

# STATEWIDE COUNCIL ON OPIOID ABATEMENT

## MEETING PACKET

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### Combating the Opioid Epidemic

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

June 22, 2026

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# Statewide Council on Opioid Abatement

## Meeting Agenda

June 22, 2026

1:00 P.M. – 3:00 P.M. EST

Virtual 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

Guy Wheeler  
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

- |             |   |
|-------------|---|
| 1:00 – 1:10 | Welcome/Call Meeting to Order/Opening Remarks<br><b>Sheriff Dennis M. Lemma, Delegate Chair</b>                                 |
| 1:10 – 1:15 | Roll Call and Approval of March 31, 2026, Meeting Minutes<br><b>Aaron Platt, DCF Staff Liaison</b>                              |
| 1:15 – 1:45 | Peer Prescriber Mentor Program<br><b>Mark Stavros, MD, FACEP, FASAM, Florida State University, College of Medicine</b>          |
| 1:45 – 2:15 | Florida Billion Pill Pledge Program<br><b>Joshua Barnett, PhD, Goldfinch Health</b>   |
| 2:15 – 2:45 | Hospital Bridge Program<br><b>Claudia Vicencio, Gretchen Haddad, Memorial Regional Hospital/South Broward Hospital District</b> |
| 2:45 – 2:55 | Public Comment  |
| 2:55 – 3:00 | Closing Remarks<br><b>Sheriff Dennis M. Lemma, Delegate Chair</b>   |



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Vice Mayor Jolien Caraballo  
Florida League of Cities Appointee

## In-Person Meeting Minutes

March 31, 2026

1:00 P.M. – 4:00 P.M. EST

### Welcome/Call to Order

The meeting was called to order at 1:00 PM by Delegate Chair, Sheriff M. Lemma. Roll call was taken by Aaron Platt.

### Attendance Summary

Sheriff Dennis Lemma, Delegate Chair

Secretary Taylor Hatch, Vice Chair

Guy Wheeler, Senate President Appointee (Virtual)

Commissioner Chris Dougherty, Florida Association of Counties Appointee (Virtual)

Commissioner Lee Constantine, Florida Association of Counties Appointee (Virtual)

Mayor Keith James, Florida League of Cities Appointee (Virtual)

Vice Mayor Jolien Caraballo, Florida League of Cities Appointee

### Opening Remarks

Sheriff Dennis Lemma opened the meeting by welcoming council members and providing opening remarks.

### Approval of Previous Meeting Minutes

A motion passed to approve minutes from the October 22, 2025, meeting.

Motion: Council Member Lee Constantine

Second: Council Member Jolien Caraballo

### State of the State: Florida's 2025 Opioid Recovery Efforts

Department of Children and Families, Substance Abuse and Mental Health Assistant Secretary Amanda VanLanningham provided a presentation to the Council on the State of Florida's implementation of the Opioid Settlement initiatives. Assistant Secretary VanLanningham also provided an overview of the Department's role in Florida's behavioral health system of care and Florida's efforts to combat the opioid epidemic.

### The Pearl Project

Joy Zedler, Executive Director of The Pearl Project, along with Stephen Zedler, Pearl Project Development Director, provided an overview of the project and their family's journey through parenting children with neonatal exposure to substances. The Pearl Project addresses childhood trauma through attachment-based trauma-informed methods of care by teaching those methods to parents who are caring for children who have experienced early childhood trauma.

### Opioid-Related Interventions and Crisis Intervention Training for First Responders

Broward County Sheriff, Dr. Gregory Tony and Associate Dean Rony Shir from the University of Miami Herbert Business School shared data on the National Public Safety and Opioid Readiness Initiative. The initiative provides fully funded, evidenced-based training for first responders who confront complex challenges from the opioid epidemic. The presenters discussed academic and curriculum oversight, course format, and core training components of the initiative.



## Statewide Council on Opioid Abatement

### Recovery Peer Jail Program

Sara Barkley, Chief Executive Officer of Fellowship Recovery Community Organization (FRCO), and Dean Pasquale, FRCO Peer Support Program Director, presented on the Broward Sheriff's Office/Fellowship RCO Peer Jail Initiative. The initiative is a peer-led recovery support program that engages incarcerated individuals with substance use challenges while they are in custody and through reentry into the community.

### General Discussion

Council Member Constantine inquired about a \$4 million expenditure from opioid settlement funds. Delegate Chair Lemma along with Co-Chair Hatch advised the expenditure served to assist with statewide substance use prevention efforts.

Council Member Caraballo requests Council meeting dates and times be discussed and voted on with enough lead time for members to adjust their schedules to ensure attendance.

Co-Chair Hatch advised that any individual who wishes to present before the Statewide Council on Opioid Abatement can contact her or Assistant Secretary for Substance Abuse and Mental Health, Amanda VanLaningham.

### Public Comment

#### In-Person

Lissa Franklin, Vice President of Southeast Florida Recovery Advocates: Ms. Franklin advocated for open transparency with regards to how settlement funds are utilized.

