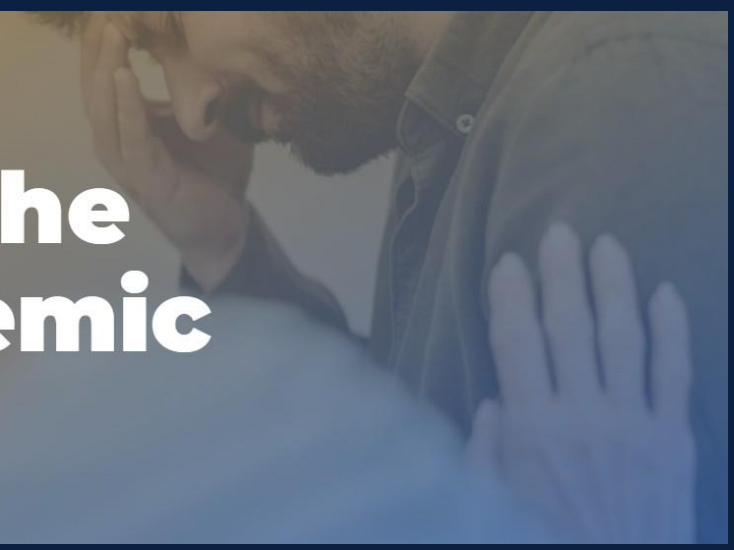


STATEWIDE COUNCIL ON OPIOID ABATEMENT

MEETING PACKET

A background image showing a close-up of a person's face, appearing to be in distress or holding their head, with a hand visible in the foreground.

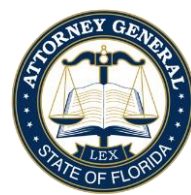
Combating the Opioid Epidemic

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

October 22, 2025

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Statewide Council on Opioid Abatement

Meeting Agenda

October 22, 2025

2:00 P.M. – 3:00 P.M. EST

Virtual Meeting via Microsoft Teams

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

2:00 – 2:15	Welcome/Call Meeting to Order/Opening Remarks Sheriff Dennis M. Lemma, Delegate Chair
2:15 – 2:20	Roll Call and Approval of September 5 th , 2025, Meeting Minutes Aaron Platt, DCF Staff Liaison
2:20 – 2:45	Annual Legislative Report Review, Discussion, Approval Sheriff Dennis M. Lemma, Delegate Chair
2:45 – 2:55	Public Comment
2:55 – 3:00	Closing Remarks Sheriff Dennis M. Lemma, Delegate Chair



Statewide Council on Opioid Abatement

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Uthmeier
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Commissioner Lee
Constantine
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Counties Appointee

Mayor Keith James
Florida Association of
Counties Appointee

Council Member Josh Fuller
Florida League of Cities
Appointee

Vice Mayor Jolien Caraballo
Florida League of Cities
Appointee

In-Person Meeting Minutes

September 5, 2025

9:00 A.M. – 11:00 A.M. EST

Welcome/Call to Order

The meeting was called to order at 9:00 AM by Delegate Chair, Sheriff Dennis M. Lemma. Roll call was taken by Aaron Platt.

Attendance Summary

Sheriff Dennis M. Lemma, Delegate Chair
Secretary Taylor Hatch, Vice Chair
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
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

Roll Call and Approval of May 7, 2025 Meeting Minutes

Roll call was taken by Aaron Platt. Quorum was met. A motion was entered to approve the May 7, 2025 meeting minutes. The meeting minutes were approved with no opposition.

Motion: Sheriff Robert Hardwick

Second: Major Todd Shear

Keynote: Opioid State of the State

Dr. Mark Stavros, M.D. Florida State University-College of Medicine presented on Confronting the Opioid Epidemic: Trends, Impacts, and Pathways to Recovery in Florida and the U.S. Dr. Stavros presented information to the Council regarding the drivers of the opioid crisis, national trends, data on overdoses and deaths resulting from overdose. Included in the presentation were data specific to the state of Florida regarding prescriptions for opioid naloxone administration, Emergency Department data and access to treatment. Dr. Stavros also discussed key drivers of opioid abatement which includes increased access to medications for opioid use disorder (MOUD), increased naloxone distribution, education, interdiction, housing and support services, behavioral health services and transportation.

Chair Delegate Sheriff Lemma proposes the empowerment of the patient-doctor relationship in all three forms of the MOUD. Chair Lemma also suggested coordinating a meeting between all independent state councils making decisions and recommendations on opioid settlement funds together for a collaboration summit.

Vice Chair Secretary Taylor Hatch proposes the Department of Children and Families (DCF) in conjunction with the Council on Opioid Abatement and the Department of Health (DOH) explore additional opportunities for ensuring critical information is available to those serving and treating citizens including doctors, schools, etc. The Facts Your Future was mentioned as an example.

Other possibilities discussed for assisting with abating the Opioid crisis include, housing support, transportation to treatment, expanding the Prescription Drug Monitoring Program past



Statewide Council on Opioid Abatement

two years, opioid training in school curriculum, and examining what other states are doing differently that is working

Embedding First Responder Resilience and Readiness in the Opioid Abatement Framework

Dr. Kellie O'Dare, Deputy Executive Director-UCF Restores provided an in-depth review of the program which focuses on clinical research and treatment, specializing in first responders and veterans. The UCF Restores program provides evidence-based treatment for post-traumatic stress disorder and other mental health challenges, while training peer support specialists and a proficient mental health workforce for first responders. The 2nd Alarm Project @ UCF Restores focuses on enhancing the behavioral health and resilience of first responders through comprehensive programs and innovative resources tailored to the unique needs of the public safety community. Dr. O'Dare discussed trends in mental health and substance use disorder within the first responder profession noting studies have revealed a high prevalence of psychological strain among EMS, law enforcement and fire service personnel who respond to opioid related incidents.

Council Members discussed the impact the opioid crisis has had on first responders across the state of Florida.

Review and Discussion of the 2025 Statewide Council on Opioid Abatement Report Recommendations

William Hardin, Deputy Assistant Secretary for DCF-Office of Substance Abuse and Mental Health reviewed the Statewide Council on Opioid Abatement Draft 2025 Annual Report Recommendations which are required to be published by December 1, 2025. There are twelve draft recommendations that center on county sustainability plans, the use of opioid settlement funds, awareness campaigns, access to naloxone, human trafficking survivors, prenatal opioid screenings, resources for parents of opioid exposed children, data sharing agreements to maximize the use of surveillance data, the peer recovery workforce, access to residential treatment services for women, evidenced-based jail re-entry programs and, stable housing for families receiving treatment or recovery support services.

Chair Delegate Sheriff Lemma requested that references to MAT be changed to MOUD to reflect current practices and terminology. Chair Lemma also suggest adding recommendations for trauma informed care.

The Council unanimously approved the report through a motion from Council member Sheriff Robert Hardwick, which was seconded by Council member Vice Mayor Jolien Caraballo.

Public Comment

Lynette Serlo, Generation O, expressed her support for the work of the Council and the draft recommendations put forth. Ms. Serlo also advocated for additional focus on children born with prenatal opioid exposure.

Neal McGarry, CEO Florida Certification Board expressed his support for the draft recommendations

Closing Remarks

Sheriff Lemma provided closing remarks, thanking Attorney General James Uthmeier for his leadership. The meeting adjourned at approximately 11:15 AM.



Statewide Council on Opioid Abatement 2025 Annual Report

December 1, 2025

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Acknowledgements

Council Members

Attorney General James Uthmeier
Chairperson, Governor Appointee

Sheriff Dennis M. Lemma
Delegated Chair

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

Vice Mayor Jolien Caraballo Florida
League of Cities Appointee

Commissioner Lee Constantine
General Board Member

Mayor Keith James
Florida League of Cities Appointee

Secretary Taylor N. Hatch
Vice Chairperson, Governor Appointee

Amy Ronshausen
Governor Appointee

Major Todd Michael Shear Senate
President's Appointee

Vice Mayor Josh Fuller
Florida League of Cities Appointee

Commissioner Chris Dougherty
General Board Member

Message from the Chair and Delegated Chair

Executive Summary

Pursuant to Section 397.335, Florida Statutes, this 2025 Annual Report is submitted on behalf of the Statewide Council on Opioid Abatement.

Florida continues to show progress in reducing opioid-related mortality, with opioid-related deaths declining 26 percent from 2023 to 2024 and opioid-caused deaths declining 32 percent. Although these outcomes reflect measurable progress, the Department and its partners remain committed to sustaining momentum, reducing overdose fatalities, and strengthening recovery pathways statewide.

In Fiscal Year 2024-2025, \$273.6 million in opioid settlement funds were allocated across Florida to support evidence-based prevention, treatment, and recovery initiatives. These investments have helped expand access to behavioral health services, enhance overdose prevention, and build a recovery-oriented system of care. The following highlights summarize the measurable outcomes achieved through these initiatives:

- Distribution of over 767,000 naloxone kits, with more than 16,000 reported overdose reversals.
- Expansion of the Coordinated Opioid Recovery (CORE) Network statewide, serving 28,470 individuals with opioid use disorder (OUD), 62 percent of whom received medications for opioid use disorder (MOUD).
- Strengthening of Florida's peer recovery workforce, with \$8.25 million appropriated to expand Recovery Community Organizations (RCOs) and train 69 new peer specialists, resulting in 4,400 peer support services delivered statewide.
- Delivery of nearly 295,000 behavioral health service events to over 6,200 Floridians, as reported through the Opioid Data Management System (ODMS), spanning assessment, outpatient, residential, and case management services for opioid use disorder and co-occurring conditions.

In 2025, the Council developed fourteen recommendations to guide the continued use of settlement funds, emphasizing sustainability, data-driven coordination, workforce development, housing supports, and efficient access to treatment and recovery services. These recommendations are provided in the concluding section of this report

Florida's comprehensive, collaborative approach is producing measurable results, reducing overdose deaths, expanding access to lifesaving medications, and strengthening the behavioral health continuum of care. The Statewide Council on Opioid Abatement remains committed to ensuring that settlement funds are utilized effectively to support measurable and sustainable recovery outcomes for Floridians affected by the opioid crisis.

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, 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 Council is required to review how opioid settlement funds were spent, advise state and local governments on the results achieved, and provide recommendations for how funds should be prioritized in the future.

The Council is composed of 10 members, including the chair – Florida Attorney General, James Uthmeier, – who delegates chair duties to Seminole County Sheriff Dennis Lemma, and the Secretary of the Florida Department of Children and Families (Department), Secretary Taylor N. Hatch, who serves as vice chair.

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.

According to s. 397.335(4)(b), F.S., the Council is required to work with, and receive information from, the Statewide Drug Policy Advisory Council (DPAC), and ensure that its recommendations and actions are consistent with DPAC. DPAC is chaired by the State Surgeon General, Joseph A. Ladapo, and features 19 members, including appointed

members with expertise in drug enforcement, prevention, treatment, and faith-based services. The Council stands ready to review and assess any information and recommendations that become available through future DPAC meetings and publications.

2025 Council Presentation Overview

Over the past year, the Statewide Council on Opioid Abatement received a series of presentations that informed and shaped its recommendations. Across three meetings, presenters addressed key topics including regional opioid response strategies, maternal and child health impacts, justice-involved populations, and workforce resilience. Collectively, these discussions reinforced the importance of a coordinated approach to prevention, treatment, and recovery.

On March 11, 2025, presenters from Florida's Northeast region shared initiatives funded by opioid settlement dollars, with a focus on expanding access to treatment and recovery services. Citrus County highlighted the continued focus on its CORE program and access to counseling, respite care, safe housing, peer support, case management, and trauma-informed services for youth with opioid use disorder (OUD) and their families. The City of Jacksonville reported efforts to identify individuals at risk for OUD through screenings, expand youth afterschool programming, increase access to MOUD and primary care, and reduce barriers to treatment through supportive housing, workforce development, and alternative transportation options such as UberHealth. ACE Medical presented its ATRAC Program (Addiction, Treatment, Recovery, Access, and Counseling), which delivers consistent wraparound addiction and primary care services.

