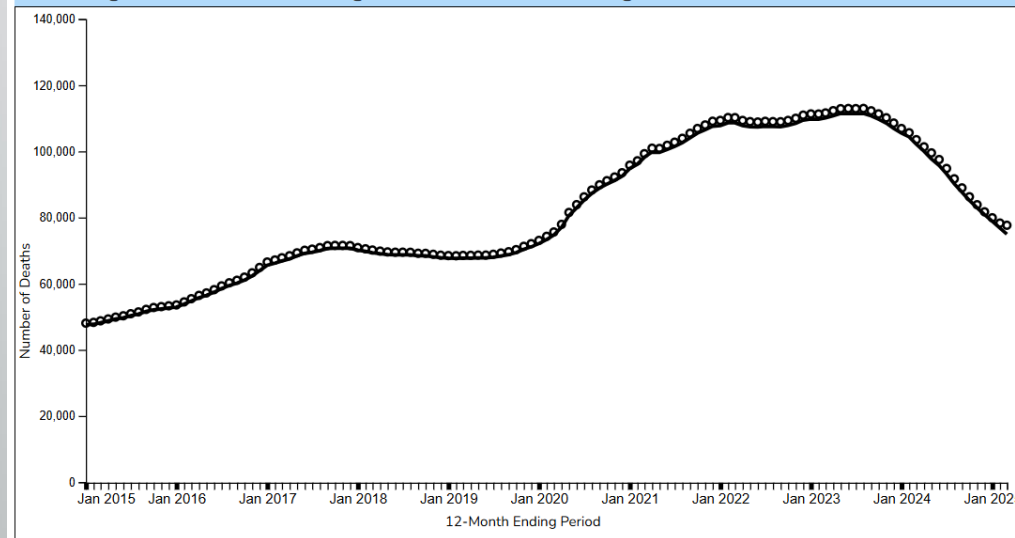
8/31/2025

# US vs WV % Change in OD Deaths

## 3/24-3/25

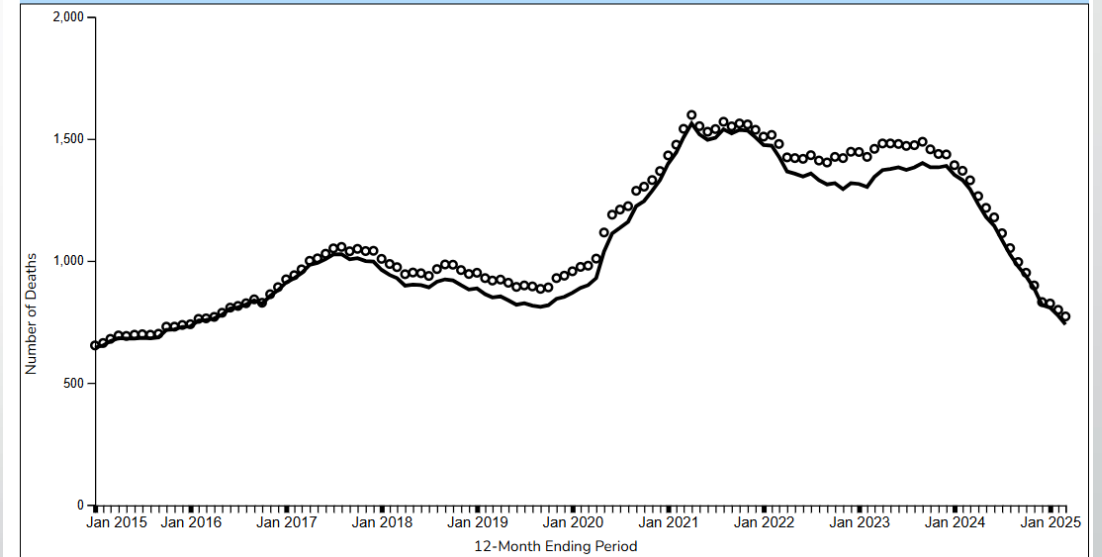
Based on data available for analysis on: August 3, 2025

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



- 25 % Change

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: West Virginia

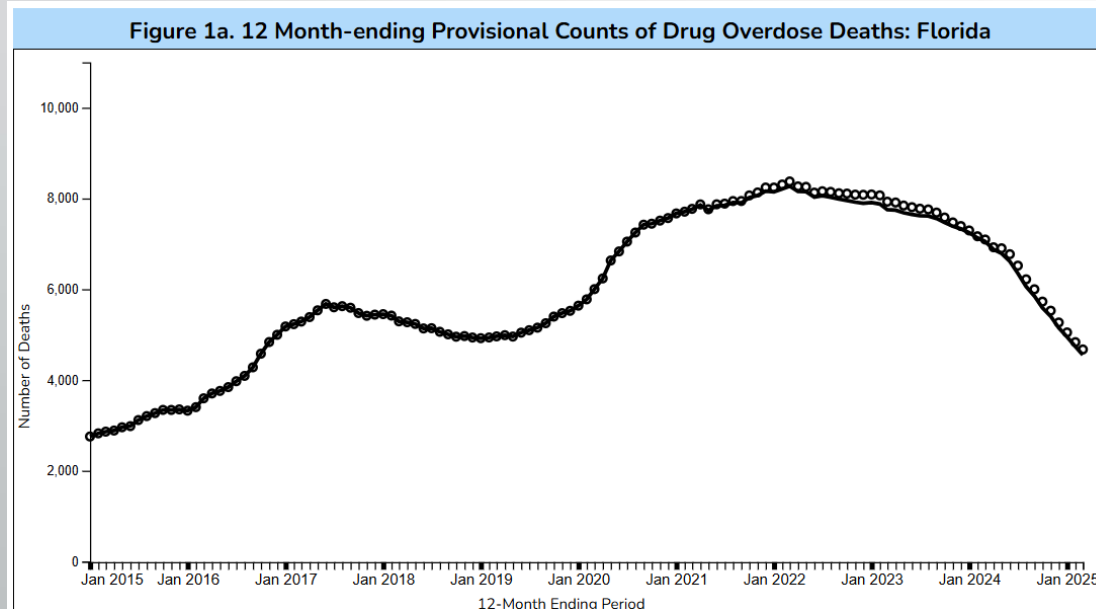


- 42 % Change

8/31/2025

# OD still #1 cause of death ages 18-44

## But why the drop?

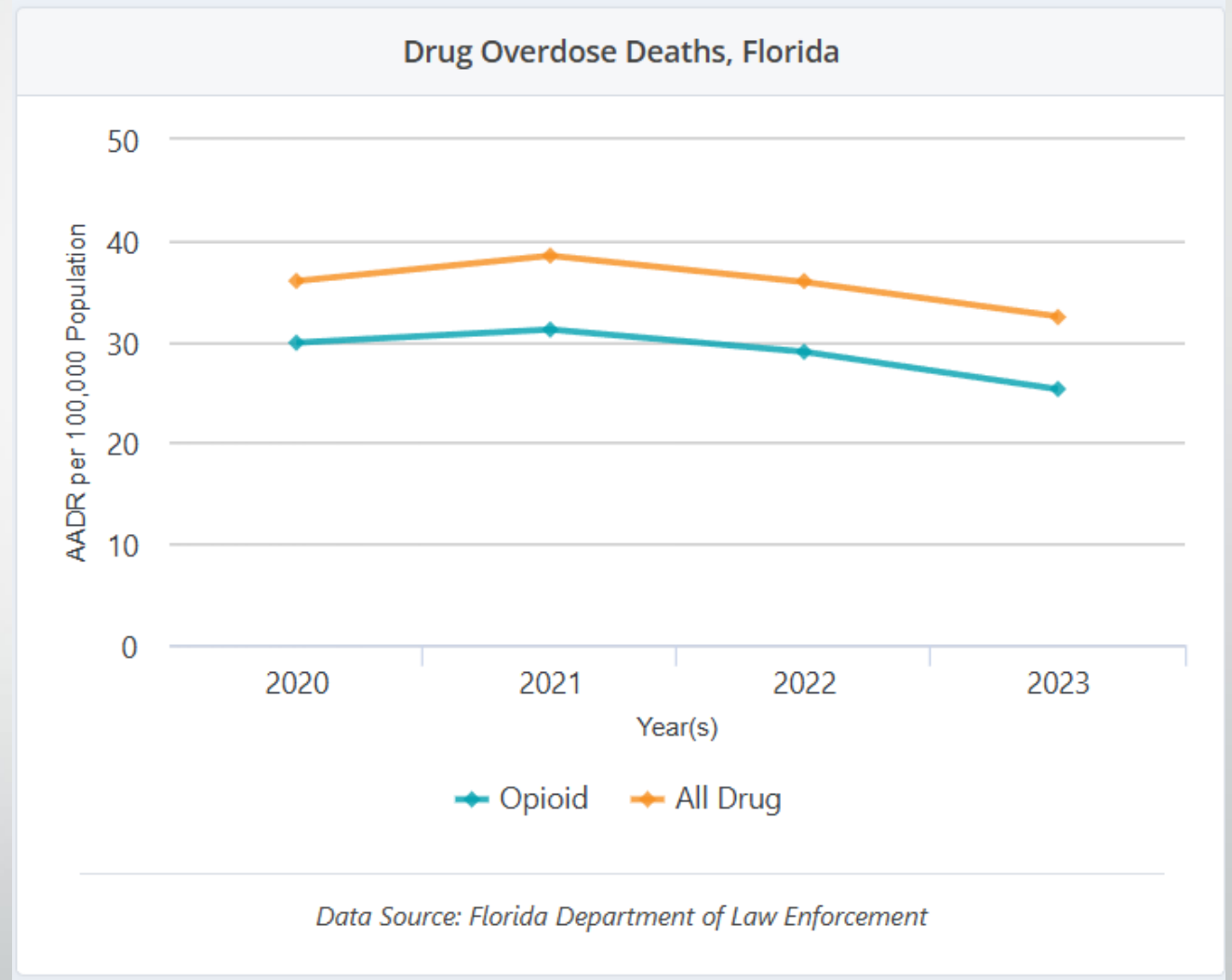


- Naloxone distribution
- Access to MOUD
- Shifting illegal drug supply
- Increased prevention activities
  - PDMP, Prescription limitations, Education
- Less Stigma