Michelle Cannon, an advocate representing Yaya Por Vida, asked questions regarding a recent Orlando Sentinel article related to opioid settlement funding and the Department's opioid settlement dashboard. She also commented on the importance of transparency in the administration and reporting of opioid settlement funds.

Maureen Kielian, President of Southeast Florida Recovery Advocates, advocated for accountability and transparency regarding settlement funds, and for increased recovery community representation on the Opioid Council.

#### Virtual

Dana McCool, advocate representing the recovery residence Foundations to Freedom, Ms. McCool thanked the Council for their work and advocated for increased funding for Certified Recovery Residences.

Lenette Serlo, Founder and CEO of Generation O, an organization for opioid exposed children thanked the Council for their work and advocated for opioid exposed children.

### Closing Remarks

Sheriff Lemma provided closing remarks and thanked council members. The meeting adjourned at approximately 4:00 PM.



# OVERVIEW OF THE PEER PRESCRIBER MENTOR PROGRAM



Funded by the Florida State Opioid Response (SOR) grant awarded to the Florida Department of Children and Families through the Substance Abuse and Mental Health Services Administration

[FADAA MAT Prescriber Mentoring](#)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



**Mark Stavros, MD, FACEP, FASAM**

**FSU College of Medicine** – Emergency Medicine  
Education Director

**West Florida Regional Hospital** – ED Physician  
Specialty: Emergency Medicine, Addiction Medicine  
**FADAA**—Peer Prescriber Mentor

## No Disclosures

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This presentation is intended solely for educational purposes.

The views, opinions, information, and content expressed in the presentation are those of the presenter and do not necessarily reflect the views, opinions, or policies of the State of Florida, the Florida Department of Children and Families, the Florida Alcohol and Drug Abuse Association, the Florida Behavioral Health Association and the Substance Abuse and Mental Health Services Administration (SAMSHA).

Attendees should note that sessions may be recorded and published in various media.

# PEER PRESCRIBER MENTOR (PPM) PROGRAM



The Peer Prescriber Mentor Program focuses on expanding low-barrier access to FDA-approved medications for the treatment of opioid use disorders to individuals in Florida.

Peer Prescriber Mentors (PPMs) are medical professionals who are specialty trained in opioid use disorder, stimulant use disorders, and medication-assisted treatment (MAT). They serve as peer mentors for other physicians and professionals.

The PPMs provide the following both in person and remotely:

- Mentoring
- Consultation
- Training events
- Medical protocols development or review

# PURPOSE OF THE PPM PROGRAM



## Expanding Access to MAT

- Increase the number of providers confident in prescribing MAT
- Address treatment gaps in underserved and rural areas



## Supporting Safe and Effective Prescribing

- Guidance on induction, stabilization, and maintenance phases
- Managing complex cases (co-occurring disorders, polysubstance use)



## Reducing Barriers for Providers

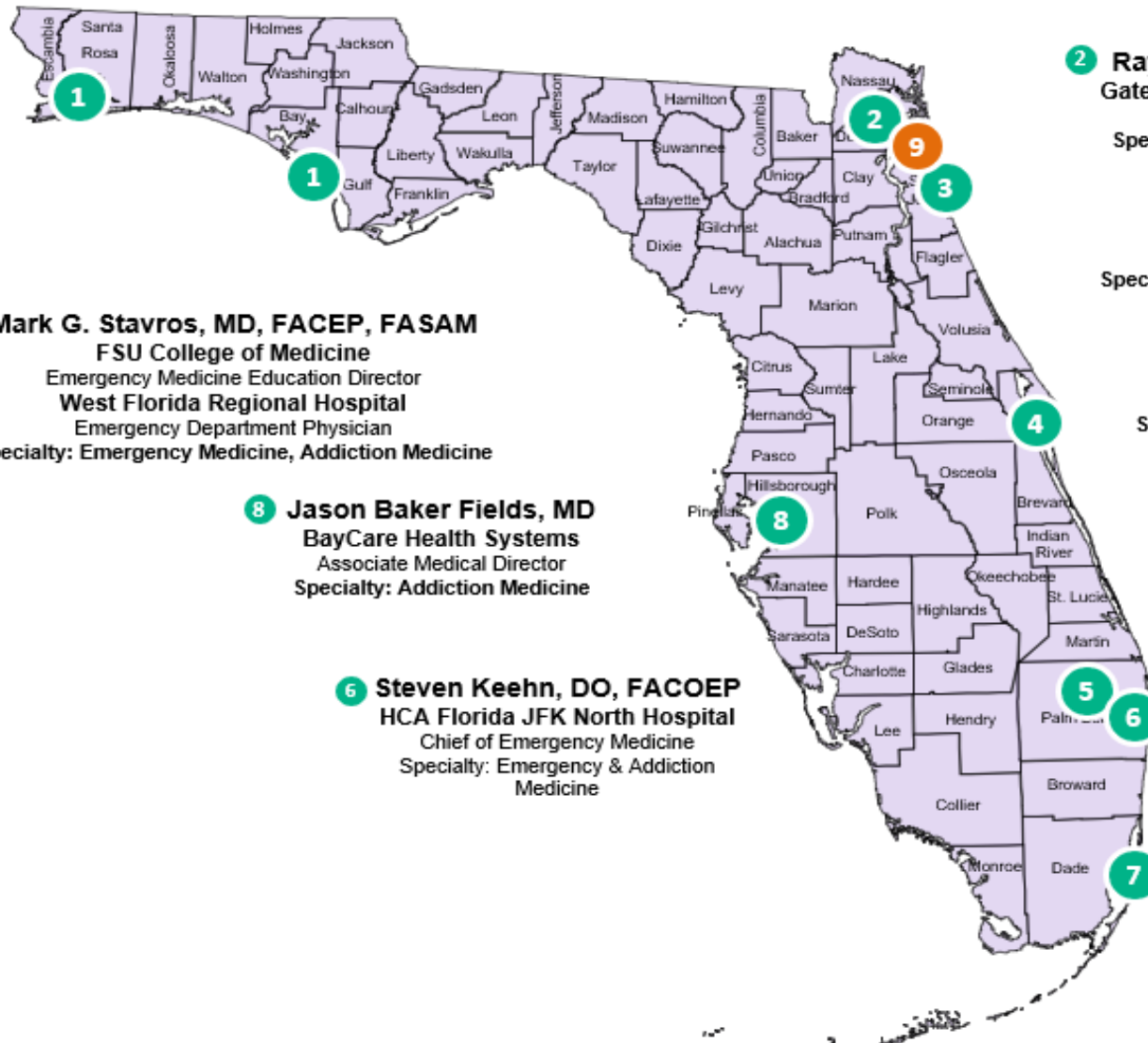
- Overcome stigma and misconceptions about MAT
- Support compliance with regulatory and clinical requirements