On May 7, 2025, the Council heard presentations on Neonatal Abstinence Syndrome (NAS), Early Childhood Court (ECC), and Jail-Based Medication-Assisted Treatment (MAT). While progress has been made in addressing NAS, presenters emphasized the need for continued attention to affected infants and their families. ECC data revealed that over 80 percent of child removals involved substance use, with 24 percent linked to opioids, highlighting the need for early intervention and family-centered support. The Jail-Based MAT presentation underscored the importance of initiating and sustaining MOUD for incarcerated individuals, along with education, wellness programming, relapse prevention, and reentry aftercare services.

At the September 5, 2025, meeting, Council members received a comprehensive overview of Florida's OUD epidemiology and key abatement strategies. Presenters emphasized the role of expanded MOUD access and naloxone distribution in reducing opioid-related harm. A presentation on first responder resilience highlighted the importance of maintaining a healthy and supported workforce as a critical component of Florida's opioid response infrastructure.

Additional details, including meeting agendas and presentation materials, are available on the Florida Opioid Settlement webpage: <https://floridaopioidsettlement.com/meetings/>

The Status of the Opioid Epidemic in Florida

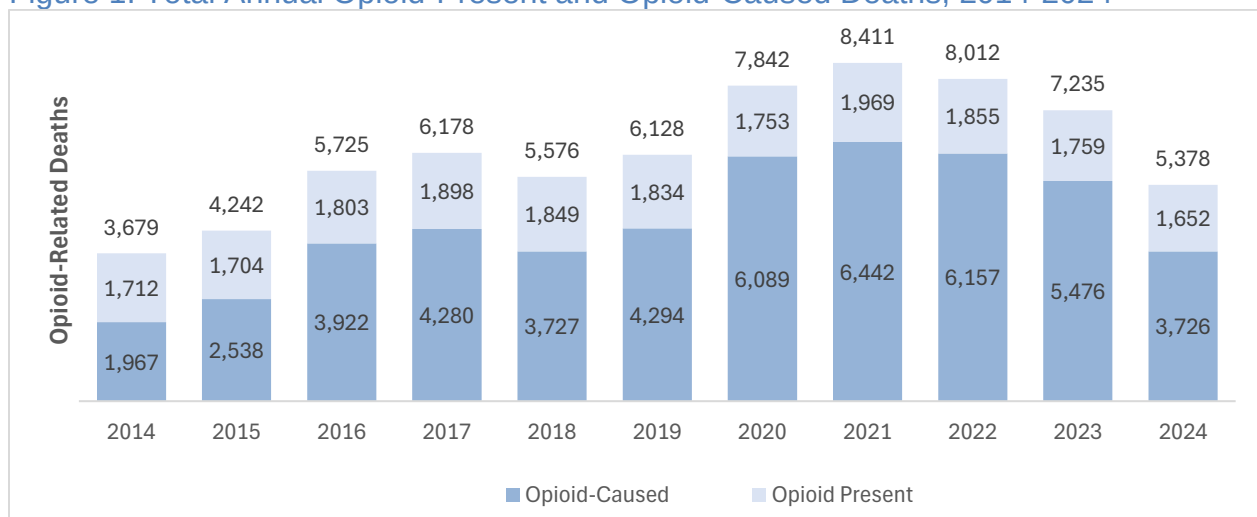
According to the most recently published estimates reflecting combined data from 2022-2023, approximately 2 percent of the general household population in Florida ages 12 and older (or about 389,000 individuals) experienced an Opioid Use Disorder (OUD) in the past year. Opioid misuse, defined as using heroin or prescription pain relievers without a doctor's orders, was even more prevalent, affecting approximately 3 percent, (or 587,000 individuals) during the same period.¹ These figures exclude high-risk populations such as individuals who are unhoused and not using shelters, or those in jails and hospitals. To address these limitations – including underreporting of stigmatized or criminalized behaviors – researchers incorporate additional data sources such as health care records, death certificates, EMS incidents, and prescription drug monitoring programs. Based on these methods, the true prevalence of OUD is estimated to be 4.5 times higher than household survey data suggest.² Both opioid misuse and OUD substantially increase the risk of nonfatal and fatal overdose, underscoring the continued urgency of Florida's statewide prevention and treatment efforts.³

Opioid Mortality and Morbidity Data

The Florida Medical Examiners Commission (MEC) publishes both annual and interim Drugs Identified in Deceased Persons reports, which serve as the state's primary source for drug-related mortality data. Within these reports, an opioid present death indicates that one or more opioids were present, whereas an opioid-caused death confirms opioids as a primary cause.

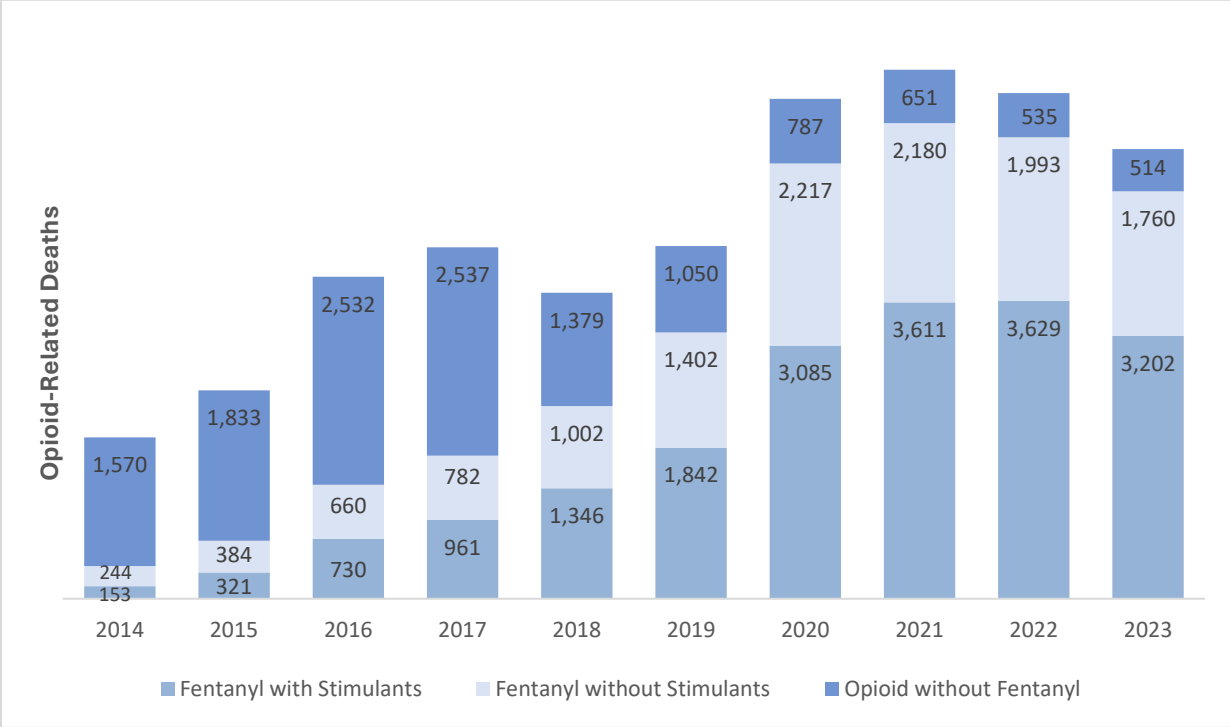
In 2024, Florida recorded 5,378 opioid-related deaths, a 26 percent decrease from the previous year. Of these, 3,726 were opioid-caused, a 32 percent decline from 2023. Florida's peak occurred in 2021 with 8,411 opioid-related deaths and 6,442 opioid-caused deaths; by 2024, these totals had declined by 36 percent and 42 percent, respectively. These sustained reductions indicate continued progress in reducing opioid mortality statewide.

Figure 1: Total Annual Opioid-Present and Opioid-Caused Deaths, 2014-2024



The use of fentanyl and stimulants predominates in the current stage of the opioid epidemic in Florida. The drugs that caused the most deaths in 2023 were fentanyl (4,962), cocaine (2,377), and methamphetamine (2,682). With respect to co-use, stimulants were identified as a contributing factor in 56 percent of all opioid-caused deaths in 2023.

Figure 2: Total Annual Deaths Involving Opioids, Fentanyl, and Fentanyl with Stimulants, 2014-2023

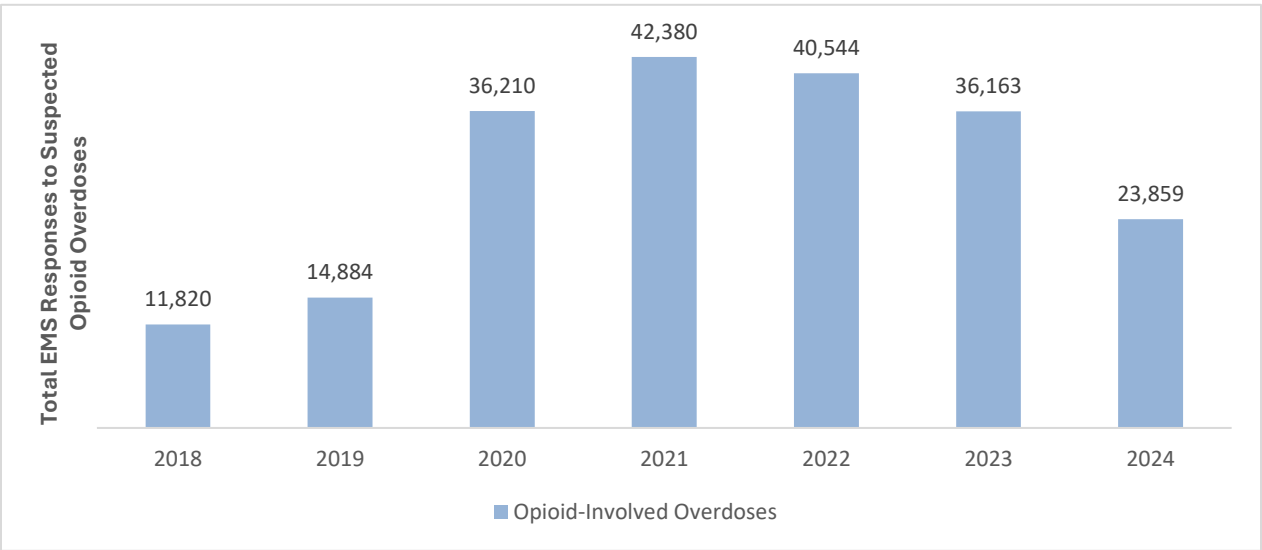


Emergency Medical Service Responses for Suspected Opioid Overdoses

Provisional 2024 data from the Florida Department of Health indicate that Emergency Medical Services (EMS) responded to 82,805 suspected drug overdose incidents statewide. Of these, 23,859 responses (29 percent) involved suspected opioid-related overdoses.

Compared to 2023, this represents a 19 percent decrease in total EMS responses to suspected drug overdoses and a 24 percent decrease in those involving suspected opioids. Although these figures are subject to revision as reporting is finalized, the preliminary trend suggests continued progress in reducing overdose-related emergencies across Florida. It is important to acknowledge that EMS paramedicine programs are saving lives by expanding beyond overdose reversals and transports to the emergency department. Several groundbreaking paramedicine programs are starting patients on a path to recovery by initiating buprenorphine treatment in the field, including Clay County Fire Rescue, Escambia County Fire Rescue, Hernando County Fire Rescue, the City of Gainesville, Alachua County Fire Rescue, and Marion County Fire Rescue.