8/31/2025

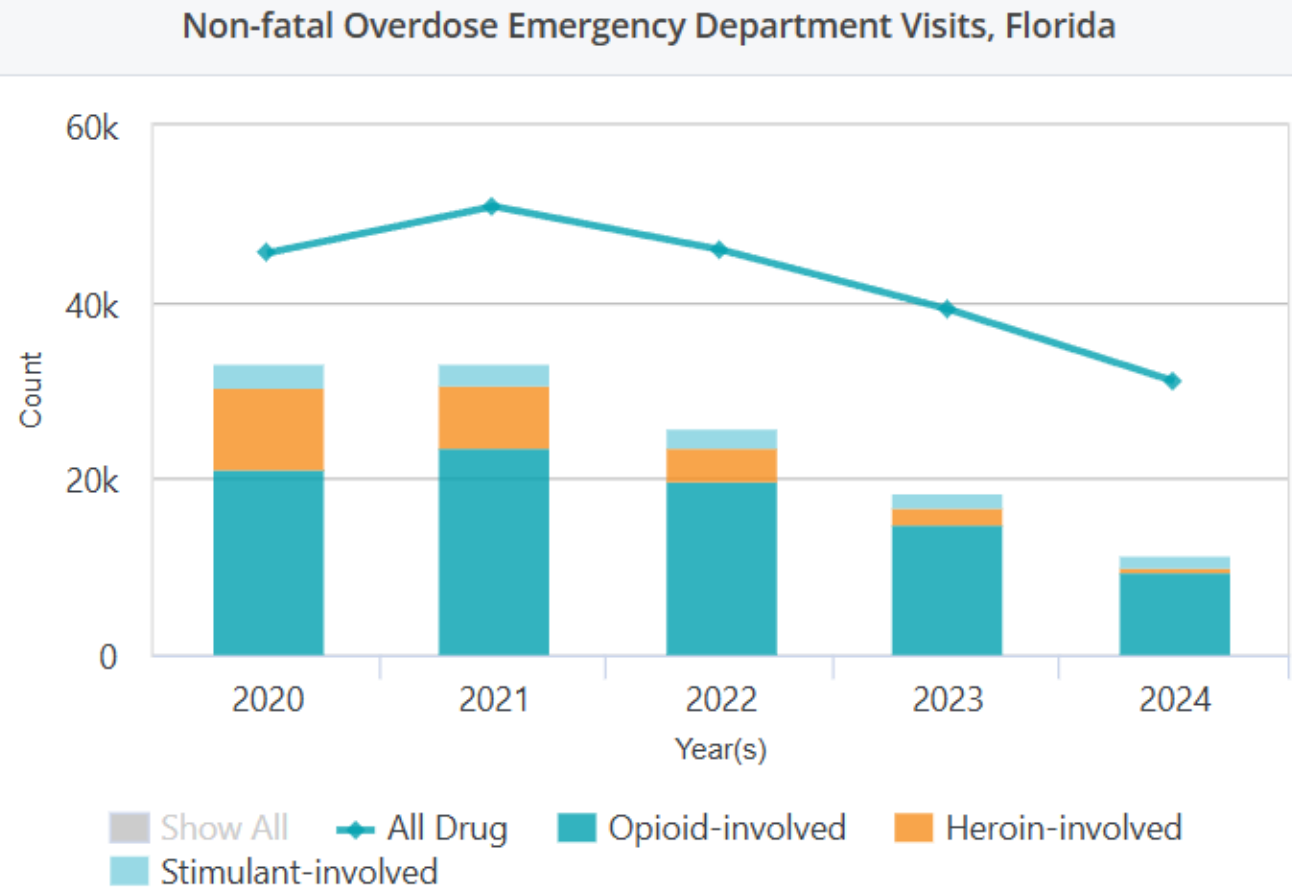
# Florida Trends

- Fatal Overdoses
- $\frac{3}{4}$  of all OD due to opiates
- US Peak 2023, FL Peak 2021





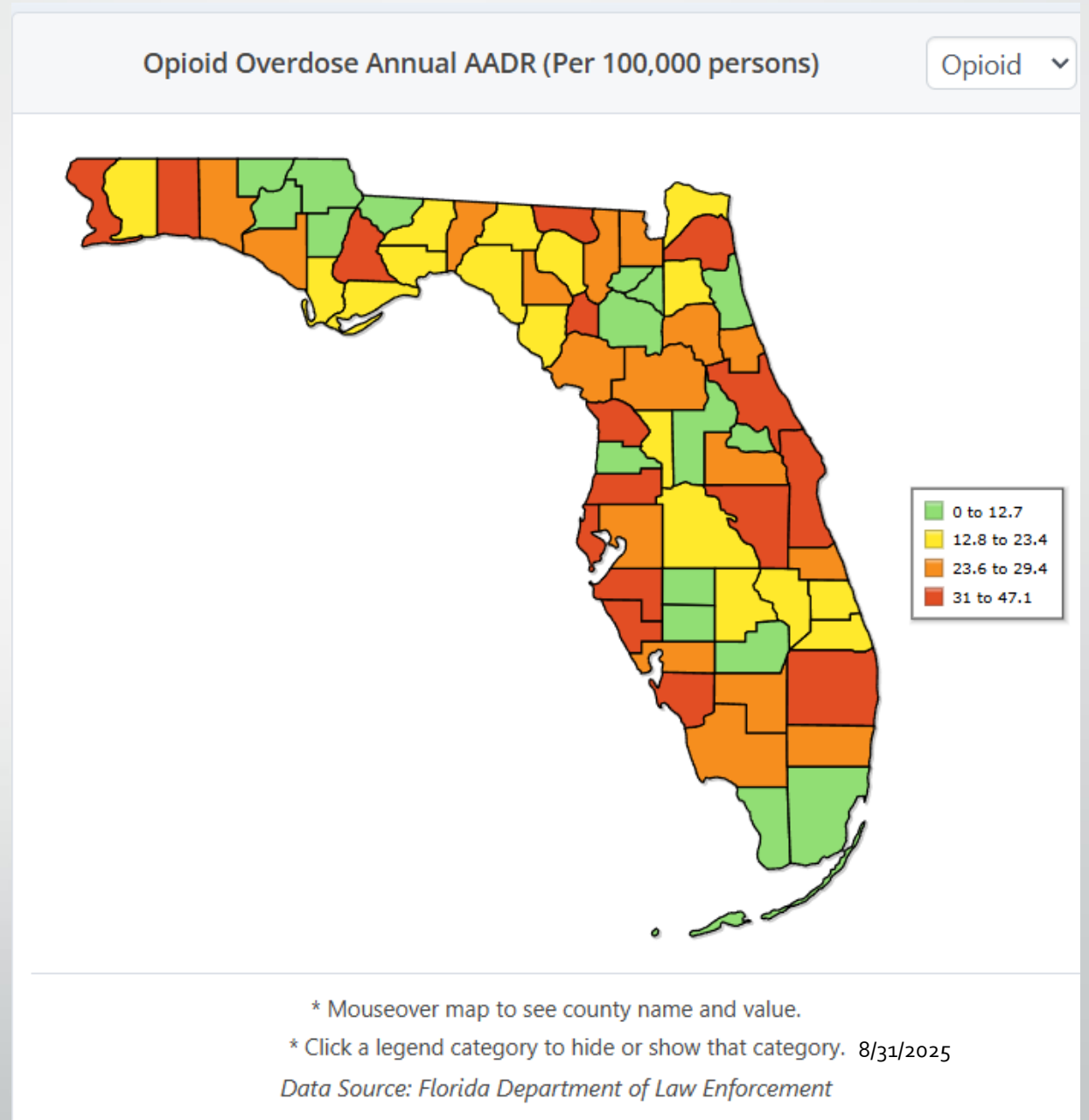
# EMS Non-Fatal Overdose Responses, Florida



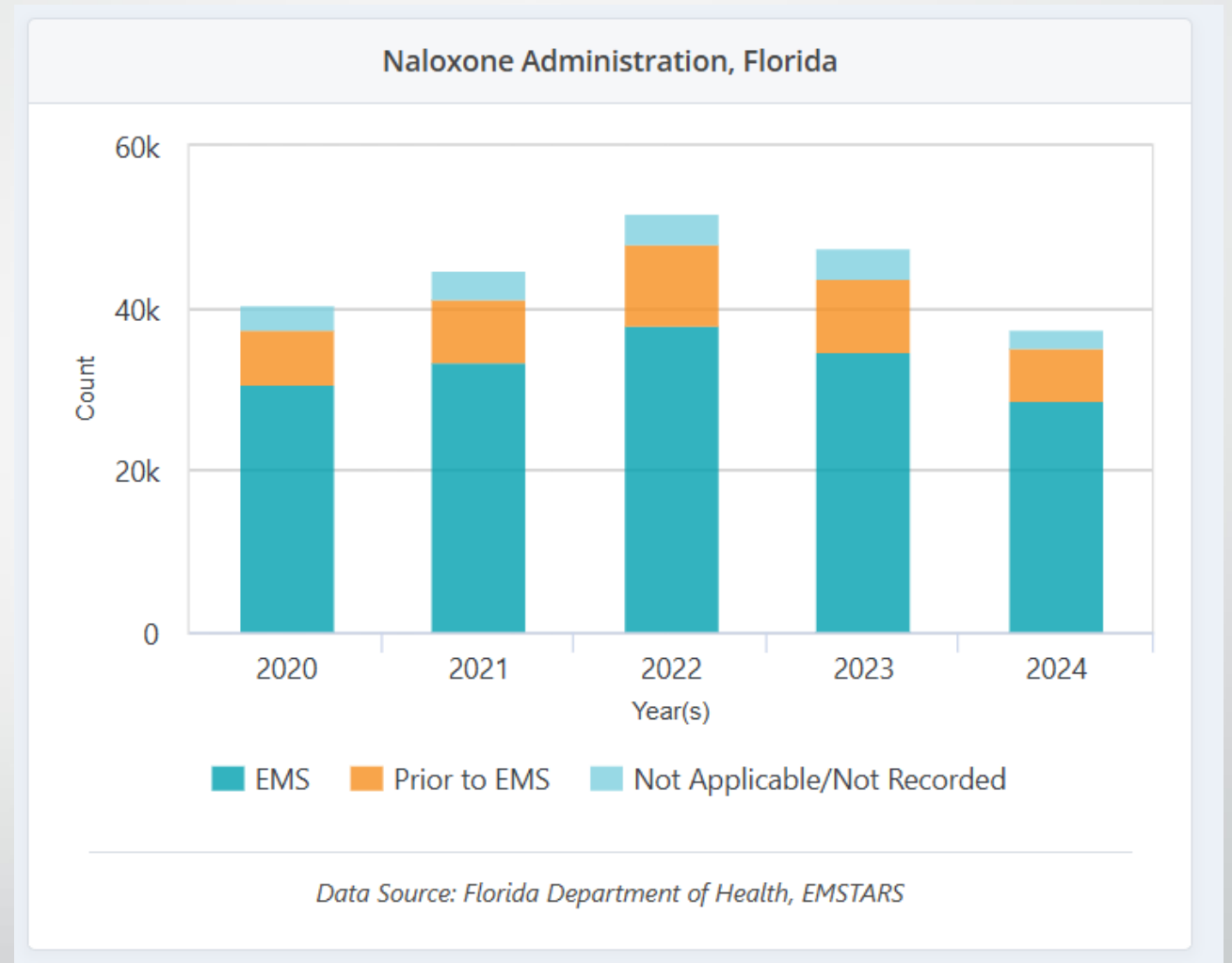
Data Source: Florida Agency for Health Care Administration