## Building a Competent MAT Workforce

- Develop expertise in addiction medicine
- Support newly trained prescribers

# Florida Peer Prescriber Mentoring (PPM) Program



**1 Mark G. Stavros, MD, FACEP, FASAM**  
 FSU College of Medicine  
 Emergency Medicine Education Director  
 West Florida Regional Hospital  
 Emergency Department Physician  
 Specialty: Emergency Medicine, Addiction Medicine

**8 Jason Baker Fields, MD**  
 BayCare Health Systems  
 Associate Medical Director  
 Specialty: Addiction Medicine

**6 Steven Keehn, DO, FACOEP**  
 HCA Florida JFK North Hospital  
 Chief of Emergency Medicine  
 Specialty: Emergency & Addiction  
 Medicine

**2 Raymond M. Pomm, MD**  
 Gateway Community Services  
 Chief Medical Officer  
 Specialty: Addiction Psychiatry

**9 Vicki Teal, APRN**  
 UF Health Jacksonville  
 ED Nurse Practitioner  
 Specialty: Pain Management and Addiction Medicine

**3 Jason Hunt, MD, AADC**  
 Recovery Keys  
 Addiction Medicine Physician  
 Specialty: Obstetrics and Gynecology, Addiction Medicine

**4 Stephen Viel, MD**  
 Shoreline Medical Addiction Treatment  
 Emergency Department Physician  
 Specialty: Emergency Medicine, Addiction Medicine

**5 Suresh P. Rajpara, MD, FAPA**  
 Private Practice  
 Specialty: Psychiatry, Addiction Psychiatry

**7 Katrina Ciraldo, MD**  
 UM School of Medicine  
 Assistant Professor/Attending Physician  
 Specialty: Obstetrics & Gynecology



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 FADAA, a subsidiary of the Florida Behavioral Health Association, and the State of  
 Florida, Department of Children and Families



# PROGRAM SERVICES

## Consultation

Peer Prescriber Mentors are available to provide scheduled or real-time consultation to an individual or a group of physicians and other professionals on best practices for medication-assisted treatment, developing bridge programs between hospitals and correction facilities and community-based treatment services, and working with special populations such as pregnant women.

## Training

Peer Prescriber Mentors can provide training on an array of topics related to opioid and stimulant use disorders and medication-assisted treatment. Training typically includes best practices to treat opioid use disorders and understanding how the disorder impacts the functioning of the brain. Mentors tailor the training event to the needs and audiences of the group requesting the event.

## Technical Assistance

Peer Prescriber Mentors can assist in the development of protocols, policies and procedures, and guidelines to help build sustainable treatment programs, including bridge programs, and can assist in a wide array of technical assistance needs.