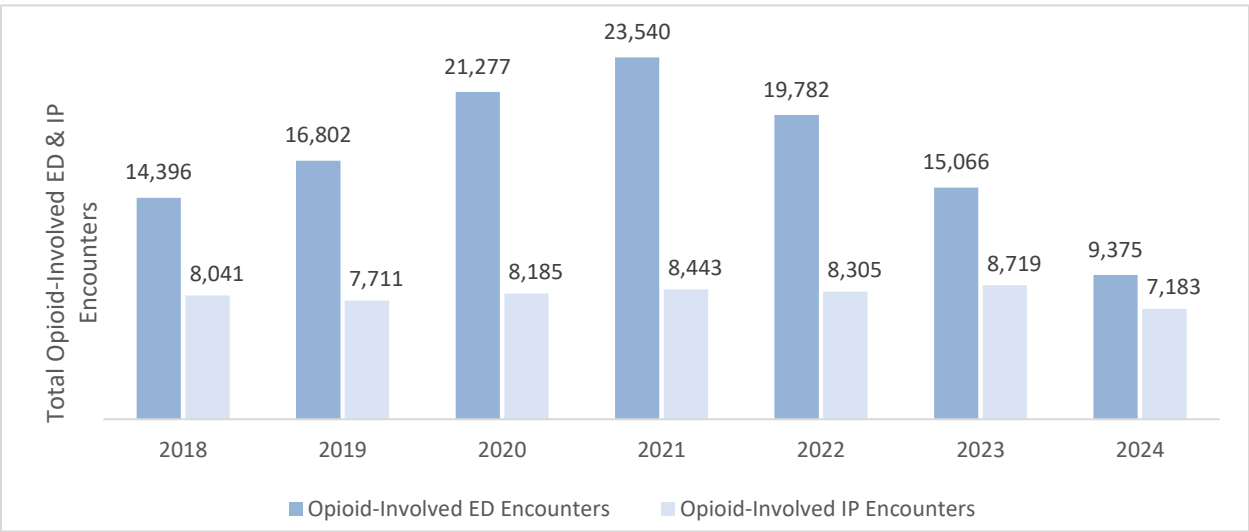
Figure 3: Total EMS Responses to Suspected Opioid Overdoses, 2018-2024



Emergency Department Visits and Inpatient Hospitalizations for Non-Fatal Opioid Overdoses

Provisional 2024 data from the Florida Department of Health indicate that there were 31,016 emergency department (ED) visits and 26,601 inpatient hospitalizations (IP) for nonfatal drug overdoses statewide. Of these, 9,375 ED visits and 7,183 hospitalizations, representing 30 percent and 27 percent respectively, involved opioids.

Figure 4: Emergency Department and Inpatient Encounters for Opioid-Involved Overdoses, 2018-2024



Compared to 2023, these preliminary figures reflect a 21 percent decrease in total nonfatal drug overdose ED visits and a 38 percent decrease in opioid-involved nonfatal ED visits. In contrast, total hospitalizations for nonfatal drug overdoses increased by 8.3

percent, while opioid-involved hospitalizations declined by 18 percent. Although these data are subject to revision as reporting is finalized, the emerging trend suggests a continued decline in opioid-related emergencies, even as overall drug-related hospital utilization shows signs of stabilization.

Naloxone Distribution and Administration

In 2024, naloxone was used to reverse more than 16,000 opioid overdoses across Florida, based on reports submitted through the Department’s Overdose Prevention Program. These overdose reversals were reported by authorized naloxone distributors participating in the program. That same year, the Department distributed 767,931 naloxone kits through its Overdose Prevention Program, representing an 89 percent increase compared to the previous year.

Table 1: Naloxone Distribution and Overdose Reversals, 2018-2024

Year	Number of Naloxone Kits Distributed	Number of Reported Overdose Reversals
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
2024	767,931	16,324

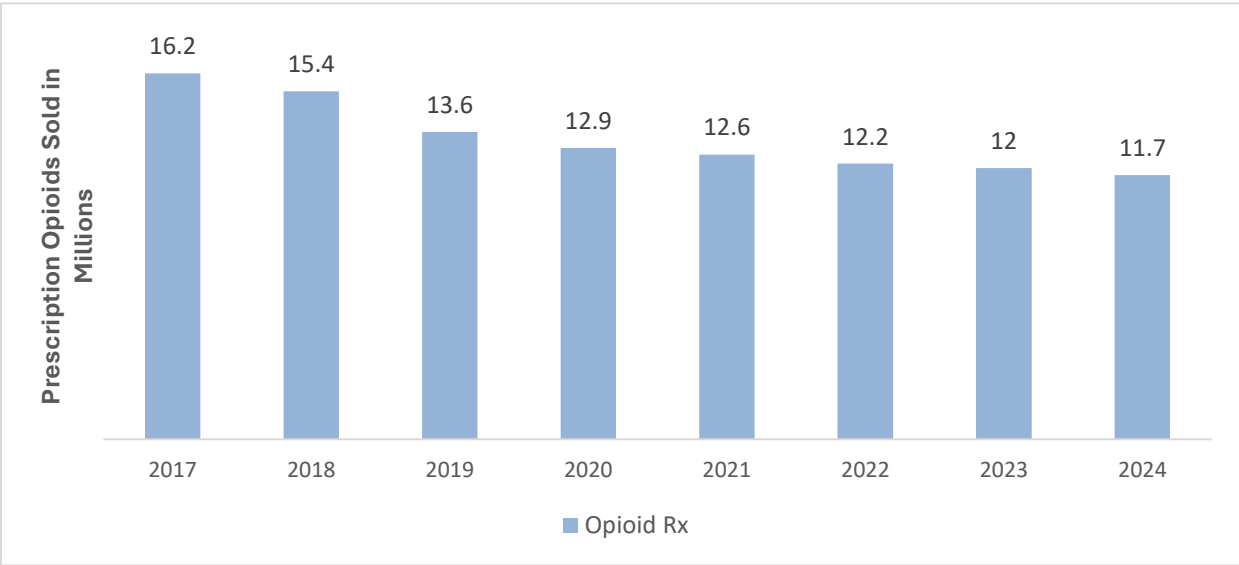
As a result of ongoing statewide initiatives, naloxone, a fast-acting medication that reverses the effects of opioid overdose by blocking opioid receptors, has become increasingly accessible. This expansion reflects Florida’s commitment to reducing opioid-related fatalities and aligns with the opioid abatement strategies supported by the Opioid Settlement. Its widespread availability remains a critical component of the state’s overdose prevention and response efforts.

Extensive research underscores the effectiveness and safety of expanding access. A national population-based study found that states enacting naloxone access laws experienced no increase in nonmedical opioid or heroin use and saw a 14 percent reduction in opioid-overdose death rates.⁴ Furthermore, individuals living in areas with greater naloxone availability have 5 percent lower odds of reporting heroin use compared to those with limited or no access.⁵ Additionally, a systematic review of seven studies involving 2,578 participants found no evidence that naloxone distribution increases opioid or other substance use. Within that review, one study reported a reduction in heroin use from 89 percent to 63 percent, while another observed a decline in daily use.⁶

Opioid Prescriptions Sold in Florida

Data from the Florida Department of Health indicate a sustained decline in prescription opioid dispensing statewide. Between 2017 and 2024, the number of opioid prescriptions filled decreased by 27.9 percent, from approximately 16.2 million prescriptions to 11.7 million, demonstrating sustained progress in reducing opioid dispensing statewide.

Figure 5: Total Annual Opioid Prescriptions Sold in Florida, 2017-2024



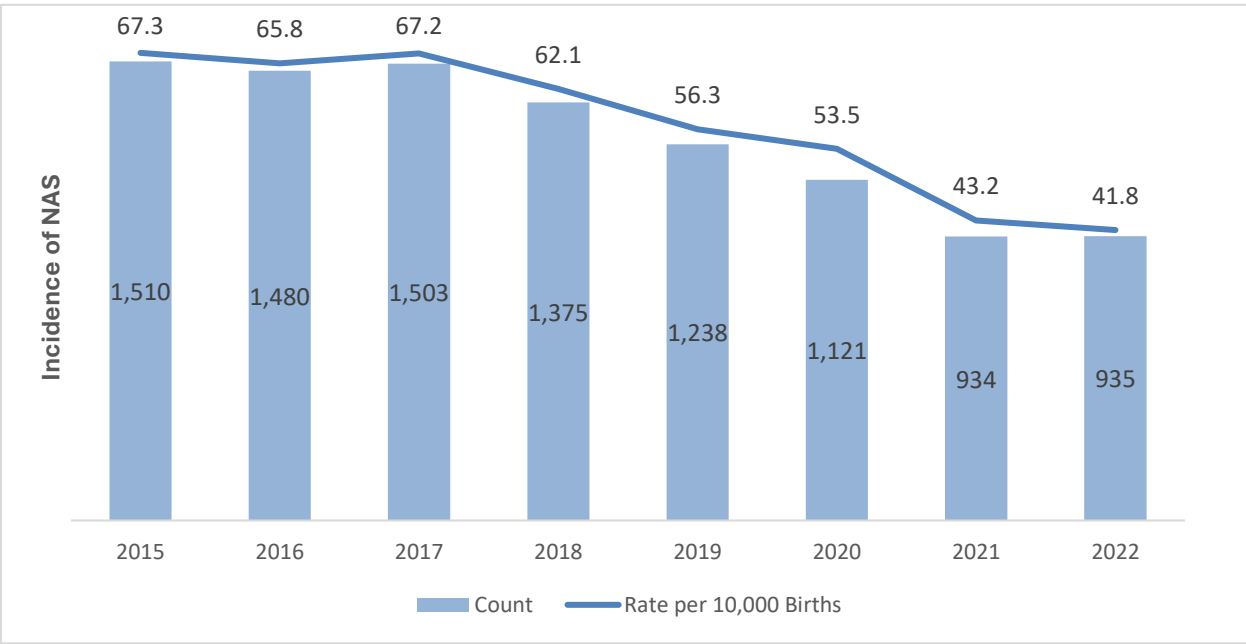
This shift aligns with broader efforts to reduce the availability of opioids through legal channels and promote safer prescribing practices. Central to these efforts is Florida’s Prescription Drug Monitoring Program (PDMP), known as E-FORCSE®. Managed by the Florida Department of Health, E-FORCSE® provides healthcare providers with access to critical information that supports informed prescribing decisions, helps prevent misuse, and enhances patient safety.

Incidence of Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) refers to a group of withdrawal symptoms that occur in newborns who were exposed to opioids in utero. A decline in NAS rates may indicate progress in reducing opioid use during pregnancy and improving maternal and infant health outcomes.

According to data from the Florida Department of Health, the state experienced a 32 percent reduction in the rate of NAS between 2017 and 2022. The rate declined from 67.2 cases per 10,000 live births in 2017 to 41.8 per 10,000 live births in 2022, reflecting a consistent downward trend in NAS incidence statewide.