# 2023 Opioid OD County Data

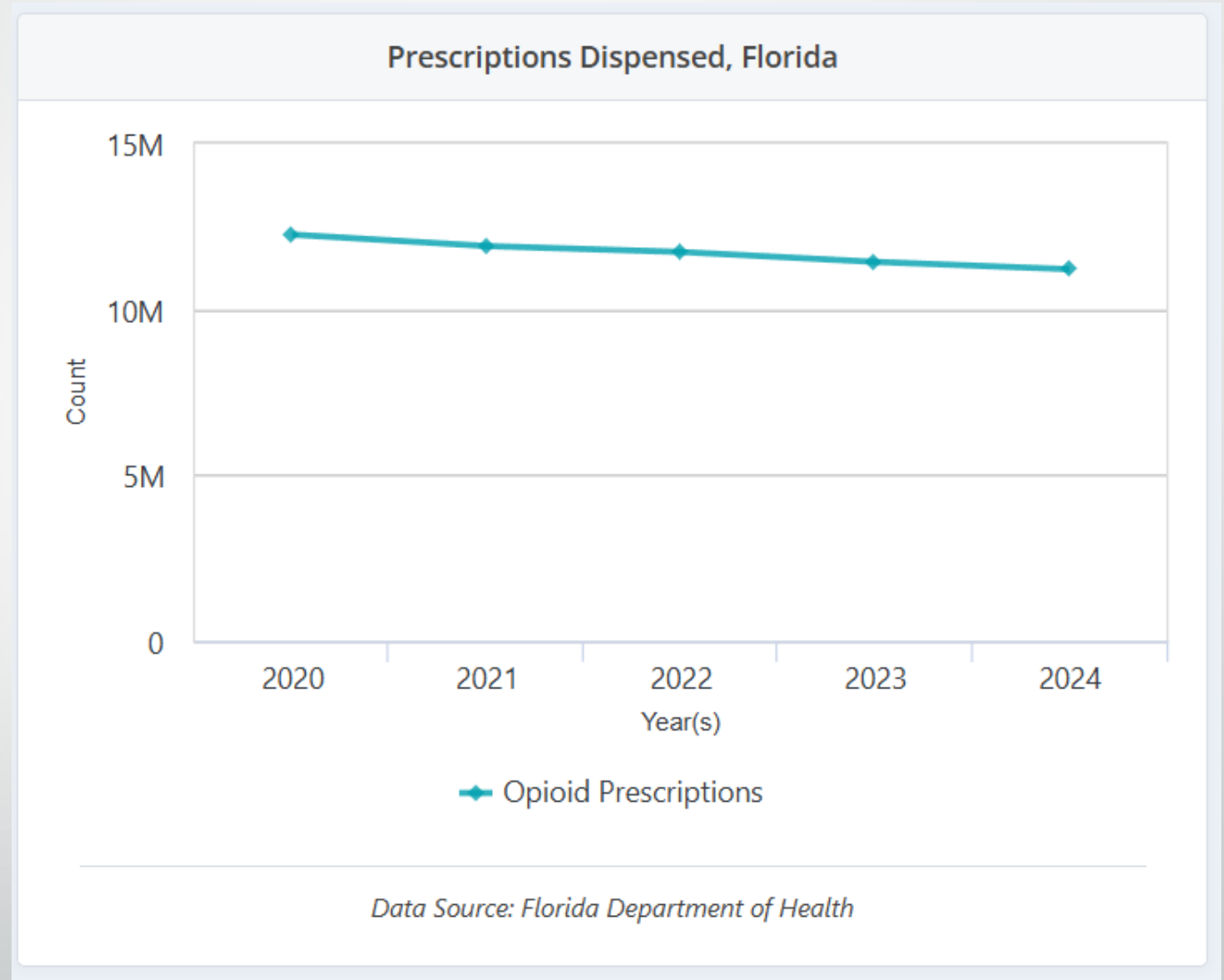
AADR = Age Adjusted Death Rate  
US AADR = 16.1  
Bradford County = 0  
Escambia County = 47!!