# BENEFITS FOR PROVIDERS

## ✓ Increased Confidence in MAT Prescribing

- Comfort with initiating and managing medications
- Better handling of complex SUD cases

## ✓ Reduced Stigma and Misconceptions

- Increased understanding of MAT as a standard of care

## ✓ Decreased Professional Isolation

- Access to a supportive peer network
- Particularly valuable in rural settings

## ✓ Improved Efficiency and Clinical Decision-Making

- Faster resolution of clinical uncertainties
- Reduced risk of errors

## ✓ Professional growth and retention

- Enhanced skills in addiction medicine
- Increased job satisfaction and reduced burnout

# BENEFITS FOR INDIVIDUALS RECEIVING MAT SERVICES

## ✓ Improved Access to Treatment

- More providers offering MAT locally
- Reduced wait times for services

## ✓ Higher Quality, Evidence-Based Care

- More consistent and appropriate medication use
- Better monitoring and follow-up care

## ✓ Enhanced Safety

- Fewer medication errors
- Better management of withdrawal and relapse risk

## ✓ Improved Engagement and Retention

- Stronger therapeutic relationships
- Continuity of care

## ✓ Better Health Outcomes

- Reduced opioid use and overdose risk
- Improved physical and mental health
- Increased recovery stability

# PPM ACCOMPLISHMENTS TO DATE



## MAT protocols

PPMs were recruited at the early stages of MAT in Florida. PPMs Developed MAT protocols for most of the community-based providers in Florida serving

- Court/Criminal Justice-Involved Adults and those At-Risk of such involvement
- Uninsured and Underinsured Adults



## Professional Training Events:

PPMs have been active participants in the development, implementation and delivery of training events for a diverse group of professionals:

- 673 probation officers in 18 cities around Florida
- 74 Department of Corrections professionals
- Over 1,000 county jail staff
- Over 4,300 behavioral health professionals through webinars, workshops, one-on-one and small group training events

# PPM ACCOMPLISHMENTS TO DATE



## Mentoring

PPMs provided hundreds of one-on-one consultations and mentoring sessions around the state to medical, clinical, corrections, and administrative staff in the proper prescription and administration of medication as well as the systems supporting MAT efforts.



## Hospital Bridge Programs

Hospital bridge programs seek to develop a smooth transition from the hospital, especially emergency departments, to community-based treatment providers for individuals presenting with a substance use disorder.

PPMs have supported the development of these programs around the state through training, private consultations, and protocol development.



## Corrections Bridge Programs

Correction bridge programs seek to develop a smooth transition from the correction settings to community-based treatment providers for individuals with a substance use disorder.

PPMs have supported the development of these programs around the state through training, private consultations, and community presentations.

# CONCLUSION

- ✓ MAT is a life-saving, evidence-based approach to treating opioid use disorder.
- ✓ Peer prescriber mentors help
  - providers gain confidence with prescribing MAT
  - dispel myths and misunderstandings regarding the use of medication to treat addiction
  - expand low-barrier access to treatment by educating more providers and other professionals about the benefits of MAT

# Thank you!

For more Information about the PPM Program  
or to schedule a consultation, training, or mentoring session,  
please contact:

**Diana L. Snyder**

Director, Opioid Response Training Project  
Florida Behavioral Health Association

**Phone:** 850.878.2196

**Email:** [Diana@FloridaBHA.org](mailto:Diana@FloridaBHA.org)



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Florida Behavioral Health Association and the  
State of Florida, Department of Children and Families



FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

This event is funded by the State Opioid Response (SOR) Grant awarded to the Florida Department of Children and Families through the Substance Abuse and Mental Health Services Administration.