Figure 6: Total Annual Cases and Rates of NAS in Florida, 2015-2022



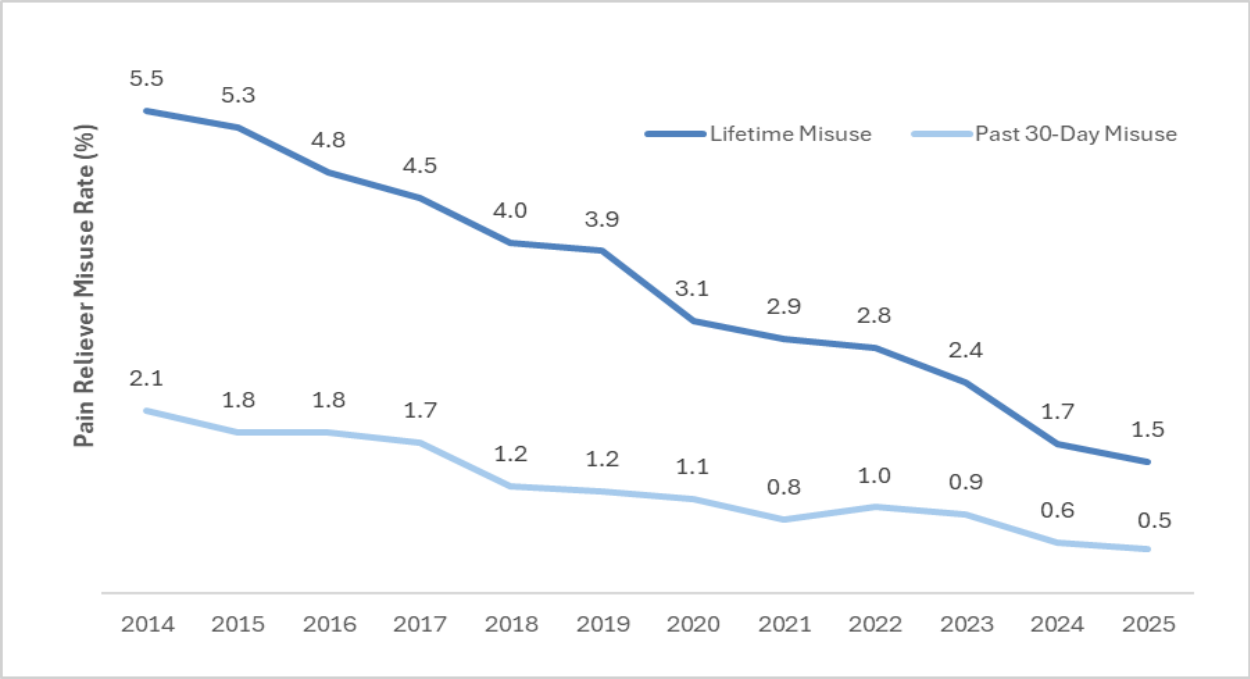
County-level rates of NAS vary substantially across Florida, ranging from 7.1 to 268.5 cases per 10,000 live births. Higher rates in some counties can often reflect small population sizes rather than higher overall case counts. For instance, in Bradford County, the 2022 NAS rate of 268.5 per 10,000 live births corresponds to eight infants diagnosed with NAS. In smaller counties, rates may fluctuate considerably from year to year due to low birth volumes, shifts in hospital or birthing unit availability, population changes, and other local factors.

Recognizing the importance of maintaining maternal-infant attachment, Florida continues to emphasize keeping mothers and young children together whenever possible during both inpatient hospital stays and residential treatment. However, a recent survey of 23 residential treatment programs statewide found that only five programs currently have the capacity to serve mothers with children ages 0-5, highlighting an opportunity to expand family-centered treatment options.

Adolescent Opioid Misuse Trends

According to data from the Florida Youth Substance Abuse Survey (FYSAS), between 2014 and 2025, Florida experienced a 76 percent decline in youth-reported past 30-day misuse of prescription opioid pain relievers. Past 30-day misuse rates fell from 2.1 percent to 0.5 percent, while lifetime misuse declined by approximately 73 percent, dropping from 5.5 percent to 1.5 percent. These sustained reductions highlight a significant downward trend in youth-reported prescription opioid misuse across the state.

Figure 7: Adolescent Prescription Pain Reliever Misuse Rates, 2014-2025

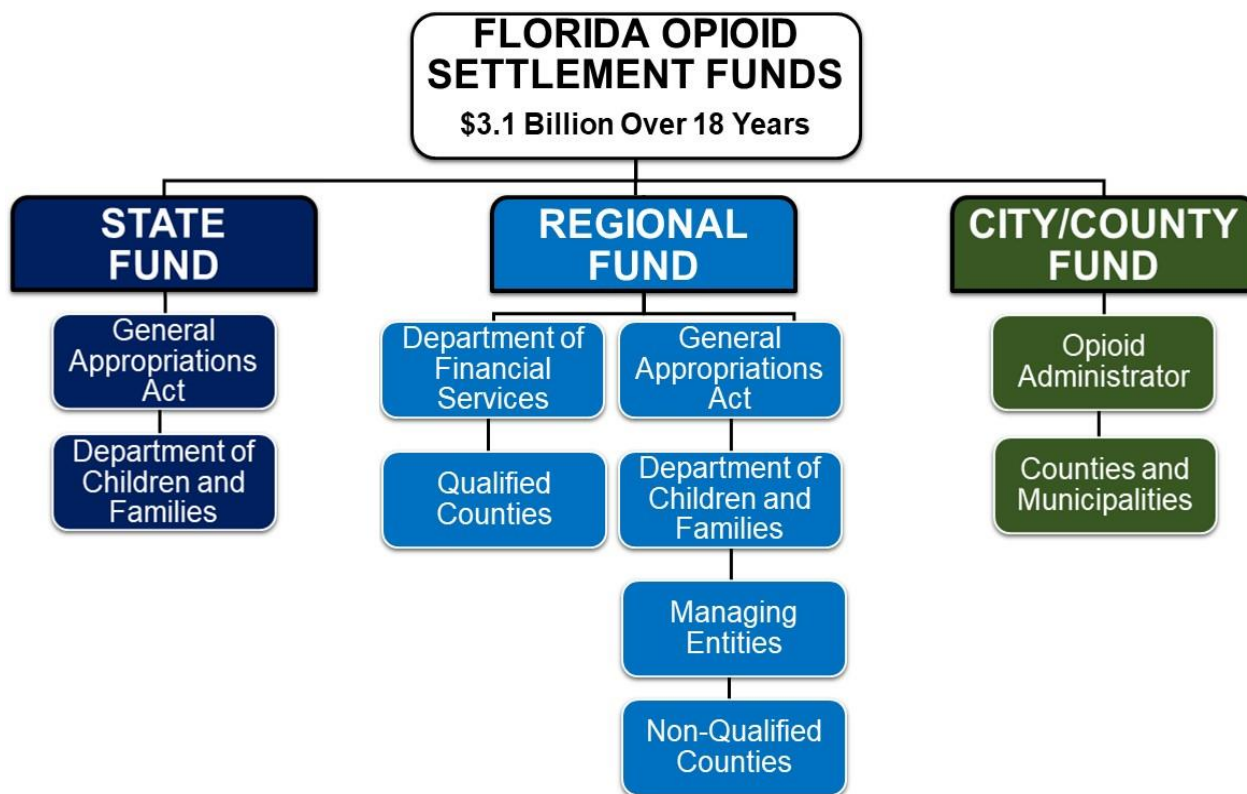


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Florida's Opioid Abatement Expenditures & Priority Initiatives

Opioid Settlement funds are allocated through three primary funding streams: the State Fund, the Regional Fund, City/County Fund. Counties may receive allocations from both the City/County Fund and the Regional Fund, depending on their eligibility and participation. This multi-tiered funding structure is designed to ensure comprehensive and equitable distribution of settlement resources across the state.

The State of Florida is currently at various stages of implementation across these funding streams, reflecting a phased and coordinated approach to deploying Opioid Settlement funds effectively.



Distribution of Opioid Settlement Funds by Category

The different subtypes of opioid settlement funding by category for the initial three-year period are shown in the table below. While funds are distributed based on these categories, as well as by city and county, local governments have the option to voluntarily transfer or pool resources with other jurisdictions for coordinated distribution and oversight. In accordance with the *Florida Opioid Allocation and Statewide Response*

Agreement, counties and municipalities may pool, comingle, or otherwise transfer their allocated funds to another jurisdiction, provided such arrangements are formalized through a written agreement.

Table 2: Opioid Settlement Funding by Category

Funding Category	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
State Funds	N/A	\$153,631,856	\$163,223,856	\$75,197,648
Regional Funds for Qualified Counties	\$135,559,681	\$64,005,081	\$69,012,661	\$70,865,922
Regional Funds for Non-Qualified Counties	N/A	\$33,897,266	\$16,220,944	\$17,808,850
City/County Funds	\$21,340,784	\$47,974,685	\$25,160,680	\$26,086,747

Note: The previous report listed total settlement funding of \$205,721,243 for FY 2023-2024, while the current report reflects \$153,631,856. The Department originally requested \$205,721,243 across Legislative Budget Requests (LBRs) for FY 2023–2024 but was appropriated \$153,631,856 in the FY 2023-2024 General Appropriations Act (GAA).

Similarly, the previous report listed \$85,053,320 for FY 2024-2025, while the current report updates this figure to \$163,223,856. This revised total reflects the complete opioid settlement appropriations in the FY 2024-2025 GAA, inclusive of both recurring and nonrecurring budget authority.

State Fund

State funds are allocated to comprehensively address the multifaceted challenges associated with OUD and its broader societal impacts. This approach encompasses a coordinated strategy that includes primary intervention, evidence-based treatment, research, workforce development, and the integration of technology. Through the alignment of these components, the initiative aims to provide individuals affected by OUD with access to the most effective resources and support systems available. This integrated model is intended to enhance the likelihood of successful treatment outcomes, support sustained recovery, and improve overall quality of life.

The State’s plan maintains ongoing investments in priority initiatives first established in FY 2023-2024. These initiatives continue to serve as core components of Florida’s comprehensive response to the opioid crisis.

Table 3: Allocation of State Initiatives

State Initiative	FY 2024-2025 Allocation	FY 2025-2026 Allocation
Office of Opioid Recovery	\$4,404,410	\$4,510,702
Primary Prevention and Media Campaigns	\$18,000,000	\$22,453,150
Overdose Prevention Through Naloxone Saturation	\$6,502,352	\$11,502,352
CORE Network	\$31,804,964	\$31,804,964
Court Diversion	\$7,000,000	\$7,000,000
On-Demand, Mobile MOUD	\$6,000,000	\$6,000,000
Jail-Based MOUD	\$2,000,000	\$2,000,000
Hospital Bridge Programs	\$4,000,000	\$4,000,000
Peer Supports and Recovery-Community Organizations	\$8,250,000	\$10,500,000
Recovery Housing	\$14,220,560	\$14,220,560
Applied Research	\$2,000,000	\$4,000,000
Specialized Training in Graduate Medical Education	\$4,036,031	\$4,066,854
Online Bed Availability System	\$1,000,000	\$1,650,000
Local Projects	\$11,167,872	\$14,543,000
Statewide Integrated Data System	\$5,000,000	\$5,000,000
Treatment and Recovery Support Services	\$24,677,391	\$26,541,309

Note: The previous report listed \$18,220,560 for Recovery Housing, while the current report reflects \$14,220,560. The Department maintains a recurring budget of \$8,720,560 and submitted a nonrecurring Legislative Budget Request (LBR) of \$9,500,000. Although the Legislature approved the full \$18,220,560 allocation, the Department re-purposed \$4,000,000 in nonrecurring funds to support unfunded local/proviso projects, as required under the FY 2024-2025 General Appropriations Act (GAA). Additionally, while the 2024 report listed \$7,567,872 for local/proviso projects, some local/proviso projects were excluded, so amount above for FY 2024-2025 now reflects the total appropriated budget for all settlement-funded local/proviso projects.

Office of Opioid Recovery

The Office of Opioid Recovery, within the department's Office of Substance Abuse and Mental Health, was established in 2023 through a recurring appropriation from the Opioid Settlement Trust Fund. The Office of Opioid Recovery administers opioid settlement funds, analyzes opioid-related trends and conditions, evaluates the impact of opioid abatement activities, and provides analytic support to the Statewide Council on Opioid Abatement. The Office of Opioid Recovery at the Department consists of 26 employees, including research analysts, epidemiologists, clinical consultants, contract managers,

supervisors, and assistants. The Office oversees the statewide initiatives described in this report, ensuring that settlement-funded strategies are implemented effectively and aligned with Florida's comprehensive opioid response framework.