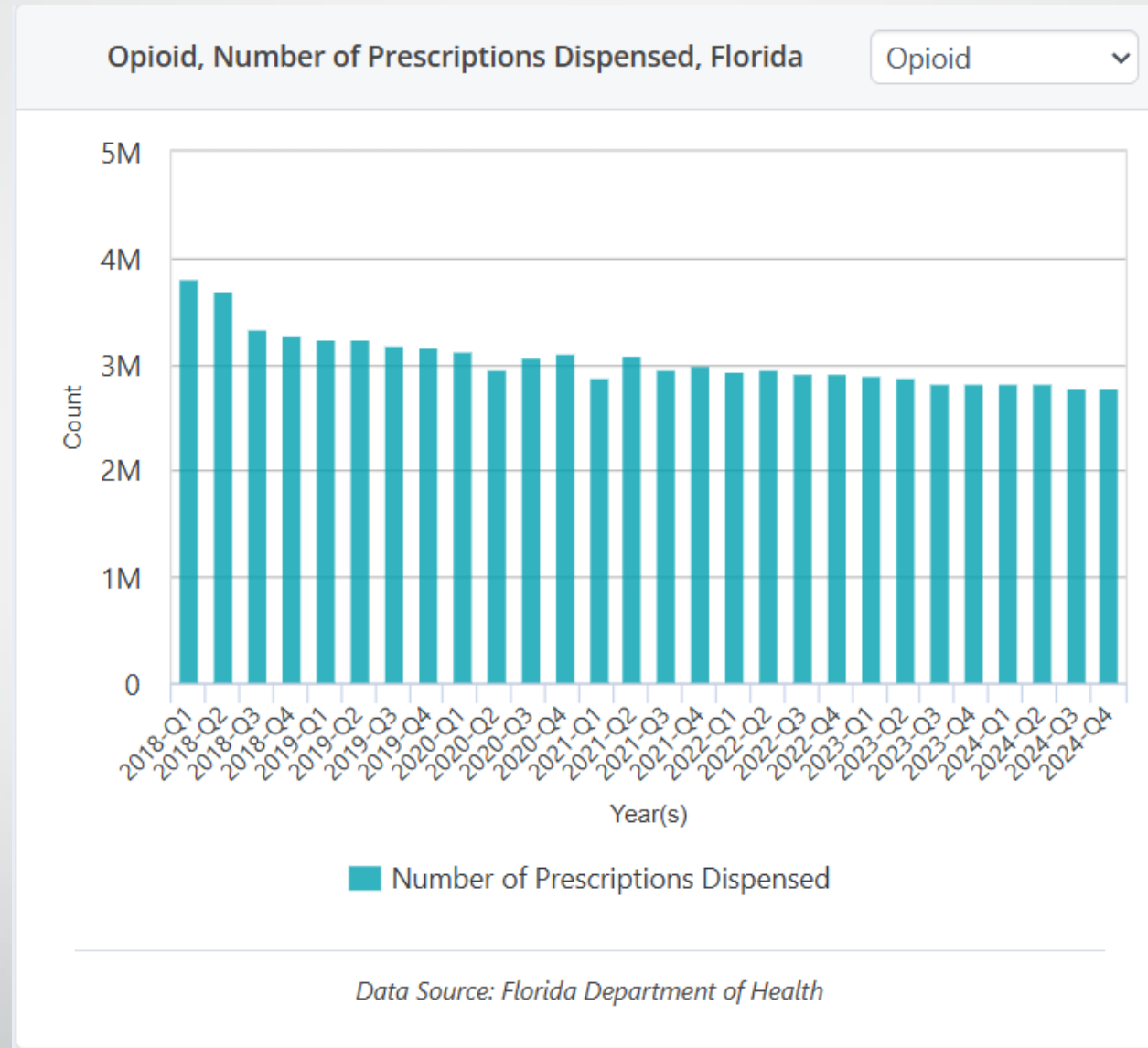
# Naloxone Administered



# Decrease in Opioid Prescriptions

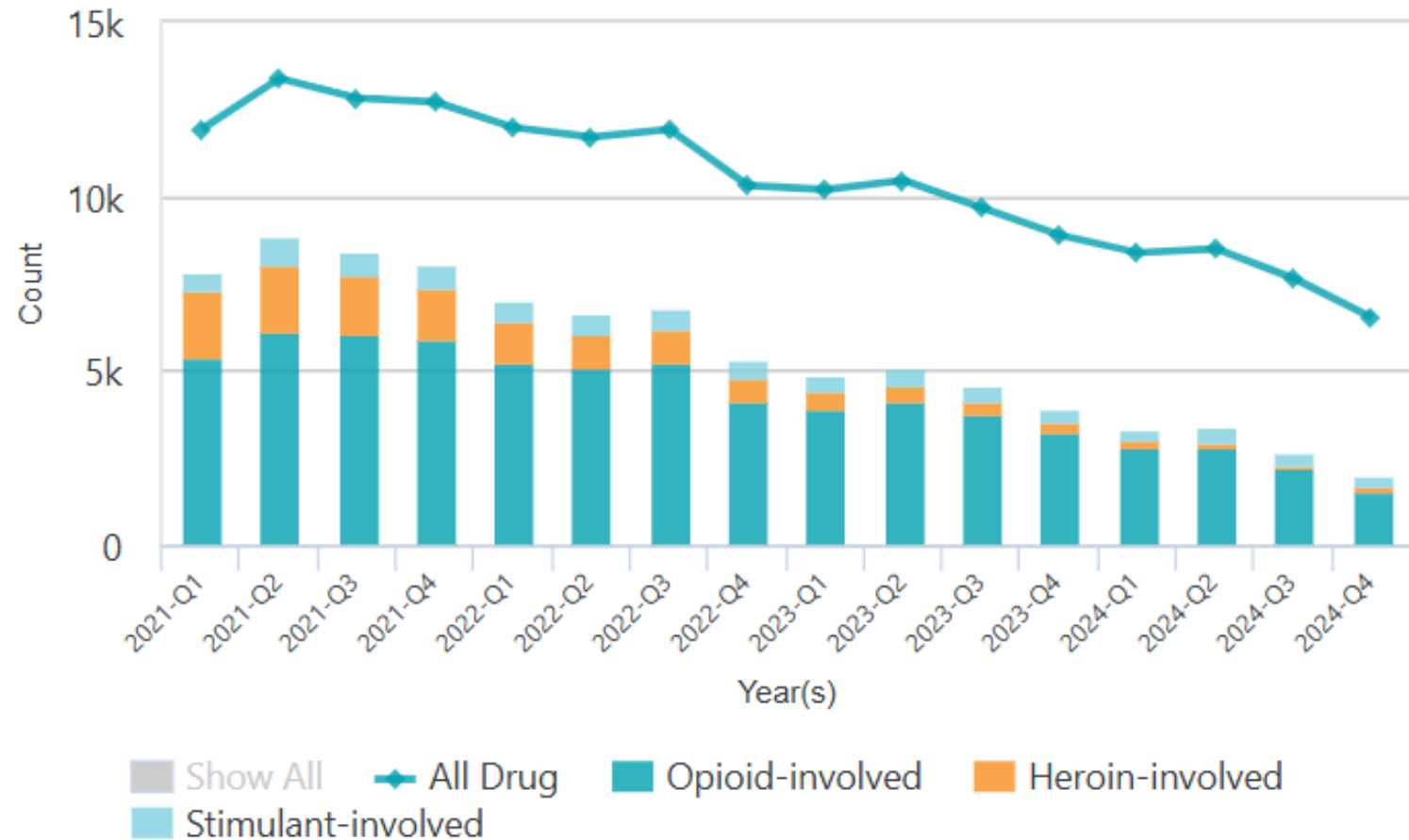


Despite >9% more  
licensed physicians



## Total Non-fatal Overdose Emergency Department Visits, Florida

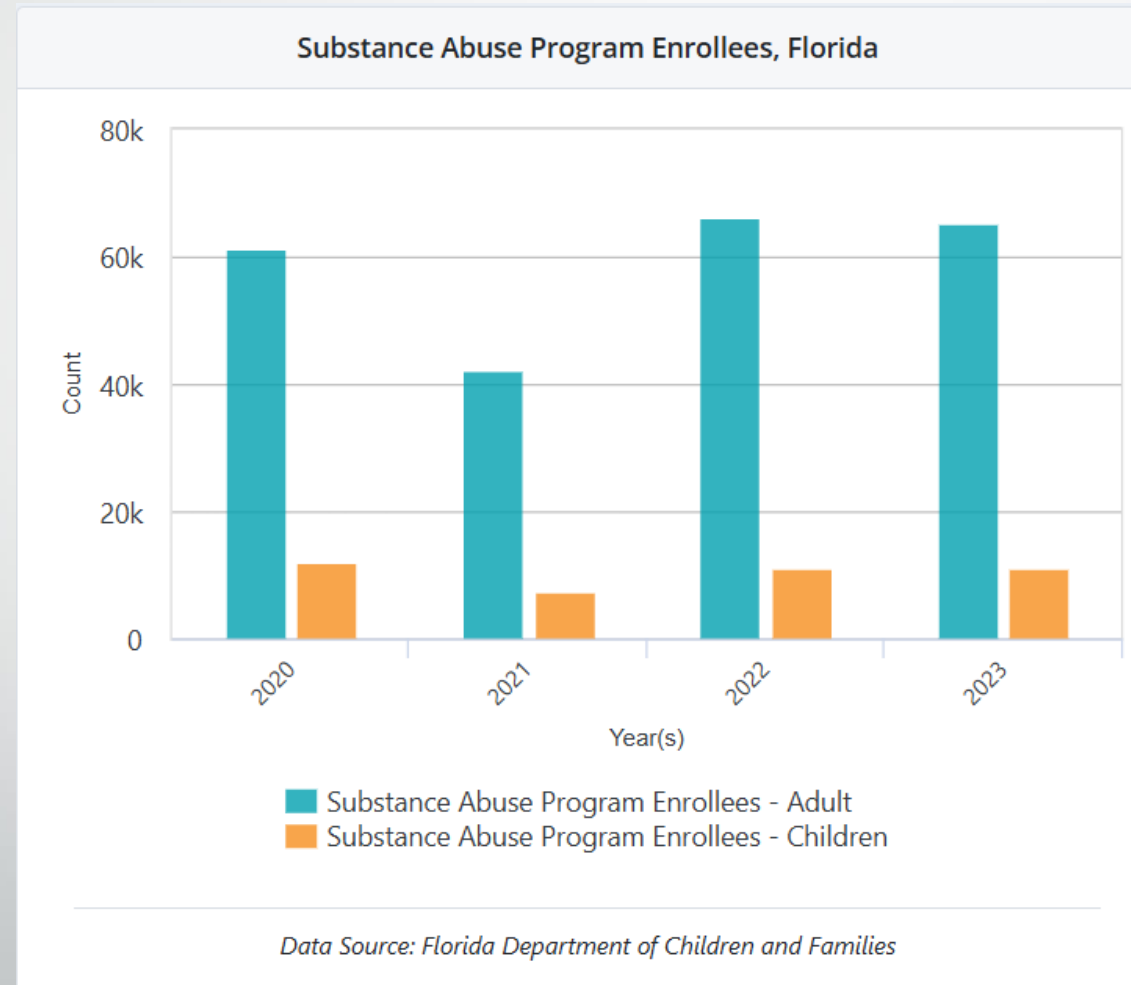
All Intent



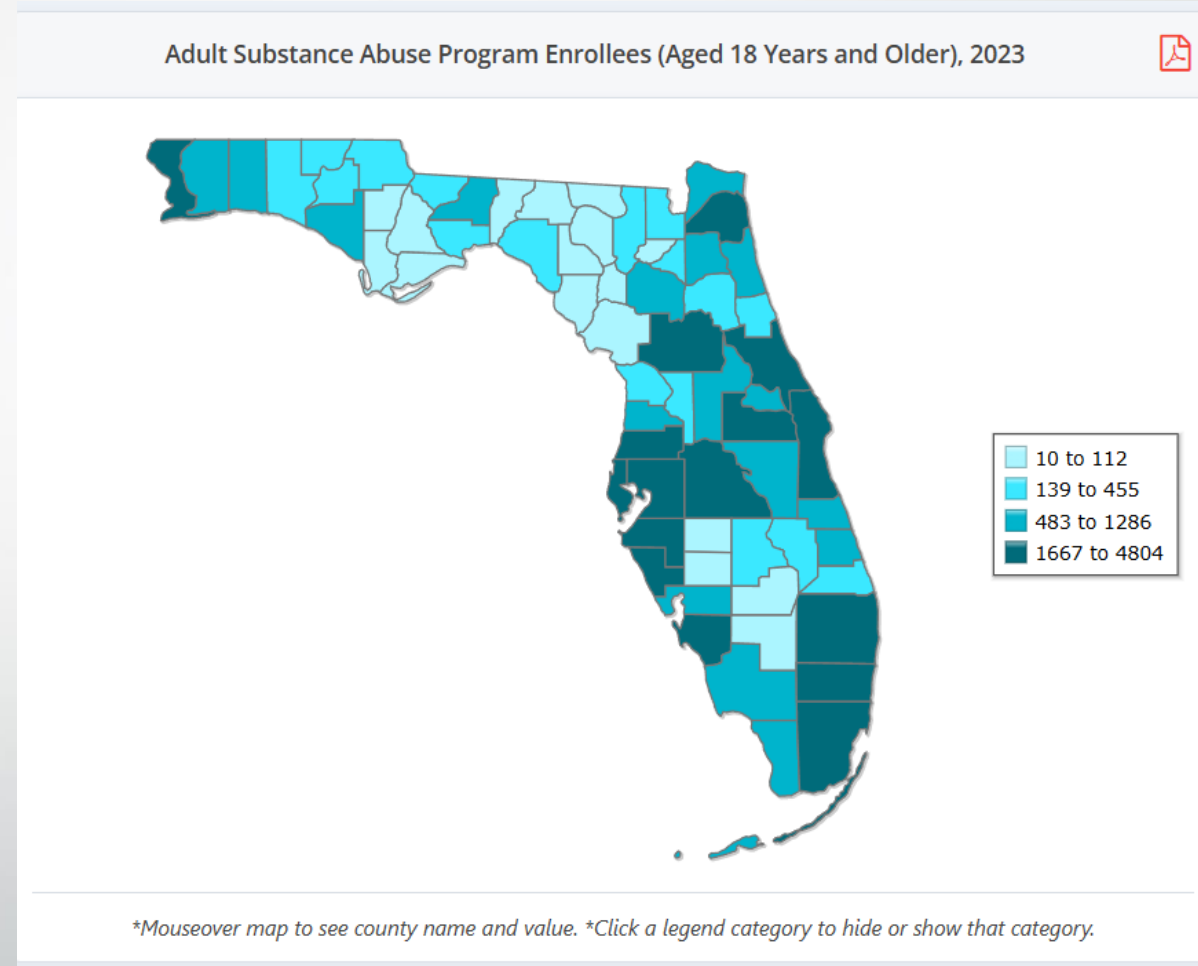
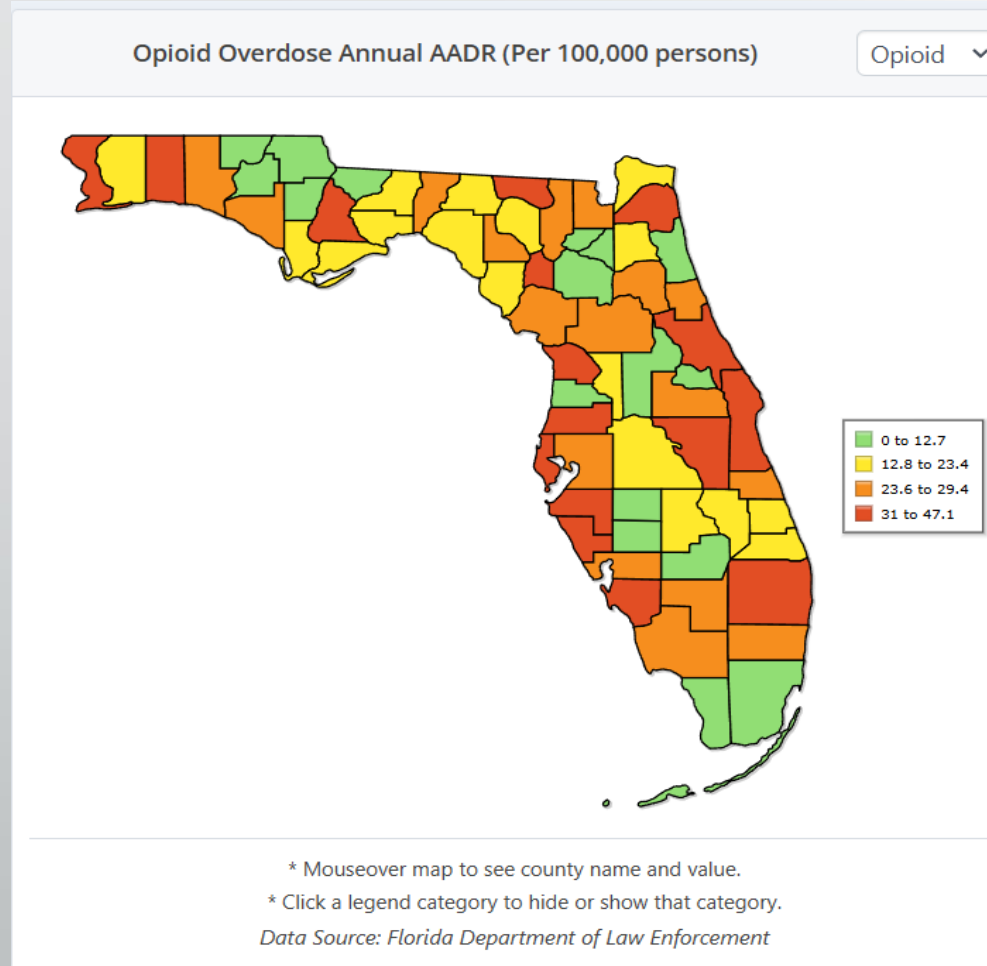
Data Source: Agency for Health Care Administration