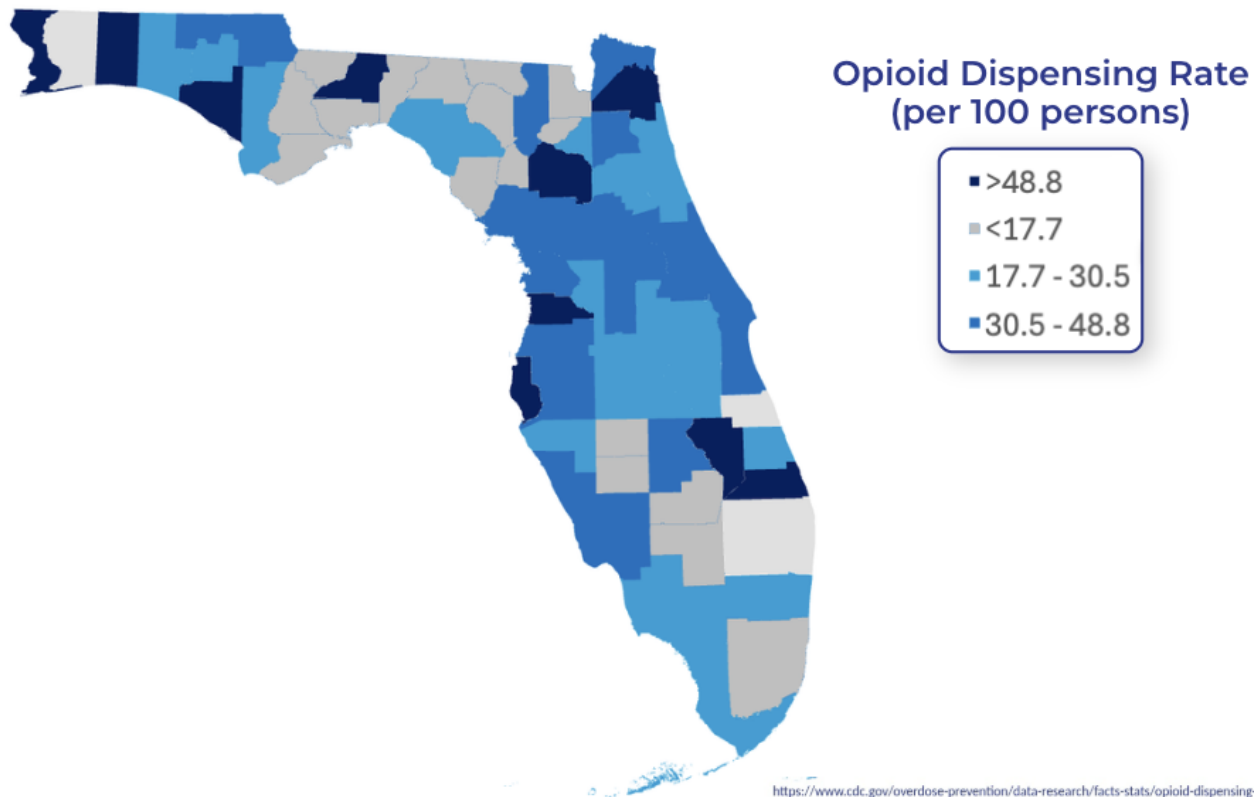
# Florida Billion Pill Pledge Program



**BILLION  
PILL PLEDGE™**

# Florida Opioid Dispensing Rates

Improvements have been made, but **Florida is still prescribing 35.5 prescriptions/100 people.**

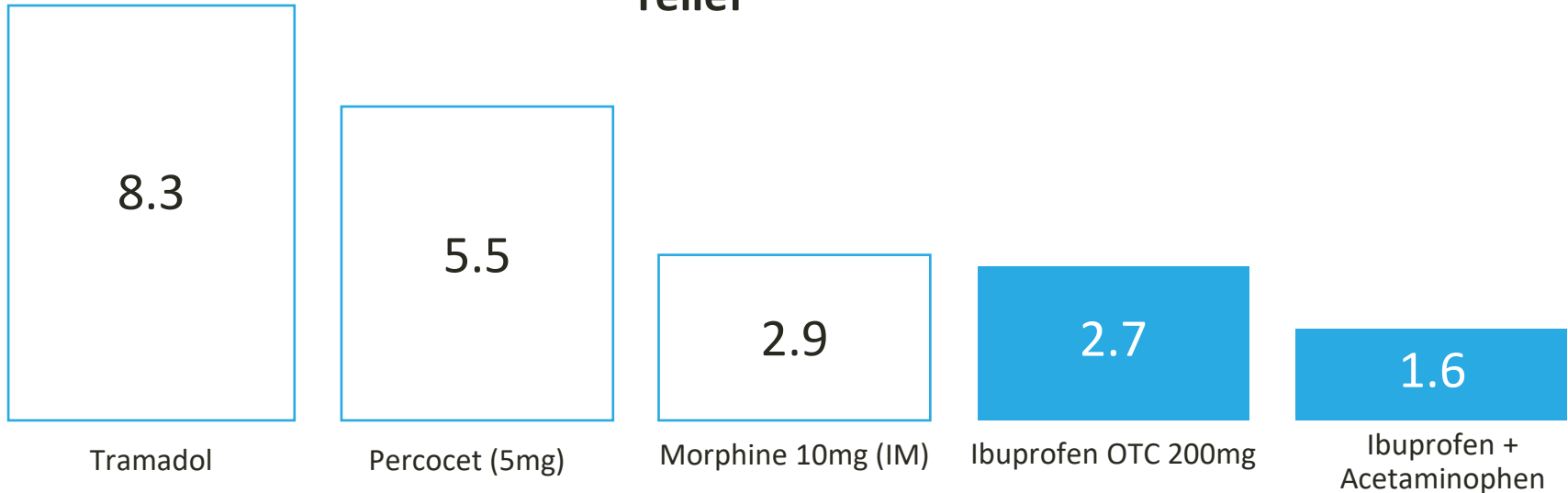


# Pain medication: what is the “good stuff?”

“... in the majority of situations in which opioid painkillers are used today, they are not appropriate”

Don Teater, MD, National Safety Council

Number of people needed to treat for *ONE patient* to get 50% pain relief



**Goal:** Within the targeted hospitals statewide, a **50% reduction** in opioids prescribed post-surgery.



# Opioid Prescriptions Impact the Whole Family

Michelle A. Hendricks, PhD<sup>1</sup>; Sanae El Ibrahim, PhD, MPH<sup>1,2</sup>; Grant A. Ritter, PhD<sup>3</sup>; et al.  
JAMA Netw Open. 2023;6(3):e233385