Primary Prevention and Media Campaigns

First Lady Casey DeSantis' *The Facts. Your Future.* is Florida's statewide prevention initiative that empowers youth to make informed, healthy choices, and avoid the dangers of substance use. The program educates youth about the harms of substance use, including fentanyl, opioids, marijuana, alcohol, and vaping, through a standardized curriculum, school assemblies, and parent and community toolkits. This comprehensive approach to prevention is essential because research shows that prevention programs must be equipped to address an underlying general tendency toward the use of many substances among some students.⁷ In 2024, among the 2 percent of Florida high school students that ever misused an opioid (prescription pain relievers or heroin) in their lifetime, the use of other substances was common, with about 28 percent ever using stimulants, 67 percent ever using marijuana, and 75 percent ever using alcohol. The curriculum centers on three pillars: (1) knowing the facts and understanding risks, (2) building coping skills, and (3) fostering healthy relationships. Lessons are available online through Florida's official site for course standards for educators, with printed copies distributed to all 67 school districts in November 2024. TheFactsYourFuture.org offers downloadable toolkits, videos, and fact sheets for educators, parents, and community leaders. To facilitate a collaborative and active approach to engage the community, the Department of Children and Families used a competitive Request for Applications and awarded grants to five projects that will span 50 counties and implement school-based interventions, peer mentorship opportunities, parental engagement initiatives, and public awareness campaigns. Over 99 student assemblies have reached more than 60,000 students statewide. The impact of *The Facts. Your Future* is being gauged through a new item added to the Florida Youth Substance Abuse Survey, assessing awareness of *The Facts. Your Future.* prevention campaign. In 2025, about 28 percent of middle and high school students reported having seen or heard of *The Facts. Your Future.*

Overdose Prevention Through Naloxone Saturation

The Department of Children and Families' (Department) Overdose Prevention Program provides naloxone kits, educational materials, and training to prevent, recognize, and respond appropriately to an opioid overdose. Naloxone, an FDA-approved emergency opioid antagonist, rapidly reverses the effects of an overdose and has become a cornerstone of Florida's public health response. The program offers multiple intranasal formulations to ensure flexibility and availability across diverse community settings, focusing on reaching individuals within the community most at risk of experiencing or witnessing an opioid overdose through a comprehensive network of naloxone distribution providers. This network includes all 67 county health departments, hospital emergency departments and maternity units, federally qualified health centers, shelters, recovery residences, and other community-based organizations.

Coordinated Opioid Recovery (CORE) Network

Florida has significantly expanded the Coordinated Opioid Recovery (CORE) Network, a statewide system that connects individuals to comprehensive, integrated care for opioid use disorder (OUD). The CORE Network now serves all 67 counties across Florida, facilitating efficient treatment engagement and ensuring continuity of care across both emergency and long-term services.

At the frontline of overdose response, the CORE model incorporates specialized Emergency Medical Services (EMS) protocols that enable direct transport to emergency department–based addiction stabilization centers. These centers are staffed by clinicians trained in addiction medicine and equipped to initiate treatment with buprenorphine, ensuring rapid engagement in care following an overdose or acute withdrawal episode.

In FY 2024-2025, EMS reported 55,944 overdose-related calls statewide, of which 17,267 were identified as OUD specific responses. Through coordination within the CORE Network, 10,997 individuals were safely transported to emergency departments or participating clinics for stabilization and linkage to care. Once engaged, individuals receive comprehensive, evidence-based treatment tailored to their recovery needs. Preliminary data show that CORE served 28,470 individuals with OUD in FY 2024- 2025, with 17,555, 62 percent, receiving Medication for Opioid Use Disorder (MOUD). Nationwide, among the general household population, only about 18 percent of adults with OUD receive MOUD.⁸

Court Diversion

The Department partners with court systems and diversion programs in each circuit throughout Florida to treat individuals with opioid use disorder (OUD), substance use disorders (SUD) and co-occurring mental health conditions as an alternative to incarceration. The Court Diversion Program diverts individuals from jail or prison into treatment and recovery services, providing evidence-based care and comprehensive wraparound supports aimed at reducing recidivism, improving behavioral health outcomes, and integrating participants into a Recovery-Oriented System of Care (ROSC). Each program includes a multidisciplinary team consisting of a Screener or Transition Specialist, Clinician, Care Coordinator, and Peer Support Specialist to ensure coordinated care and continuity of treatment. Services began in December 2024, with the final contract taking effect in February 2025. This three-year initiative is funded across multiple fiscal years and is operating in 13 counties to serve approximately 3,030 individuals statewide.

Mobile and On-Demand Medication for Opioid Use Disorder

The Department is expanding access to medications for opioid use disorder (MOUD) through mobile and on-demand delivery models that provide rapid, flexible care to individuals with opioid use disorder (OUD), particularly those who are homeless or living in hard-to-reach areas such as rural counties. Mobile MOUD units offer onsite assessments, recovery support services, and same-day buprenorphine induction through telemedicine and in-person visits, connecting individuals to immediate care via onsite

peer specialists and licensed providers. Services are being implemented across 10 counties through contracts with Pathways to Wellness Foundation, Agency for Community Treatment Services (ACTS), Nassau County Alcoholism and Drug Abuse Council, Inc. (Starting Point Behavioral Healthcare), WestCare GulfCoast Florida, Inc., and Aspire Health Partners, with a target of serving approximately 1,000 individuals statewide.

Jail-Based Medications for Opioid Use Disorder (MOUD)

The Jail-Based Medication for Opioid Use Disorder (Jail Bridge) Program supports the implementation of MOUD services in local jails to reduce relapse, recidivism, and overdose risk among incarcerated individuals. The program provides early intervention for high-risk inmates, including those who were receiving MOUD prior to incarceration, ensuring continuity of care and linkage to community-based services upon release. Services are being delivered through competitively procured contracts with Operation PAR in Sarasota, Charlotte, and Manatee Counties; Meridian Behavioral Healthcare, Inc. in Alachua, Bradford, Dixie, Putnam, Gilchrist, and Suwannee Counties; and Guidance Care Center, Inc. in Monroe County.

Hospital Bridge Programs

The Hospital Bridge Program expands access to treatment and recovery supports for individuals with substance use disorders, particularly those with opioid use disorder (OUD), who have overdosed or experienced other substance-related medical complications. The Department is investing in the expansion of hospital partnerships, creating a coordinated network of hospitals trained to serve individuals with opioid or other substance use disorders. These hospitals initiate Medication for Opioid Use Disorder (MOUD) prior to discharge, providing a “bridge” prescription to sustain individuals until they are linked with a long-term treatment provider in the community. Certified Recovery Peer Specialists play a central role in this model by engaging patients, providing navigation and support, and facilitating warm handoffs to community-based services. Peers connect with individuals in person, by phone, or via video conference to coordinate appointments, explain the transition process, and ensure continuity of care. During Fiscal Year 2024-2025, across the 20 hospital bridge programs that received opioid settlement funding, 7,172 individuals were screened, 331 were inducted on life-saving medications, 5,047 were referred to treatment, and 2,945 were successfully enrolled in treatment services.

Peer Supports and Recovery-Community Organizations

Peer Supports and Recovery Community Organizations (RCOs) provide critical, person-centered services that help individuals achieve and maintain recovery from substance use and mental health disorders. Certified Recovery Peer Specialists (CRPS) are individuals with lived experience and specialized training, who guide and support others on their recovery journey through mentorship, care coordination, and engagement in ongoing treatment. RCOs are independent, peer-led non-profit organizations that strengthen local recovery networks by offering peer recovery support, community

education, outreach, and linkage to treatment and wellness services. CRPSs and RCOs work closely with hospitals and community-based providers participating in the Coordinated Opioid Recovery (CORE) Network and Hospital Bridge programs to ensure continuity of care and sustained recovery. As of December 2024, Florida has 1,248 CRPSs and 96 provisionally certified peers. Through opioid settlement funding in Fiscal Year 2024-2025, the Department expanded the peer workforce by supporting salaries for 131 CRPSs and establishing three new RCOs across the state, further strengthening Florida's recovery support infrastructure.

Recovery Housing

Recovery Housing provides safe, stable, and supportive living environments for adults with substance use disorders (SUD), prioritizing individuals with opioid use disorder (OUD) who are homeless, at risk of homelessness, or in remission. This investment expands access to recovery housing to help individuals achieve and sustain recovery, reduce overdoses, and improve long-term health outcomes. Funds are being used for the acquisition and renovation of property, construction of new housing, rental assistance, and other activities that provide stable housing for individuals in recovery from OUD. The Department has invested over \$1.3 million to expand housing through the Oxford House model, which are self-supported homes that allow residents using MOUD and offer 24-hour peer support. From December 2023 to January 2025, the number of Oxford Houses in Florida increased from 158 to 241, providing recovery housing for 2,164 individuals, with 32 of the 83 new houses added during this time period funded through the opioid settlement.

Applied Research

The nature of the opioid epidemic underscores the need for enhanced surveillance and ongoing evaluation of the effectiveness of various abatement activities on different facets of problem. In November 2024, after a competitive procurement process, the Department executed a partnership with Florida State University (FSU) to build evaluative and predictive models of opioid use disorder and overdoses, and to conduct applied research related to opioid abatement activities. This initiative also entails replicating or improving upon prior publications that used triangulation, capture-recapture, simulations, and machine learning techniques to improve estimates and forecasting. Findings and results are being used to assist the Department with understanding current and future program needs, the impact of policy changes, and the return on investments. Since the inception of this partnership, FSU has produced a review and summary table of over 100 research publications, simulated patient audit protocols, and manuscripts and technical reports on applied research topics like naloxone distribution, youth opioid misuse and suicidality, and family factors related to externalizing behaviors. Findings are directly relevant to priority initiatives for the Department, like improving access to both MOUD and housing. Through this partnership with FSU, the Department recently documented substantial improvements in the acceptance of individuals on MOUD among recovery residences in South Florida. In 2022, according to an audit of certified recovery residences in Broward, Palm Beach, and Miami-Dade counties, only 16 percent of recovery residences fully

accepted and housed individuals prescribed buprenorphine, while 31 percent allowed them with conditions, and 53 percent denied them admission.⁹ Beginning in 2025, a new statute effectively prohibited certified recovery residences from denying individuals access to housing solely because they are prescribed medications that treat substance use disorders. Following the January 1, 2025 effective date of s. 397.487(13), F.S., trained callers from FSU presented as patients prescribed buprenorphine who were seeking housing and contacted certified recovery residences in these same counties. Their findings revealed a notable shift toward greater acceptance of individuals on medications for opioid use disorder: approximately 46 percent of recovery residences reported fully accepting individuals on buprenorphine, 37 percent allowed them with conditions, and only 17 percent denied admission.¹⁰

Specialized Training in Graduate Medical Education

A well-trained and responsive behavioral health workforce is a critical component in addressing the complexities of the opioid epidemic. The Department continues to strengthen the capacity and expertise of professionals across the behavioral health continuum by expanding training opportunities in psychiatry, pain management, addiction medicine, and related disciplines essential to the treatment of individuals with opioid use disorder (OUD), co-occurring substance use disorders (SUD), and mental health conditions.

To support this effort, the Department has prioritized the expansion of Graduate Medical Education (GME) residency programs focused on the management of OUD, SUD, and co-occurring disorders. This initiative aims to build a sustainable and specialized clinical workforce by creating new educational opportunities in key fields such as addiction medicine, addiction psychiatry, and pain medicine. In partnership with Morton Plant Hospital, DCF is advancing this initiative to address Florida's growing demand for qualified medical professionals. Through this collaboration, the Department is fostering long-term workforce sustainability within the state's behavioral health system.