8/31/2025

# Increased Access to Treatment



# Death Rate vs Treatment



Still some disparities





## Goals:

Save lives

Help people thrive

Decrease healthcare costs



# KEY DRIVERS OF OPIOID ABATEMENT

Increased Access to MOUD

Increased Naloxone Distribution

Education

Interdiction

Housing and Support Services

Behavioral Health Services

Transportation

# Increased Access to Treatment

- CORE Expansion
- Mobile MOUD Programs
- Jail Programs (ALL 3 Meds)
- Hospital Bridge Programs
  - Follow up



## Collaboratively working to



save lives, reduce overdoses, and strengthen communities.

# Naloxone

## Not Treatment, but Saves Lives

Times a Life was Saved by  
Naloxone Kits in the Community

62,675

Times a Life was Saved by  
Naloxone Kits at a Distributor Facility

2,774

Total Times a Life was Saved by  
Naloxone Kits

65,449

Number of Distributors That  
Have Received Naloxone Kits

797

Number of Naloxone Kits  
Distributed to Hospitals

80,341

Number of Naloxone Kits  
Distributed to the Community

1,967,593

Number of Trainings on How to Administer  
Naloxone

10,589

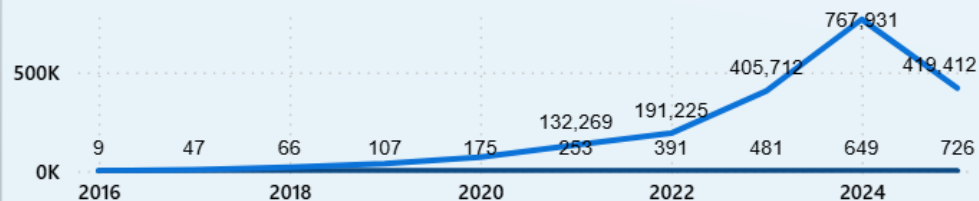
Number of Individuals Trained to Administer  
Naloxone

90,371

Naloxone Kit Distributions by Year

Select Trend Analysis:

Kit Distributions

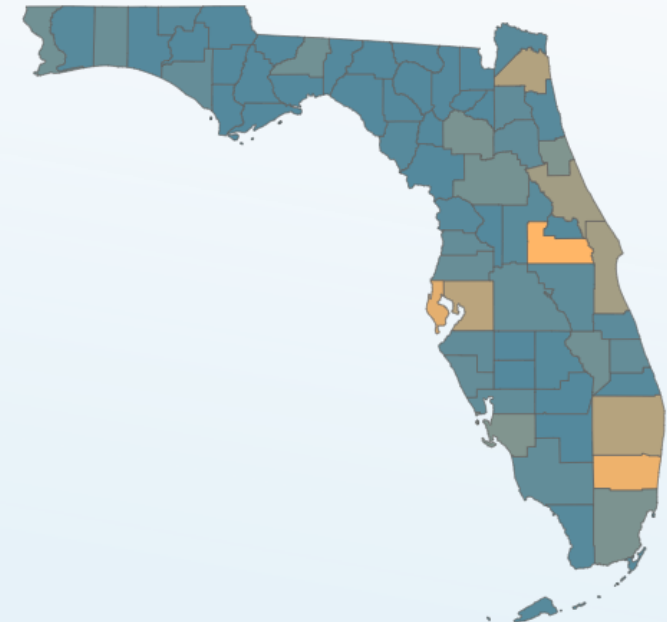


● Distributors That Received Kits ● Kits Distributed

Naloxone Heat Map

Select Trend Analysis:

Kits Distributed





# KEY DRIVERS OF OPIOID ABATEMENT

## Education:

Addiction is a disease of the brain

Role of MOUD (e.g., methadone, buprenorphine, naltrexone)

Standard of Care!!

What is successful treatment?

Peer Mentors

Early discussion in schools

Healthcare School Curriculums (physicians, PA, ARNP, EMT, Nursing, etc)

**Leads to Decreasing Stigma**



# KEY DRIVERS OF OPIOID ABATEMENT

## Interdiction and Law Enforcement

Role of interdiction in limiting supply (e.g., DEA, DHS)

Fentanyl seizures and trends

State/local task forces

Correctional Facilities as entry point for treatment



# KEY DRIVERS OF OPIOID ABATEMENT

## Recovery Support Services

Peer support specialists

Housing-first programs

Job training and reentry programs

Transportation

# Co-Occurring Disorders

- 64.3% of patients with OUD have a mental illness
- 26% of patients with OUD have Serious Mental Illness
- Vast majority of patients with co-occurring disorders are NOT getting treatment for their mental health

Jones CM, McCance-Katz EF. Co-occurring substance use and mental disorders among adults with opioid use disorder. Drug Alcohol Depend. 2019 Apr 1;197:78-82. doi: 10.1016/j.drugalcdep.2018.12.030. Epub 2019 Feb 14. PMID: 30784952.



# KEY DRIVERS OF OPIOID ABATEMENT +

## Remaining Barriers:

Majority of people with OUD not seeking treatment

Transportation, Transportation, Transportation

Housing challenges

Lack of treatment providers (despite X-waiver removed)

Lack of Mental Health treatment

Lack of Insurance (Medicaid)

Decreasing grant funding

Difficult to open OTPs

Continued Stigma (Medical professionals, community, sober living)

Newer drugs will continue

Pharmacy challenges

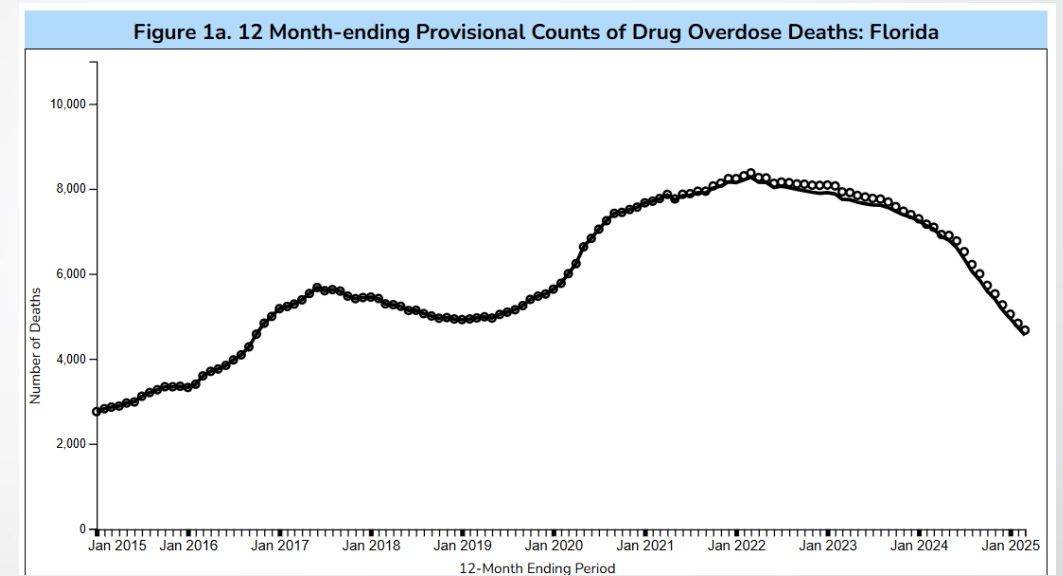
46% Telemed patients in FL had problem filling their Bup, 36% went without meds

Hendy LE, Hill LG, Olguin A, et al. Pharmacy Barriers to Receiving Buprenorphine Among Patients Undergoing Telemedicine Addiction Treatment. JAMA Netw Open. 2025;8(8):e2527418. doi:10.1001/jamanetworkopen.2025.27418

# CONCLUSION

## Decreased OD Death Rate:

- Increased Access to MOUD
- Increased Naloxone Distribution
- Prescription limitation
- Education
- Interdiction



**OD Death Rate still higher than peak of 2018**  
**We must continue to diligently address this crisis**

# THANK YOU

Questions?