Increased risk of opioid OD  
with one Rx

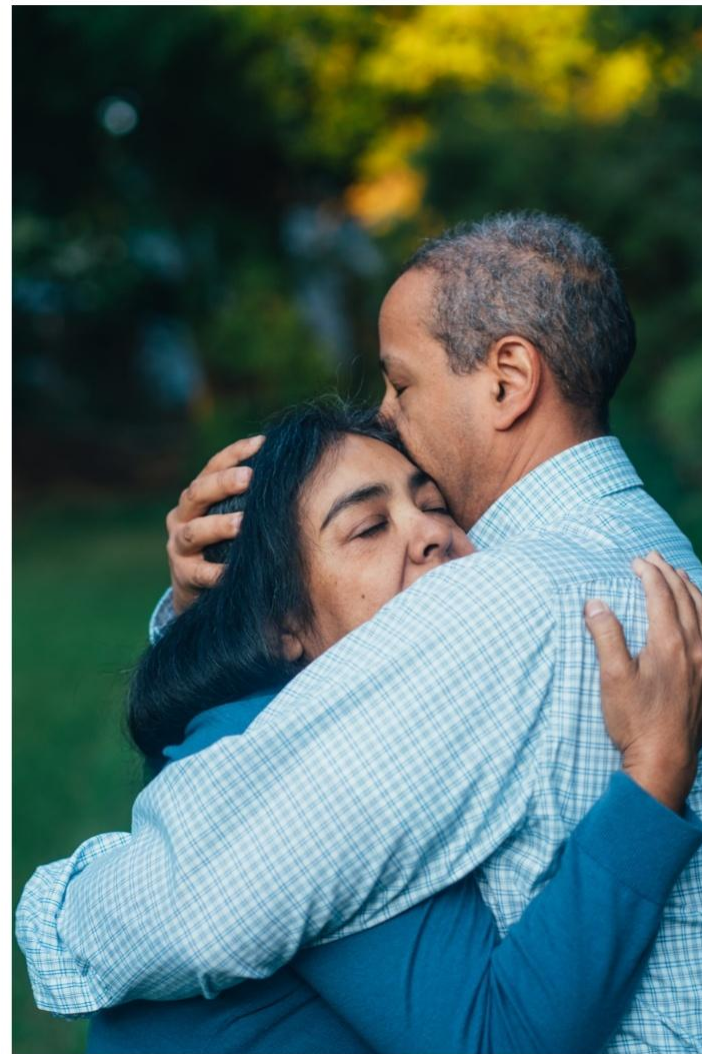


60%

Increased risk of opioid OD  
with two Rx in household

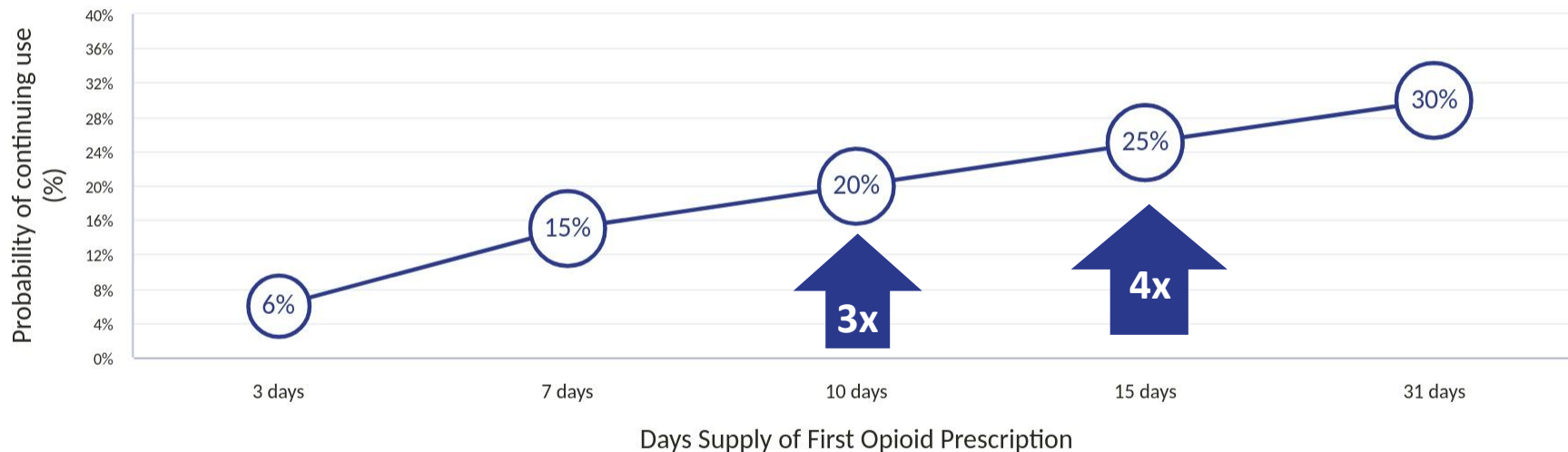


625%



# Opioid Prescribing Impacts Addiction Risk

"The probability of long-term opioid use increases *most sharply in the first days of therapy, particularly after 5 days..*"