To further incentivize participation, the Department allocates \$100,000 annually for each GME residency slot filled under this program. In recent years, approximately \$4 million in funding has been made available, supporting up to 40 residency positions. These investments encourage medical institutions to repurpose existing GME positions toward high-need behavioral health specialties, helping close critical service gaps and ensuring greater access to quality care statewide.

Online Bed Availability System

In Fiscal Year 2024-2025, Bamboo Health was awarded a statewide contract to implement OpenBeds, a real-time tracking system that provides up-to-date information on the availability of treatment beds across healthcare facilities. This initiative strengthens providers' ability to quickly identify and secure appropriate treatment placements for individuals seeking care. In Fiscal Year 2025-2026, the contract was expanded to include the Closed Loop Referral System, which enables end-to-end tracking of referrals from initiation to completion. This system allows providers to monitor referral status in real time,

verify patient placements, and conduct follow-up assessments to evaluate outcomes. A key feature of the Closed Loop Referral System is its two-way communication between referring and receiving providers, ensuring timely coordination and placement tailored to each patient's needs. Together, these systems enhance care coordination, improve access to treatment, and support better patient outcomes across Florida's behavioral health network.

Local Projects

The General Appropriations Act allocated opioid settlement funds to support 17 local projects aimed at addressing opioid-related challenges across Florida. Of these, twelve projects are managed by the state's Managing Entities, while five projects are directly overseen by the Florida Department of Children and Families (Department) in collaboration with the Florida Drug and Alcohol Abuse Association, Florida Alliance for Healthy Communities, Live Tampa Bay, Insightec, and Tri-County Human Services. The Florida Drug and Alcohol Abuse Association operates a Naltrexone Program that promotes the use of extended-release injectable naltrexone, an FDA-approved medication administered monthly for the treatment of opioid use disorder (OUD). The Florida Alliance for Healthy Communities provides opioid addiction training and prevention education to primary care providers, residents, and interns. Live Tampa Bay is conducting research to identify factors contributing to overdose deaths among older adults and implementing evidence-based strategies to address these causes. Insightec is developing Low-Intensity Focused Ultrasound (LIFU) technology, a non-invasive neuromodulation treatment for substance use disorders. Tri-County Human Services provides detoxification services for individuals in Hardee, Highlands, and Polk counties, offering medical supervision to manage withdrawal symptoms and prepare individuals for ongoing treatment, thereby reducing emergency department admissions related to substance use crises.

Statewide Integrated Data System and the Opioid Data Management System

The Department's Office of Information Technology invests opioid settlement funds in essential technological infrastructure and tools, including Electronic Data Interchange health claim processing software, Azure Cloud infrastructure, Azure databases, a Data Warehouse, a Master Data Management solution, a Data Integration tool, and artificial intelligence software. Funds are also used to support critical staff positions including a Project Manager, Business Analyst, Application Developers, Database Architect, Webmaster, Data Integrators, Dashboard Developers, and Data Scientists. The foundation and springboard for a new statewide integrated database is the Opioid Data Management System (ODMS), which was developed to serve as a secure, centralized platform for storing data and reports submitted by entities receiving opioid settlement funding. The data system has a portal to receive treatment services and a portal to receive implementation plans, expenditure reports, financial audit documentation, and other supporting documentation. A portal for non-clinical activities is under development. Additionally, the Department launched a new extension of ODMS called the Overdose Prevention Program Application, which streamlines naloxone data reporting for 630 distributors statewide. The application centralizes key data, including financial records,

kit purchases, contact details, distribution metrics, and overdose reversal reports, into a secure, user-friendly platform. Opioid settlement funds will continue to support the management, maintenance, and enhancement of all these applications with the necessary staff, software, and security.

Treatment and Recovery Support Services

Individuals that misuse opioids or have an Opioid Use Disorder (OUD) after being exposed to addiction through the overprescribing of pharmaceutical opioids deserve holistic, integrated care that addresses other co-occurring substance use disorders, mental health disorders, and other health problems, all of which can be funded by the opioid settlement. Services funded by the opioid settlement should be evidence-based, individualized, recovery-oriented, trauma-informed, and culturally competent. Providers that treat opioid use disorders, including those that serve individuals involved in the criminal justice system, should abide by the most recently updated National Practice Guideline for the Treatment of OUD from the American Society of Addiction Medicine (ASAM), which is based on the most rigorous evidence available and informed by the collective judgment of experts. The first-line clinical standard of care for the treatment of OUD is the use of agonist medications such as methadone or buprenorphine, including long-acting injectable formulations. As described in more detail in subsequent sections of this report, the comprehensive array of services delivered to Floridians includes, but is not limited to, assessments, case management, outpatient counseling, and medication for OUD.

Characteristics of Individuals Served

As of September 12, 2025, ODMS reported that a total of 6,242 unique individuals were served during FY 2024-2025. Of these, 2,500 patients, or 40 percent, had an opioid-related diagnosis. The table below provides a snapshot of this population, with the largest cohort consisting of 1,061 individuals in the 35 to 44 age group, including both female and male patients. One individual is missing both sex and age and was not initiated on MOUD.

Table 4: Characteristics of Individuals Served with an Opioid Related Diagnosis

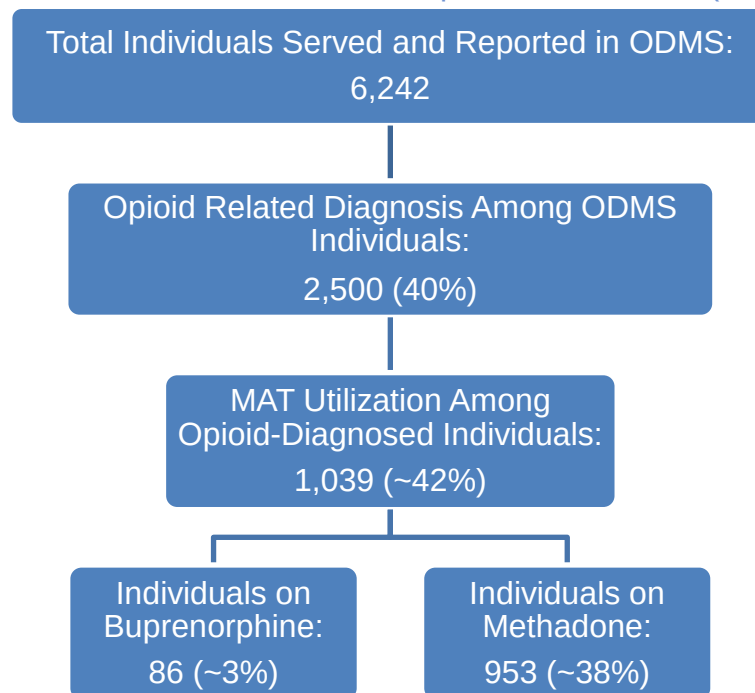
Age	Female		Male	
	Patient Count	On MOUD (%)	Patient Count	On MOUD (%)
18-24	25	5 (20%)	50	15 (30%)
25-34	234	73 (31%)	292	77 (26%)
35-44	483	239 (49%)	578	241 (42%)
45-54	222	117 (53%)	285	129 (45%)
55-64	107	48 (45%)	136	58 (43%)
65+	25	10 (40%)	62	27 (44%)
Total	1,096	492 (45%)	1,403	547 (39%)

As patients engage in treatment, they enter a cascade of care. This framework illustrates how individuals move through the system, beginning with diagnosis and continuing

through engagement, initiation of medication for opioid use disorder (MOUD), and retention in treatment. Each step presents a critical opportunity to intervene and improve outcomes. However, drop-offs at any stage, such as failure to initiate MOUD or lack of follow-up services, can significantly hinder recovery efforts.

In ODMS, we gain a glimpse into the cascade of care among patients with an opioid-related diagnosis. During FY 2024-2025, 1,039 individuals, representing 42 percent of those diagnosed, were initiated on MOUD. Of these, the vast majority, 953 patients, received methadone, a well-established and effective treatment. While this marks a meaningful step toward addressing OUD, it also reveals a significant treatment gap: more than half of the patients diagnosed with OUD did not receive any form of MOUD. This is notable, as MOUD, particularly methadone and buprenorphine, is the clinical standard of care according to the ASAM, based on evidence demonstrating effectiveness in reducing opioid use, preventing overdose, and supporting sustained recovery.

Figure 8: Cascade of Care for Individuals with Opioid Use Disorder (OUD), FY 2024-2025



In addition to MOUD, providers reporting to ODMS delivered a wide range of services to support individuals with substance use and behavioral health needs during the FY 2024-2025. The five most frequently offered services included MOUD, which reached 1,039 individuals. This was followed by case management and evaluation services provided to 771 individuals (31 percent). Medical and clinical services were delivered to 701 individuals (28 percent), while assessment and screening services addressed the needs of 412 individuals (16 percent). Treatment planning services were documented for 395 individuals (16 percent). It's important to note that not all individuals treated during this period were new patients; some may have received assessments or treatment planning in previous fiscal years.

Given the complexity of substance use, which often intersects with mental health and other behavioral health conditions, ODMS records show significant rates of co-occurring diagnoses among individuals with opioid-related diagnoses. Specifically, 338 individuals (14 percent) also had a mental health diagnosis, 263 individuals (11 percent) had a stimulant-related diagnosis, 174 individuals (7 percent) had an alcohol-related diagnosis, and 139 individuals (6 percent) had a cannabis-related diagnosis. These figures are based on provider-reported data and may be underreported, as accurate and complete documentation within the ODMS system is necessary for identifying co-occurring diagnoses accurately and completely.

A comprehensive continuum of care is essential to help individuals with opioid use disorder achieve stability, independence, and long-term recovery. The Department continues to strengthen this system by expanding access to early identification, medication for opioid use disorder (MOUD), counseling, case management, and supportive housing and employment services. These investments enhance Florida's capacity to meet the complex needs of individuals and improve recovery outcomes across the state.

City/County Fund

The City/County Funds account for 15 percent of the total opioid settlement amount. These funds are disbursed directly to 247 eligible cities and counties and do not pass through the Department. Local jurisdictions are responsible for determining how their allocated funds are utilized, in accordance with the permissible uses outlined in the *Florida Opioid Allocation and Statewide Response Agreement*, as provided by the Office of the Attorney General.

The Department conducted a preliminary analysis of expenditure data submitted through the ODMS for FY 2024-2025. Among expenditures aligned with Schedule A: Core Strategies, the largest portion of funds, approximately \$20 million, was directed toward treatment and recovery supports. These expenditures encompass activities outlined in Schedules A and B of the Statewide Response Agreement, including connections and warm handoffs to MOUD and other forms of care for populations such as pregnant and postpartum women, babies experiencing Neonatal Abstinence Syndrome (NAS), and individuals who are incarcerated or otherwise involved in the criminal justice system.

Expenditures related to Primary Prevention, which totaled approximately \$3.8 million, focus on reducing the initiation and misuse of opioids through community education, media campaigns, and initiatives promoting safe prescribing, storage, and disposal of opioid medications. Indirect and operational expenditures include data collection, research, leadership, planning, coordination, and administrative functions essential to the implementation of statewide opioid abatement strategies. Expenditures related to abatement activities associated with First Responders are reported in a separate category. Finally, Prevention of Overdoses and Other Harms encompasses naloxone distribution associated with overdose prevention and response activities.