[Mark.stavros@med.fsu.edu](mailto:Mark.stavros@med.fsu.edu)

[Mark.stavros@myflfamilies.com](mailto:Mark.stavros@myflfamilies.com)







# Ready Responders, Safer Communities: Embedding First Responder Resilience and Readiness in the Opioid Abatement Framework

Florida Statewide Council on Opioid Abatement

Kellie O'Dare, Ph.D.

September 5, 2025



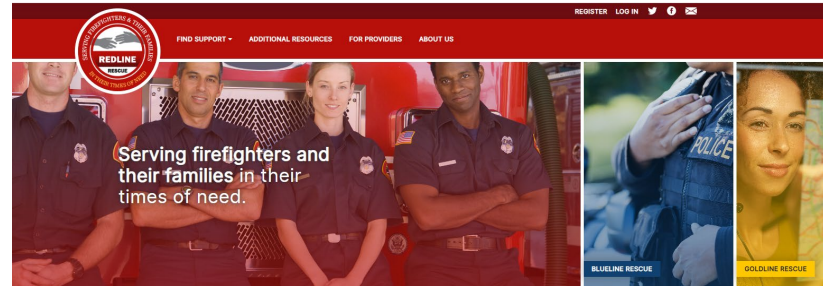


# Who We Are

## UCF RESTORES & 2<sup>nd</sup> Alarm Project @ UCF RESTORES

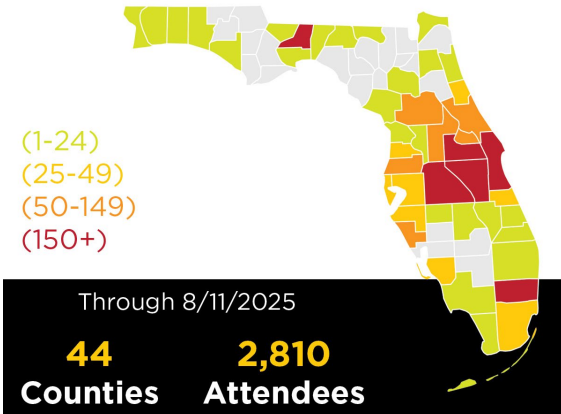


# Our Impact



- Trained over 3,200 first responder peer support specialists
- Continuing Education, Suicide Prevention
- Provided technical assistance to over 100 agencies in developing workplace wellness programs
- Treated 1,400 first responders for PTSD, anxiety, depression, and substance use
- Clinician occupational competency
- Redline, Blueline, and Goldline Rescue

## REACT Training Program



# Our Impact

- Behavioral Health Navigation
- Disaster Deployments
- Resiliency Command Center
- Programs for Retirees and Families
- Virtual Resources
- Research & Evaluation







# Florida's First Responders <sup>1</sup>

- 54,000 Law Enforcement <sup>2</sup>
- 40,000 Firefighters <sup>3</sup>
- 60,000 EMS <sup>5</sup>
- 14,000 Dispatchers <sup>4</sup>
- 24,000 Corrections and Probation <sup>6</sup>

<sup>1</sup> Various definitions in FL Statutes

<sup>2</sup> Florida Department of Law Enforcement

<sup>3</sup> Florida State Fire Marshal's Office

<sup>4</sup> US Bureau of Labor Statistics

<sup>5</sup> FL DOH, may include dual certified firefighters and inactive licenses

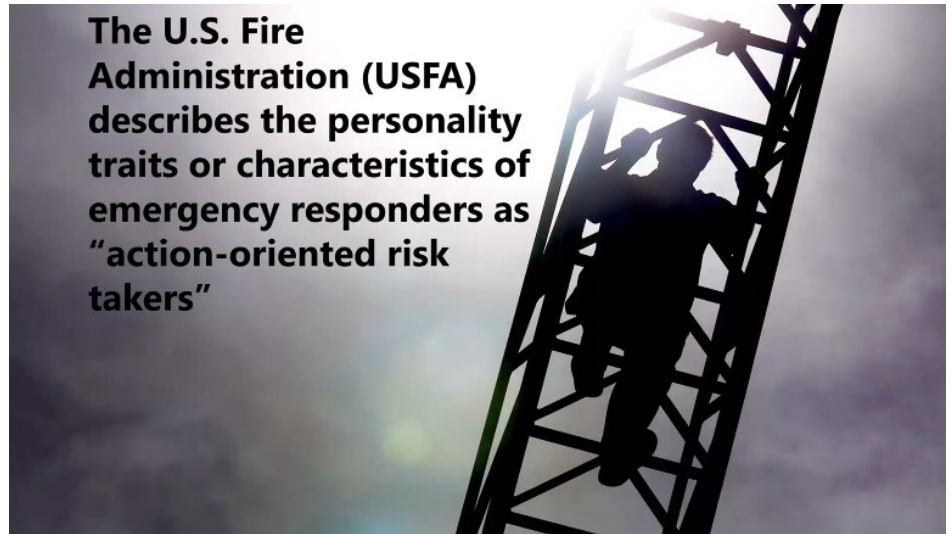
<sup>6</sup> FL Dept of Corrections



# First Responders: Solution focused, Strengths-based

- Choose a job that most people can't do
- Tolerate what is intolerable to others
- Front row seat to life's ugliest moments
- Culture of "fixers"
- Problem solvers
- Inherently resilient
- Brotherhood/Sisterhood

**The U.S. Fire Administration (USFA) describes the personality traits or characteristics of emergency responders as "action-oriented risk takers"**





# Why First Responder Resilience & Readiness Matter

Evidence links responder mental health with community readiness:

- Protecting the Protectors
- Operational Readiness
- Crisis Effectiveness
- Community Trust
- Cost Savings
- Sustainability
- Ripple Effect

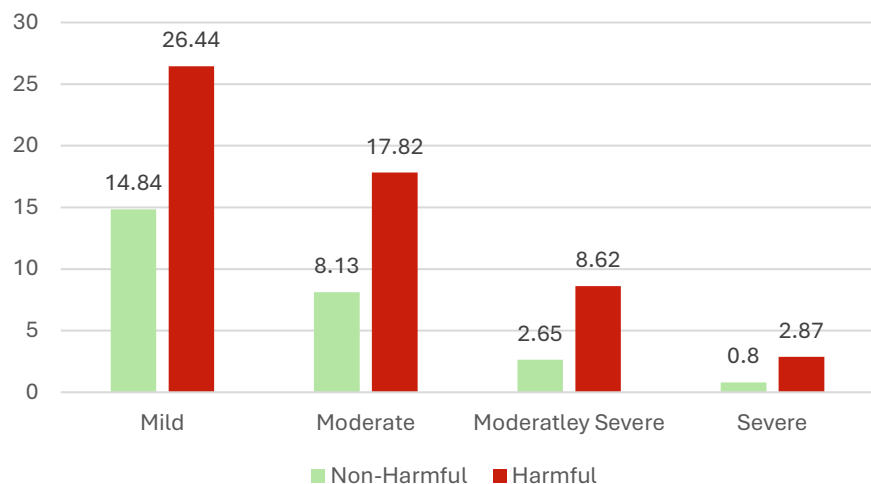
# Opioid-Related Emergency Events: What the Evidence Tells Us

- Burnout & fatigue from high call volumes and repeated exposure to traumatic overdose scenes
- Compassion fatigue, including “overdose-related compassion fatigue” (OCF), leading to diminished empathy over time
- Moral injury from situations where responders are unable to save a life or must manage complex social and ethical dilemmas
- Direct safety risks, including accidental drug exposure, aggressive bystanders, and unpredictable scene conditions
- Increased workloads and administrative pressures exacerbate stress
- Cynicism linked to repeated encounters with drug-related criminal activity
- Lack of resources—both for patient care and responder mental health—fuels frustration and a sense of futility
- Rural Burden- long transport times, limited mental health services, and the emotional strain of responding to incidents involving friends, neighbors, or relatives

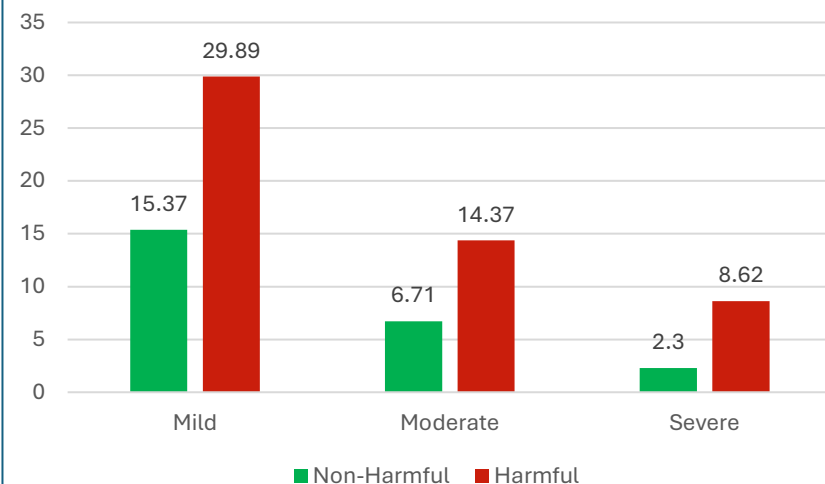


# Substance Use and Co-Occurring Disorders

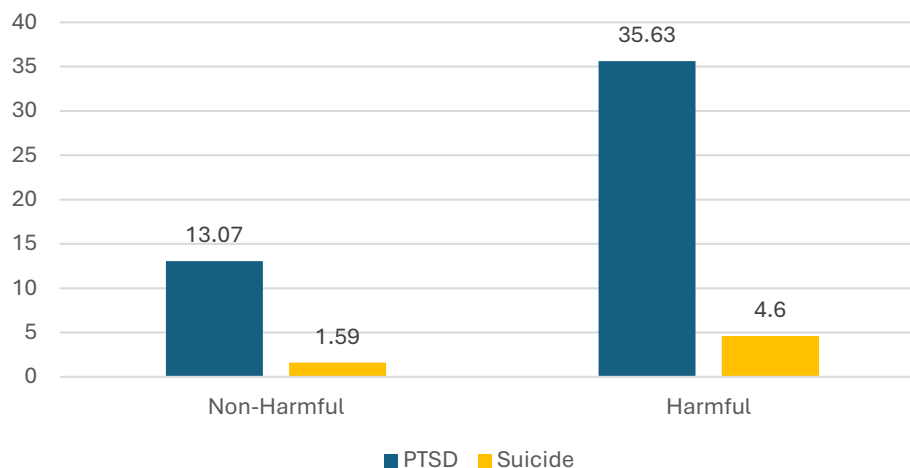
## Substance Use and Depression



## Substance Use and Anxiety



## Substance Use and PTSD, Suicide



n= 1306



## Strategic Plan: Florida First Responder Resilience & Readiness

- Strengthen Peer Support Infrastructure
- Expand Clinical and Crisis Resources
- Build Organizational Capacity
- Develop Data and Evaluation Systems





Florida Opioid Allocation and Statewide Response Agreement :

*“provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events”*

## Conclusion: A Call to Action

Embedding a comprehensive first responder resilience and readiness framework into Florida's opioid strategy will:

- **Fortify and sustain** overdose response capacity.
- **Reduce workforce attrition** by addressing burnout and secondary trauma.
- **Improve operational performance and public trust** in emergency response systems.
- **Position Florida as a leader** in integrating responder wellness into statewide opioid response efforts.