"When initiating opioids, **caution should be exercised when prescribing >1 week of opioids or when authorizing a refill or a second opioid prescription because these actions approximately double the chances of use 1 year later**"

# Opioid Usage Linked to *Increased Complications after Surgery*

- ✓ Addiction
- ✓ Overdose
- ✓ Immunosuppression
- ✓ Central sensitization
- ✓ Pulmonary embolism
- ✓ Fractures
- ✓ Affect gonadotropins
- ✓ Cancer development
- ✓ GI, Respiratory and Urinary complications
- ✓ Ileus
- ✓ Constipation
- ✓ ○○○

The recipe for success

# A comprehensive approach to surgery and recovery.



# Key Aspects of Enhanced Recovery



## Prehabilitation

Patient education and nutritional preparation are critical to an optimal surgery and recovery experience.

- Liberal NPO
- ASA recommends a clear carbohydrate beverage up to 2 hours prior to surgery



## Multimodal pain management

The use of several pain medications active in different pain pathways in the body better controls patient pain before, during, and after surgery.

- TLC Pre-operatively
- Prescribe Tylenol and NSAID post-operatively as first line approach
- Stand alone oxycodone



## Post-surgery support

Expert nurse navigation in the stressful post-surgery period drives patient adherence to care plan, enhances satisfaction, improves recovery time, and prevents unnecessary and expensive ER visits.

# Enhanced recovery after surgery (ERAS) protocol is associated with lower post-operative opioid use and a reduced office burden after minimally invasive surgery

Khrystyna Levytska <sup>a</sup>  , Ziqing Yu <sup>b</sup>, Meghan Wally <sup>b</sup>, Susan Odum <sup>b, d</sup>, Joseph R. Hsu <sup>b</sup>, Rachel Seymour <sup>b</sup>, Jubilee Brown <sup>c</sup>, Erin K. Crane <sup>c</sup>, David L. Tait <sup>c</sup>, Allison M. Puechl <sup>c</sup>, Brittany Lees <sup>c</sup>, R. Wendel Naumann <sup>c</sup>  
PRIMUM Group

[Show more](#) 

Gynecologic Oncology, Volume 166,  
Issue 3, September 2022, Pages 471-  
475

- 65% reduction in readmissions
- 20% improvement in same-day discharge
- 74% reduction in unplanned visits
- 53% reduction in opioid refills
- 60% fewer phone calls related to pain

# Post-Operative Multimodal Pain Management

Best pain relief comes down to multiple methods of pain management

## Non-opioid pain medications

- Consider writing prescription strength acetaminophen and NSAID (such as Celebrex/Ibuprofen) at discharge - alternate acetaminophen and NSAID
- Pregabalin or gabapentin
- Muscle Relaxers

## VibraCool

- Vibration Therapy with ice or heat

## Distraction Activities

- Meditation, sudoku, movie, video games, etc.

## Opioid quantities aligning with the Johns Hopkins Opioid-Prescribing Guidelines

- Do not schedule opioid use post-op
- PRN oxycodone only as an adjunct when patient is experiencing severe pain





**GOLDFINCH** BILLION PLUS PEOPLE

The days before and after surgery are important. Please know that you are not alone. We are here to support you every step of the way. This **Prepared for Surgery Tool Kit** is designed with patients like you in mind!

Here's what you'll find in this booklet:

- Details about each Tool Kit item
- Checklists for before and after surgery

**Extra Help from Goldfinch**  
This Tool Kit is just one part of the Goldfinch support you, listen to your concerns.

**Our Promise to You**  
We want you to feel ready and confident, making sure you feel supported every step of the way.

*Kate*  **Kate Emerse**  
Goldfinch Health



**Pain Medication Tracking**

Date	1hr-2hr	2hr-4hr	4hr-8hr	8hr-12hr	12hr-16hr
Acetaminophen (Tylenol)					
Aspirin					
Ibuprofen (Advil, Motrin)					
Codeine (Combunox)					

**Notes:**  
Opioids: Oxycodone, Hydrocodone, Fentanyl, Morphine, Percocet, Vicodin, Codeine  
Other: \_\_\_\_\_

Goldfinch Health (833) 453-3624 My Nurse Navigator



# Value in your participation

All available at no-cost to you through grant funding

1 | Expert education and training on Enhanced Recovery After Surgery (ERAS)

Implementation & Delivery

2 | Patient-centric clinical support

Preparation for surgical care

Follow-up patient education

3 | Marketing and media recognition

Local, state and national earned media opportunities

4 | Optimal patient outcomes

Improved HCAHPS

Reduced LOS and readmission



# Billion Pill Pledge Results

*Opioid settlement-funded, Billion Pill Pledge includes participating rural and community hospitals*