Figure 9: Expenditures by Core Strategies and Approved Uses, FY 2024-2025

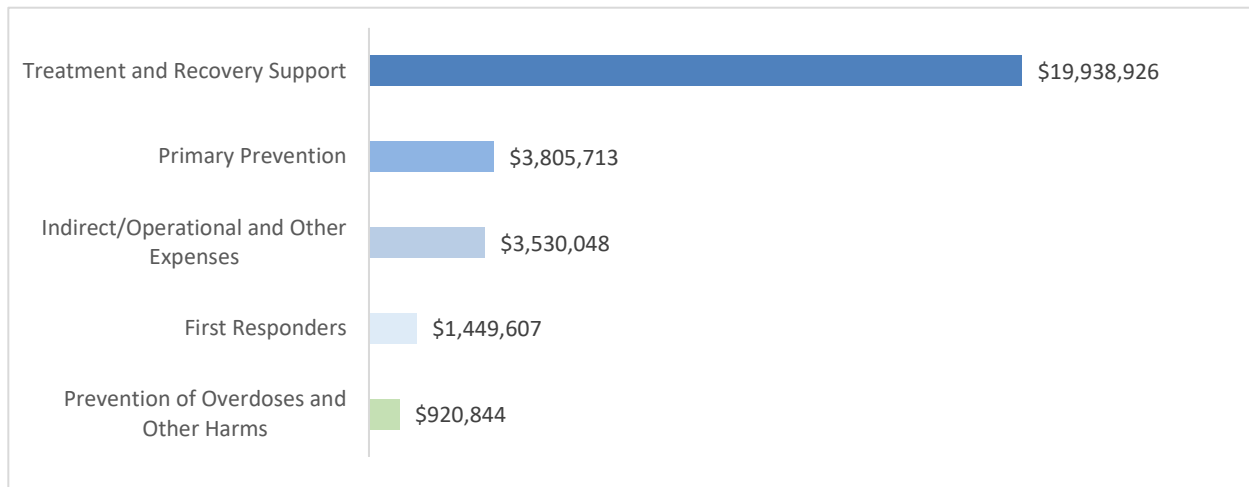
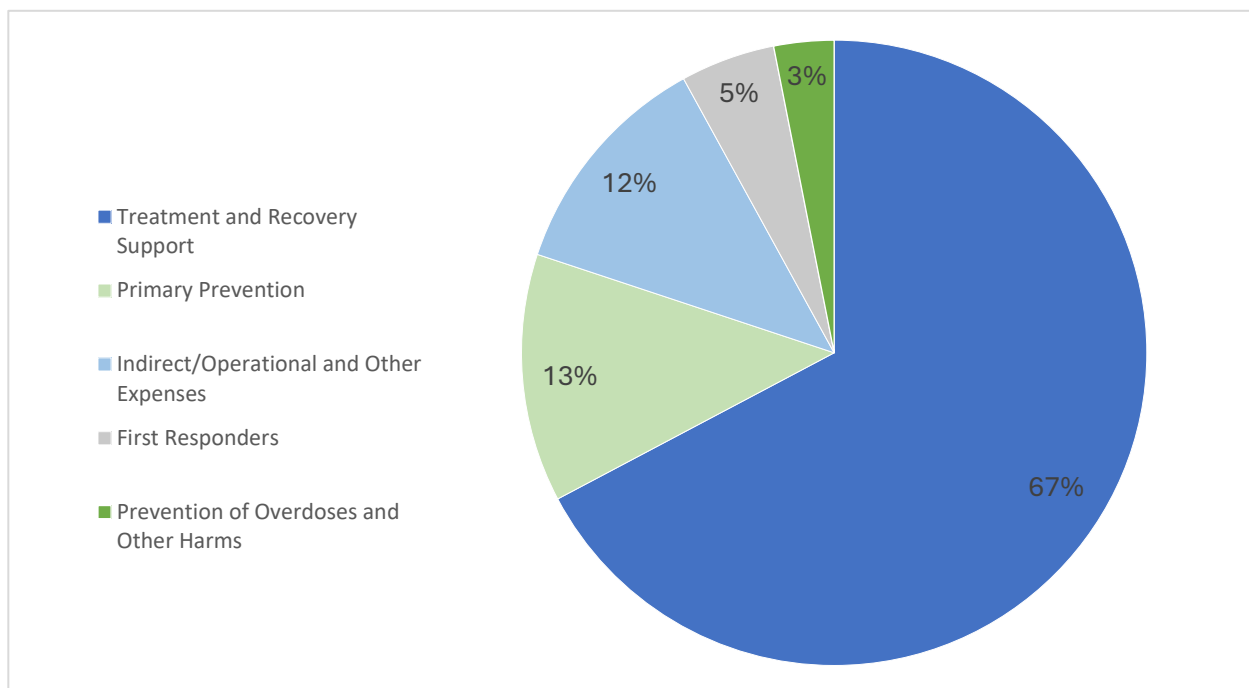


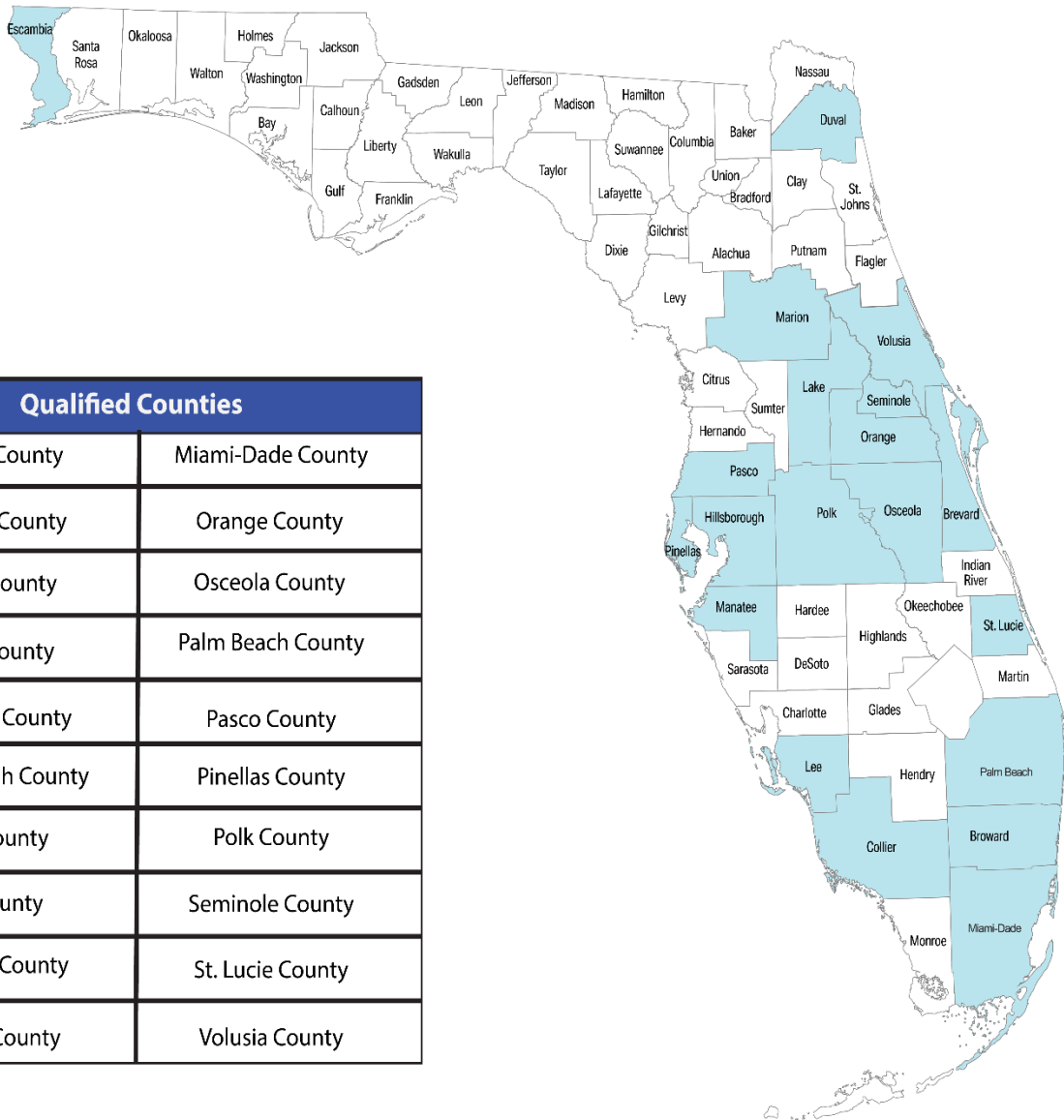
Figure 10: Percentage of Expenditures by Core Strategies and Approved Uses, FY 2024-2025



Note: The Opioid Data Management System (ODMS) is not an official accounting system; Florida's official system is the Florida Accounting Information Resource (FLAIR) system, which will be replaced by the Florida Planning, Accounting, and Ledger Management (PALM) system. Expenditure data reported in ODMS are not reconciled or certified. In accordance with the Florida Opioid Allocation and Statewide Response Agreement, Local Governments must maintain fiscal monitoring and oversight processes for all providers receiving opioid settlement funds and must upload completed financial monitoring reports in ODMS. To prevent any recoupment or claw back of funds, all entities receiving opioid settlement funds, including Local Governments, Managing Entities, subcontractors, and subrecipients, are required to use them solely for Approved Purposes and Core Strategies.

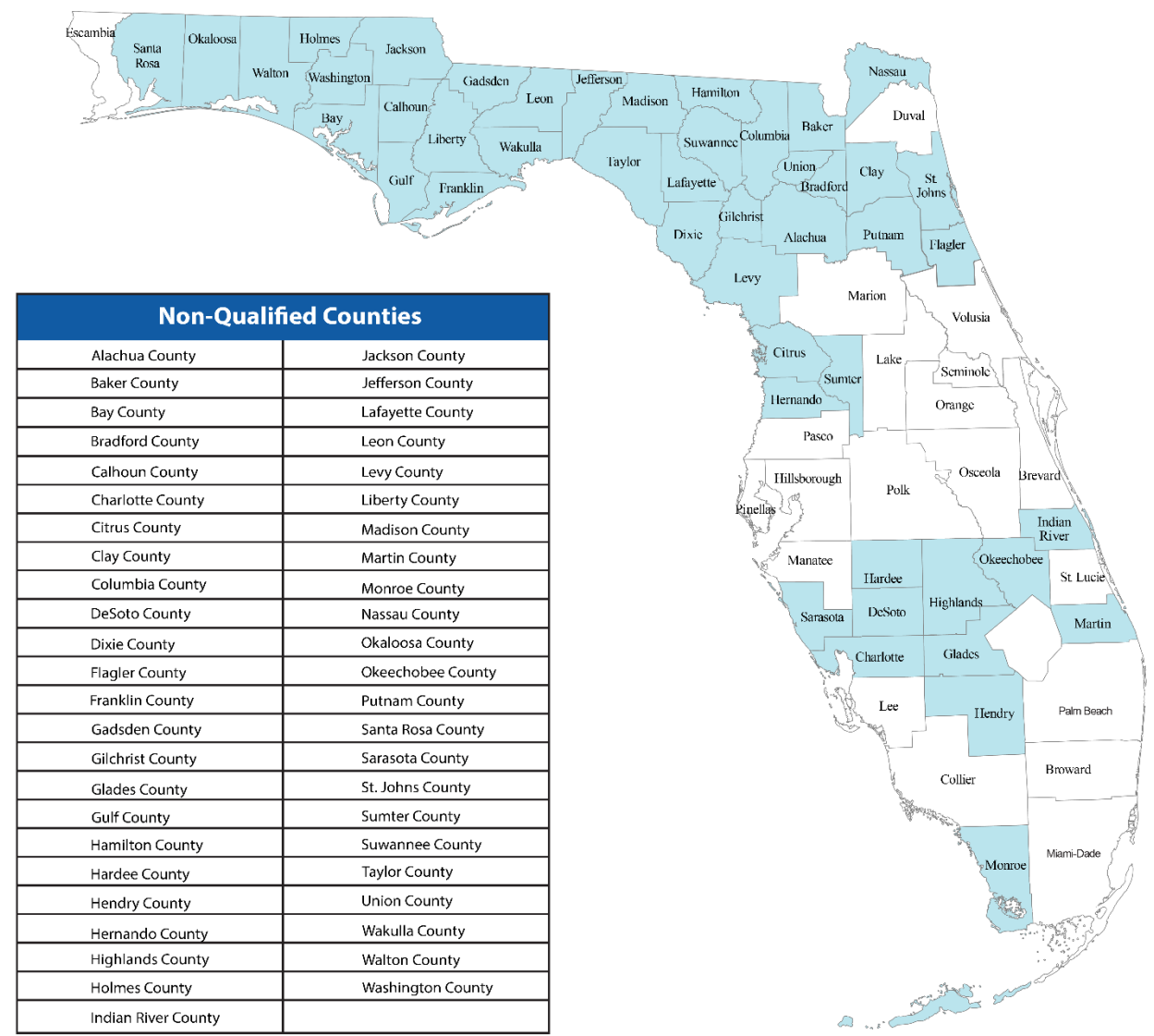
Regional Fund

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. For Fiscal Year 2024-2025, qualified counties were allocated \$69,012,661. Regional Funds for qualified counties are disbursed directly from the Department of Financial Services annually in September. These funds do not flow through the Department of Children and Families or the Managing Entities.