**We cannot win this fight if our responders are running on empty.**

**Building resilience is not optional — it's foundational.**



# Questions?

Kellie O'Dare, Ph.D.  
Research Associate Professor &  
Deputy Executive Director  
UCF RESTORES®  
2nd Alarm Project®@UCF  
RESTORES®  
University of Central Florida

**(850) 728-2236**  
**[kellie.odare@ucf.edu](mailto:kellie.odare@ucf.edu)**





# **Statewide Council on Opioid Abatement Draft 2025 Annual Report Recommendations**

September 5, 2025



- 1. Require all counties participating in the CORE program to publish sustainability plans outlining how services and partnerships will be maintained once opioid settlement funds are no longer available.**

Florida's Coordinated Opioid Recovery (CORE) Network of Addiction Care provides 24/7 access to evidence-based treatment for opioid use disorders. This network includes emergency medical services, Certified Recovery Peer Specialists, and experts in addiction medicine. Beginning in FY 2022-2023, 12 counties were onboarded into the CORE Network by the Department of Health. In FY 2023-2024, the Department of Children and Families onboarded an additional 18 counties. In FY 2024-2025, 17 more counties joined the CORE Network, followed by an additional 18 counties in FY 2025-2026, resulting in statewide coverage across all 67 counties. During their first year of funding from the Department of Children and Families, CORE counties received between \$700,000 to \$1,000,000. This funding is reduced by 50 percent for counties in the second year, and 25 percent for the counties in the third year, continuing at that level through the projected end of the opioid settlement in 2039. To ensure the sustainability of CORE Networks, it is necessary to secure funds from various sources in the future.

**Recommendation:** To evaluate funding needs and ensure that participating counties can maintain CORE services at appropriate levels, the Council recommends utilization of the seven Managing Entities working with all counties participating in CORE program to develop sustainability plans that will be submitted to the Department for dissemination to the Council.

- 2. Promote the use of opioid settlement funds to expand access to mobile Medication-Assisted Treatment units that can provide in-home inductions throughout specific Florida communities.**

Mobile medication clinics are specialized vehicles designed to travel to multiple locations, where they dispense and administer medications for opioid use disorder. In addition, these clinics offer a range of other services including counseling, primary care, and peer recovery support. Mobile clinics are key to expanding access in rural areas and supporting continuity of care, as patients are more likely to stay connected to services that are available in multiple locations. They are ideal for reaching out to individuals who are homeless or experiencing more severe substance use disorders. Interviews suggest that the services provided through mobile clinics are perceived to be less stigmatizing, more convenient and predictable, and allow for greater privacy.<sup>1</sup> Research shows that mobile treatment is feasible and acceptable for rural populations and can achieve retention rates and reductions in illicit opioid use similar to those observed from office-based programs.<sup>2</sup> There is a positive and significant relationship between a state's rurality and the percent of the population without a buprenorphine provider within 10 to 30 miles.<sup>3</sup> According to a systematic review of rural-specific barriers to medications for opioid use disorder, travel burden is the most salient obstacle to accessing treatment, with studies demonstrating that rural patients face

greater travel distances and increased travel times.<sup>4</sup> Department-funded mobile Medication-Assisted Treatment services are operational through PanCare in only 7 out of the 33 rural counties in Florida (Calhoun, Jackson, Liberty, Washington, Walton, and Gadsden).

**Recommendation:** Therefore, the Council recommends further expanded deployment of mobile Medication-Assisted Treatment clinics in underserved areas of the state with a specific focus on rural counties.

**3. Increase awareness of educational strategies to prevent opioid misuse by disseminating the latest scientific evidence.**

Prevention education is a key component of preventing opioid misuse, and there is an increasingly robust amount of scientific evidence available to identify effective programs, increasing awareness and proactive responsiveness. For example, a recently published systematic review identified eight studies of seven different educational programs to prevent opioid misuse and associated harmful outcomes, conducted in middle or high school settings, and identified the most effective program components.<sup>5</sup> Sharing evaluated programs and strategies can increase the effectiveness of implemented educational strategies to prevent opioid misuse.

**Recommendation:** The Council recommends that the seven Managing Entities educate prevention service providers on the latest peer-reviewed evaluations findings of programs designed to prevent opioid misuse.

**4. Increase access to naloxone in community hotspots through new partnerships and by encouraging hospitals to provide direct access to naloxone to patients and family members prior to discharge through nurse-driven protocols for direct dispensing or distribution stands/boxes.**

In addition to proactive supports and recovery services, further encouragement of hospitals to proactively distribute Naloxone to patients and family members is recommended as an additional measure. Nationwide, 23 percent of opioid overdose patients presenting at Emergency Departments (EDs) receive a prescription for naloxone specifically from the ED.<sup>6</sup> The gaps in access go beyond low rates of prescribing directly from the ED, extending to rates of naloxone obtainment, which are also disconcertingly low. According to a study of adults discharged from the ED following treatment for an opioid-related condition from 2016 to 2018, only 1.1 percent filled a prescription for naloxone in the 30 days following their ED encounter.<sup>7</sup> A subsequent study, examining the period from August 2019 through April 2021, found improved rates, but still estimated that naloxone is only prescribed for 7.4 percent of ED visits for opioid overdose, and it is actually *dispensed* for only 6.3 percent of ED visits for opioid overdose. For comparative purposes, 49 percent of ED visits for anaphylaxis (e.g., allergic reactions to bee stings or foods) had an epinephrine prescription (e.g., an EpiPen®) within 30 days and 45 percent had epinephrine dispensed within 30 days.<sup>8</sup> According to a recently published retrospective cohort

study, implementing an ED naloxone program is associated with a 48 percent reduction in the risk of subsequent ED visits for overdose and a 63 percent reduction in the risk of death.<sup>9</sup>

It is now more important than ever that EDs “ditch the scripts and bring the meds to beds” – in other words, engage in direct dispensing of naloxone out of the ED, as called for in the 2023 joint Policy Statement issued by the American College of Emergency Physicians, and as empowered through section 381.887, Florida Statutes. Obstacles to naloxone access through community pharmacies remain even at this late stage of the opioid epidemic. Prescription formulations of naloxone are not stocked in approximately 1 out of 3 community pharmacies in Florida.<sup>10</sup> And even when prescriptions are issued, they are very unlikely to be filled, with out-of-pocket costs suppressing access among the most vulnerable populations.<sup>11</sup>

**Recommendation:** The Council recommends the use of hospitals as an essential community partner for increasing access to naloxone for high-risk individuals.

**5. To enhance behavioral health services that integrates targeted and specialized support for human trafficking survivors or those at-risk using trauma-informed care.**

In 2024, there were 164 verified cases of commercial sexual exploitation of children.<sup>12</sup> Traditional behavioral health services often lack the necessary resources to adequately address the complex trauma and addiction issues that may be faced by survivors of human trafficking.

Recent qualitative research examining survivors of human trafficking has highlighted the strong correlation between substance use and exploitation. Many survivors reported that traffickers either introduced substances as a form of control or exploited pre-existing substance use disorders to entrap victims. In some cases, survivors developed addictions as a direct response to trauma, using substances as a means of managing the emotional and psychological distress associated with their experiences. The same study found that the majority of survivors interviewed disclosed using substances during or after their trafficking experience, and a significant portion identified substance use as a factor in their recruitment.<sup>13</sup> An analysis of 43 cases of youth in Florida who were exploited by traffickers who were not family members found that traffickers build dependence, gain trust, and entrap victims by providing shelter and drugs.<sup>14</sup> Case file reviews and interviews with service providers found that 6 percent of female juvenile trafficking victims in Florida were trafficked by a drug dealer. Furthermore, 71 percent of juvenile trafficking victims used substances, with even higher rates observed among girls with intellectual disabilities (83 percent).<sup>15</sup>

**Recommendation:** The Council recommends enhanced behavioral health services that integrates a comprehensive trauma-informed addiction treatment for healing and empowerment of human trafficking survivors or those at-risk. Furthermore, behavioral

health settings are key points for human trafficking prevention. Best practice guides and public-health briefs recommend integrating trafficking screening, staff training, and referral pathways into mental-health and substance-use services because these settings frequently serve people with risk factors for trafficking.<sup>16</sup> This initiative aims to strengthen current behavioral health systems by bridging the gap in services that address both substance use and mental health needs specific to this demographic. By addressing the underlying causes of addiction among survivors, it is possible to mitigate the risk of re-victimization.

**6. Support routine prenatal opioid screenings and appropriate postnatal treatment by disseminating resources like Florida’s Maternal Opioid Recovery Effort Toolkit.**

To address the impact of opioid use disorder on pregnant and postpartum women, it is recommended that Florida strengthen support for routine prenatal opioid screenings and ensure access to appropriate postnatal treatment. These clinical interventions are critical to safeguarding maternal and infant health, reducing long-term developmental challenges, and improving recovery outcomes for families affected by substance use. To achieve this goal, state and local health agencies should prioritize the dissemination of tools such as Florida’s Maternal Opioid Recovery Effort (MORE) Toolkit. This resource provides evidence-based guidance for healthcare providers, promoting standardized practices in screening, treatment planning, and multidisciplinary care coordination. Broad distribution and integration of these materials can support a statewide culture of early identification, non-stigmatizing care, and long-term recovery support for mothers and newborns alike well into their early childhood education years.

**Recommendation:** The Council recommends that providers use evidence-based guidance to support routine prenatal opioid screenings.

**7. Promote access to recovery support services and resources for parents of young children impacted by opioid use.**

To enhance family stability and support long-term recovery outcomes, it is recommended that parents in Florida whose children are affected by opioid use have access to comprehensive recovery support services. These services should include peer mentoring, family therapy, childcare assistance, and parenting education that address the complex challenges faced by parents in recovery. Research indicates that opioid use can disrupt parent-child relationships and increase the risk of adverse developmental outcomes for children, which makes targeted, family-centered interventions essential. A qualitative study of 23 integrated care programs across North America found that dyadic models – those providing medical and behavioral services to both parent and child – were most successful when they offered coordinated, wraparound supports like peer recovery coaching, case management, and developmental assessments.<sup>17</sup> By investing in these specific supports, Florida

can help prevent intergenerational cycles of substance use, reduce the likelihood of child welfare involvement, and strengthen family reunification efforts. Prioritizing these services reflects the state's commitment to a holistic approach to recovery that focuses not only on the individual but also on the health and resilience of the entire family unit. Establishing sustained access across service systems will ensure that parents are equipped with the necessary tools and community connections to build strong, nurturing environments for their children.

**Recommendation:** The Council recommends increasing access to coordinated, wraparound support services like developmental assessments, parenting education, dyadic behavioral health services, for families impacted by opioid use.

**8. Maximize inter-agency agreements to facilitate the sharing of opioid-related public health data, including data for provisional fatal and non-fatal overdoses as well as syndromic surveillance.**

Increased data sharing is crucial for planning appropriate responses to both the acute and chronic aspects of the opioid epidemic. By prioritizing synergistic data sharing among programs currently engaged in overdose prevention and response, we can ensure that data and analytic tools are managed within programs that provide long-term, coordinated responses, and already work with similar data. Efforts to meet this need have already begun with the Office of Opioid Recovery (OOR), which is reviewing syndromic surveillance data, specifically Emergency Medical Services (EMS) records through the BioSpatial application, representing the bulk of non-fatal overdoses. Additionally, the OOR has established a close partnership with the Florida Department of Health's federally-funded Overdose Data-to-Action (OD2A) program, which analyzes vital records for suspected overdose deaths.

Analyses related to these data can be quickly generated within the Department of Children and Families by epidemiologists and public health analysts experienced in working with syndromic surveillance data, allowing for the creation of geographic analyses to support public health planning. Current plans for data acquisition acknowledge the highly sensitive nature of these health records and the stigma and risk posed to victims of the opioid epidemic in the event of a data breach or illicit disclosure of health status information. The OOR's specific plans include the creation of state-of-industry dashboards that provide timely geospatial analysis of recent overdose trends by zip code and longitudinal trends for long-range planning, supporting the core purposes of the opioid settlement. These dashboards will allow granular map views of counties and summaries of overdose events, accompanied by analyses highlighting significant trends or changes.

**Recommendation:** Therefore, the Council recommends prioritization of inter-agency data sharing agreements to expedite the dissemination of syndromic surveillance data depicting key trends to inform strategic planning.



**9. Enhance the development of the peer workforce and create opportunities for upward mobility among Certified Recovery Peer Specialists by establishing a credential for peer supervisors.**

Recovery Peer Specialists provide valuable support to individuals experiencing opioid use disorder by utilizing their lived experience with substance use and/or mental health challenges. Peer recovery certifications equip individuals with lived experience to support others in recovery, emphasizing the importance of supports like Medication-Assisted Treatment in treating opioid use disorder and reducing stigma associated with medications like methadone and buprenorphine. Supervision by peers themselves rather than only clinical staff enhances the overall quality of peer-based services and contributes to better outcomes for those receiving peer-based services. This peer-led approach fosters a sense of understanding, trust, and relatability, which is essential for establishing meaningful connections with individuals in recovery.<sup>18</sup>

Developing a dedicated credential for peer supervisors not only promotes career advancement, but also leverages their lived experience to bring authenticity, reinforce core peer support values, and provide emotional support—factors that strengthen role clarity and improve retention. Traditional supervision focuses on therapeutic methods and diagnosis, which may not address the strengths and insights of peer specialists. Peer-to-peer supervision, grounded in shared understanding and common challenges, is more effective for authentic support and mitigating role drift.<sup>19</sup>

The Department will develop this credential through the Florida Certification Board, validating the expertise of certified peers and creating a clear career pathway. Expanding access to peer supervision training, especially in organizations with limited support, will ensure consistency and effectiveness. This approach will enhance job satisfaction, mitigate role drift, and improve outcomes for individuals receiving peer support services, advancing the state's commitment to recovery-oriented care.

**Recommendation:** The Council recommends the establishment of a dedicated credential for peer supervisors to help strengthen and sustain the peer recovery workforce.

**10. Expand access to integrated residential treatment services for women in Florida affected by substance use disorders and persistent mental health issues, particularly those with children aged 0 to 5 years.**

Women experiencing challenges related to both mental health and substance use often encounter significant barriers in accessing care that effectively addresses their parenting responsibilities alongside their treatment needs.<sup>20</sup> While pregnant women receive priority admission status when seeking treatment for substance use disorders, they continue to encounter barriers to access. In FY 24-25, a total of 36 pregnant women were placed on a waitlist for drug treatment services, as reported by the Managing Entities. Prioritizing comprehensive and integrated services that employ evidence-based practices is essential. This focus should emphasize the importance

of fostering positive parent-child relationships and cultivating healthy and nurturing attachments.<sup>21</sup> Adopting such an approach can lead to improved recovery outcomes, a reduction in relapse rates, and the promotion of long-term independence.<sup>22</sup> Furthermore, this strategy has the potential to preclude interventions by the child welfare system, thereby mitigating the associated trauma and long-term repercussions of such involvement.<sup>23</sup>

By supporting residential treatment that allows mothers to stay with their young children, DCF can improve outcomes. Research shows that women who live with their children while in treatment stay in treatment longer, are more likely to complete treatment, and experience better outcomes than women who do not reside with their children, including greater abstinence from substance use, better employment, lower arrests and incarcerations, and greater likelihood of having custody and living with their children at follow-up.<sup>24</sup> Responsive, structured, and attentive caregiving during these early years significantly reduces the risk of mental health challenges later in life. The success of an infant or child increases when their needs are consistently met by caregivers.

**Recommendation:** The Council therefore recommends expanding access to integrated residential services for women with young children and behavioral health disorders to improve a multitude of treatment outcomes.

**11. Encourage jails to partner with mobile Medication-Assisted Treatment providers to establish reentry programs that initiate medications during incarceration and support individuals reintegrating into the community with unmet needs related to insurance, housing, employment, and co-occurring mental illnesses.**

Nationwide, about 54 percent of individuals with opioid use disorder report ever being arrested and booked in jail, making jails a key intervention point for initiating treatment.<sup>25</sup> Statewide, about 16 percent of jail admissions screen positive for opioid use disorder.<sup>26</sup> To effectively combat opioid addiction across Florida, we propose leveraging partnerships with community-based Medication-Assisted Treatment (MAT) providers that utilize mobile clinics and Jail-Based MAT programs with reentry initiatives, particularly in underserved and rural areas. Re-entry programming supports individuals with re-enrolling in health insurance and transportation assistance, housing, and employment before release.

Expanding Jail-Based MAT programs will ensure individuals receive both treatment during incarceration and support a smooth transition back into the community. Research shows that treating individuals with opioid use disorder with buprenorphine while incarcerated can reduce rates of post-release recidivism (i.e., arraignment, probation violation, or incarceration).<sup>27</sup> The St. Johns County Sheriff's Office recently partnered with EPIC Community Services, Inc., to implement a new MAT reentry program called MARS: Medically Assisted Recovery Services. MARS includes the provision of in-jail medications, including but not limited to buprenorphine-based

products, addressing withdrawal and cravings while reducing relapse upon release. MARS also provides in-jail care coordination and peer recovery support prior to release. Care Coordinators and re-entry staff collaborate to ensure that housing, employment, and transportation needs are coordinated and established before the day of release. EPIC conducts psychiatric evaluations and initiates the first dose of medication, while the medical provider contracted with the jail administers all subsequent doses before discharge. EPIC is a non-profit drug treatment provider with a sliding fee scale that is within the network of the local Managing Entity (Lutheran Health Services Florida).

**Recommendation:** The Council recommends that jails partner with behavioral health treatment providers to establish evidence-based reentry programs capable of addressing co-occurring disorders and providing mediations for opioid use disorder.

**12. Increase access to permanent, stable housing for families receiving treatment or recovery support services for opioid misuse or opioid use disorders by increasing awareness of flexible funding for incidentals like rental assistance and utilities.**

To enhance stable housing for families impacted by opioids and other substances, a strategic initiative is proposed to increase awareness and improve access to flexible funding resources. This includes incidentals for families receiving outpatient treatment, recovery support services, and child welfare services or at risk for child welfare intervention. This initiative will target providers or services that support caregivers of children in foster care, as well as survivors of domestic violence and human trafficking, and will also educate frontline staff on the availability of this flexible funding.

A major barrier to effective recovery and family reunification is the lack of stable housing. Without a secure living environment, families experience significant stress, hindering their ability to fully engage in treatment, maintain employment, and create a nurturing atmosphere for their children. This instability perpetuates cycles of trauma and crisis, ultimately undermining the goals of our support systems. Systemic reviews have established that housing instability often precedes and elevates the risk for substance use and overdose, and housing stress is associated with an increased likelihood of child maltreatment, child protective services reports, and out of home placements.<sup>28</sup>

**Recommendation:** The Council recommends that opioid settlement funding be flexibly deployed to address unmet needs, such as rental and utility assistance, which are essential for promoting housing stability and continuity in treatment. Integrating these supports into outpatient treatment, residential and recovery services, represents a strategic investment in stabilizing the family unit. This approach reduces stressors that contribute substance use and supports long-term recovery outcomes.



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