Qualified Counties	
Brevard County	Miami-Dade County
Broward County	Orange County
Collier County	Osceola County
Duval County	Palm Beach County
Escambia County	Pasco County
Hillsborough County	Pinellas County
Lake County	Polk County
Lee County	Seminole County
Manatee County	St. Lucie County
Marion County	Volusia County

Conversely, Regional Funds for **non-qualified counties** are allocated through the General Appropriations Act and disbursed by the Department through the seven Managing Entities. Non-qualified counties are defined as those that do not meet the criteria for a qualified county. There are 47 non-qualified counties that receive funding through the Managing Entities. For Fiscal Year 2024-2025, non-qualified counties were allocated \$16,220,944.



Community Highlights: Opioid Abatement Funds for Positive Change

Alachua County's Multifaceted Approach Featuring a Mobile Integrated Healthcare Team

Alachua County is taking a multifaceted approach to tackling the opioid epidemic that spans the full continuum of prevention, education, treatment, and recovery support services. In January 2024, the county began using opioid settlement funds to launch a Mobile Integrated Healthcare (MIH) Team, which offers comprehensive, personalized treatment and recovery support services for individuals struggling with opioid use and co-occurring mental health conditions. This multidisciplinary team provides post-EMS interventions and assessments that ensure patients receive the appropriate level of care. Holistic services are delivered directly to residents in underserved communities, including case management, mental health counseling, buprenorphine for opioid use disorder, overdose rescue medications, housing assistance, and peer recovery support. The growing demand for evidence-based medications like buprenorphine, which effectively suppress cravings, withdrawal, and illicit opioid use, underscores its essential role in treatment. The program's ability to meet this demand is contributing to improved patient stability and long-term recovery. Warm hand-offs ensure a seamless transition to ongoing treatment. Additionally, mobile naloxone kiosks are stationed at community events throughout the county, while preventive educational initiatives in media and schools raise awareness about the dangers of opioid misuse and promote healthy behaviors.

Seminole County's Beacon of Hope: The SCORE Initiative

Seminole County is combatting the opioid epidemic with a multi-pronged approach that integrates prevention, education, treatment, and recovery support. The overarching goal is to break the cycle of addiction, save lives, and increase the quality of life. The centerpiece is the Seminole Collaborative Opioid Response Efforts (SCORE) initiative. SCORE deploys a mobile response team to meet individuals in the emergency department after an overdose. With the guidance of a peer coach, the team offers a seamless transition into treatment. If an individual is not ready, the team follows up within 24-48 hours of their release to offer assistance again. When a person is ready, the team facilitates transportation to partner organizations like Aspire Health Partners for services such as intensive outpatient therapy. Wraparound services, including housing, transportation, MOUD, and peer support, are provided through partnerships with organizations like Recovery Connections of Central Florida. The Department of Health also contributes by offering screening, testing, and counseling for infectious diseases. On the prevention front, a modernized curriculum teaches students about the dangers of drugs and empowers them to have conversations with trusted adults. Public awareness campaigns amplify the message that "One Pill Can Kill." The county also collaborates with regional partners and six municipalities to pool resources, maximize impact, and avoid duplicating opioid abatement services.

Collier County's Comprehensive Strategic Plan for Opioid Settlement Funds

Collier County is implementing a comprehensive strategic plan that addresses prevention, outreach, treatment, and recovery support. Settlement funds are being used to expand

outreach efforts, increase access to naloxone, and strengthen crisis stabilization services, detoxification, and residential treatment capacity. The plan also prioritizes recovery supports for individuals who are incarcerated. Program partners include David Lawrence Centers, the Collier County Sheriff's Office, and New Season. Together, they provide access to MOUD, intensive outpatient programming, residential treatment, and recovery housing, along with services that support successful transitions from incarceration. To prevent opioid misuse, a public education campaign is raising awareness about the dangers of opioids, available community resources, and local drug take-back and disposal programs. Collier County also plans to expand the distribution of naloxone and other overdose rescue medication, coupled with education about Florida's 911 Good Samaritan Act (Section 893.21, Florida Statutes). Additionally, funding is dedicated to strengthening data collection and analysis to better measure the impact of naloxone distribution and administration on opioid overdoses. Collier County is also collaborating with a partner organization to develop a mobile treatment initiative to increase access to care for individuals facing transportation barriers.

[South Miami's Specialized Outreach Support Team for Unhoused Individuals](#)

In May 2024, New Hope C.O.R.P.S. (Counseling, Outpatient, Residential, Prevention Services) was established as a Recovery Community Organization (RCO) in Miami-Dade County. New Hope C.O.R.P.S. is an established provider with the local Continuum of Care, Miami-Dade Homeless Trust, as well as a contracted provider for the Veterans Affairs Homeless Program. Through their partnership with the City of South Miami, New Hope C.O.R.P.S. established a specialized outreach support team for individuals who are unhoused. This team of two case managers engage with individuals on the streets, linking them through warm-handoffs and transportation to emergency shelters and permanent housing, which can entail assistance with explaining landlord expectations and executing lease/rental agreements. New Hope C.O.R.P.S. offers MOUD, residential treatment, and outpatient therapy. Individuals can also be enrolled in Children's Care Coordination or Critical Time Intervention.

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Recommendations

The Council is statutorily mandated to propose recommendations regarding how monies should be prioritized and spent in the coming FY 2025/2026 to respond to the opioid epidemic.

- 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 medications for opioid use disorder (MOUD) through mobile 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 (MOUD). 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.¹¹ 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.¹² 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.¹³ According to a systematic review of rural-specific barriers to MOUD, travel burden is the most salient obstacle to accessing treatment, with studies demonstrating that rural patients face greater travel distances and increased travel times.¹⁴ Department-funded mobile programs with Medication for Opioid Use Disorder 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 MOUD through mobile 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.¹⁵ 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 evaluation 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.¹⁶ 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.¹⁷ 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.¹⁸ 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.¹⁹

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 one out of three community pharmacies in Florida.²⁰ 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.²¹

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.²² 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.²³ 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.²⁴ 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).²⁵

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.²⁶ 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 developmental assessments and 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, trauma-informed family therapy, childcare assistance, and parenting education that addresses the complex challenges faced by parents in recovery.

Services for children should include developmental assessments and pediatric care that addresses the unique needs of opioid-exposed children. 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.²⁷ 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 medications for opioid use disorder (MOUD) 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.²⁸

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.²⁹

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.³⁰ 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.³¹ Adopting such an approach can lead to improved recovery outcomes, a reduction in relapse rates, and the promotion of long-term independence.³² 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.³³

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 abstention from substance use, better employment, lower arrests and incarcerations, and greater likelihood of having custody and living with their children at follow-up.³⁴ 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 providers of medications for opioid use disorder (MOUD) 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.³⁵ Statewide, about 16 percent of jail admissions screen positive for opioid use disorder.³⁶ To effectively combat opioid addiction across Florida, we propose leveraging partnerships with community-based providers of MOUD that utilize mobile clinics and jail-based 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 access to MOUD 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).³⁷ The St. Johns County Sheriff's Office recently

partnered with EPIC Community Services, Inc., to implement a new 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.³⁸

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.

13. 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.³⁹ However, some courts provide only limited access to the most effective medications for OUD. According to a survey of criminal 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.⁴⁰ 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. Similar restrictions on naltrexone were not reported by any judges.⁴¹ To foster greater collaboration and deeper understanding of the effectiveness of MOUD, participation in training on opioids and MOUD developed by the Office of the State Courts Administrator is encouraged.

Recommendation: 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.

14. Reduce compassion fatigue and bolster First Responder resilience by expanding access to high-quality, trauma-informed psychiatric telehealth services for First Responders, their families, and the patients they serve in high-need, low-resource areas.

First responders are critical to addressing the opioid crisis. They reverse and prevent fatal opioid overdoses by – among other things – administering and distributing life-saving naloxone, and they are empowered to establish a pathway to recovery and post-overdose care when they initiate patients on buprenorphine, an evidence-based Medication for Opioid Use Disorder. While EMS paramedicine programs present an ideal opportunity to offer access to evidence-based treatment for individuals who may never voluntarily seek treatment at an emergency department or outpatient addiction program, not enough EMS programs are inducing opioid overdose patients on buprenorphine. Buprenorphine products suppress cravings, withdrawal, and overdoses, which can help individuals to end the cycle of addiction and overdoses while starting a path of recovery. First Responders are problem-solving “fixers” who want the tools to help people heal, recover, and halt the cycle of overdoses. Without these tools, this work can extract a significant toll on the mental health and well-being of First Responders. Examples of paramedicine programs in Florida that have overcome barriers related to stigma, staffing, and infrastructure in order to start patients on buprenorphine in the field include Clay County Fire Rescue, Escambia County Fire Rescue, Hernando County Fire Rescue, City of Gainesville, Alachua County Fire Rescue, and Marion County Fire Rescue.

About two percent of all EMS runs in Florida are related to non-fatal, all-drug overdoses, and less than one percent of all EMS runs are related to non-fatal opioid-involved overdoses.⁴² Interviews with EMS personnel in Florida and throughout the country identified compassion fatigue from aiding the same overdose patients, sometimes more than once a day, as a common theme. Another common theme, identified by all EMS staff interviewed, was the need for better treatment options to respond to overdoses. They identified a need for mental health professionals and psychiatric services to help respond to overdose patients with mental health needs. EMS personnel also “accentuated the need for innovative treatments focusing on repeat overdose patients,” including treatment options that involve telemedicine, hotlines, and social workers.⁴³ These findings were echoed in a recently published white paper – informed by a scoping review of 30 peer-reviewed studies – which noted that, “Lack of resources – both for patient care and responder mental health – fuels frustration and a sense of futility.” More specifically, “Responders expressed deep frustration over the ‘particularly demoralizing’ lack of available treatment resources for patients and limited mental health support for themselves. In rural areas, these challenges were compounded by the absence of local services and long transport times.”⁴⁴

According to findings from a 2024 survey of EMS personnel conducted by the Florida Center for Emergency Medical Services, about 28 percent of respondents experienced a traumatic event on the job. Symptoms attributed to job-related stress included difficulty sleeping (35 percent), anxiety (31 percent), depression (20 percent), substance use (nine percent), and thoughts of suicide (four percent).⁴⁵ About 70 percent of respondents indicated that their agency offered an Employee Assistance Program, and 65 percent reported that peer support services were available, though only about 10 percent reported accessing mental health services through their agency in the past year. However, it is important to note that about 25 percent of respondents believe that seeking mental health support could negatively affect promotional opportunities, and a similar proportion reported concerns that peers would treat them differently.⁴⁶

Recommendation: Expand access to high-quality, trauma-informed psychiatric telehealth services for First Responders, their families, and the patients they serve in high-need, low-resource areas.

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