Average Opioid Prescription Reduction

**58%**

BPP AVG: 21

Opioid Refill Rate Reduction

**84%**

Benchmark 27 pills

Post Surgery ER Visit

**Fewer than 2%**

7% benchmark

# What is this Billion Pill Pledge program?

- Funded through the Central Florida Behavioral Health Network
- **First of its kind primary prevention program**
- Partner with Florida community hospitals to support rural patients in surgery and post-surgery recovery
  1. Better pain management
  2. Better patient experience & recovery
  3. Fewer opioids



# Billion Pill Pledge Results

Program results through May 2026

Average Reduction in Opioids  
Prescribed Post Discharge

51.1%

Average # of Opioids Utilized  
Post Discharge

1.2

Benchmark: 27 opioid  
pills

Refill Rate

0.0%

Benchmark: 25%

Patients Utilized 10 or Fewer  
Opioids Pills Post Discharge

13

Post Surgery ER  
Visit/Readmission

0%

# Hospital Feedback

**“In our hospital, we treat those with addictions to opioids. This is absolutely the pathway we should be taking as a hospital system to reduce the number of patients we treat for future opioid use.”**

Hospital Vice President, Hillsborough County



## Surgeon Feedback

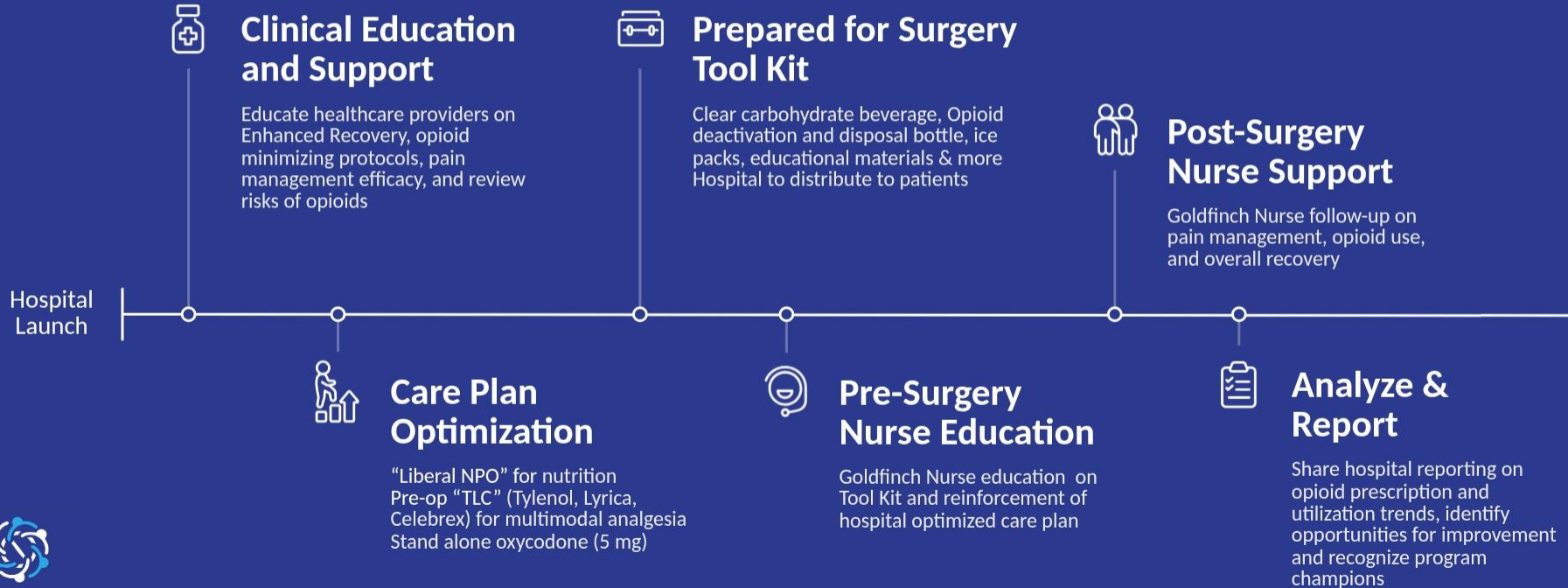
“I wrote the ERAS protocols for this hospital, training on it for years. I don’t know why we didn’t think to prescribe opioids as second-line medications instead of first!”

— Attending General Surgeon, Sarasota County



# The Billion Pill Pledge Program in Practice

*Expanding access to **opioid-minimizing** Enhanced Surgical Pathways for the benefit of our patients and our communities*



# Implementation / What is required?

- Assist in scheduling core meetings with hospital staff
- Standing Orders updates to include ERAS protocols
  - Liberal NPO
  - Pre-surgery multi-modal analgesia (e.g. Tylenol, Celebrex, Pregabalin, local injection)
  - Post-surgery opioid prescribing consistent with national benchmarks
- Provide historic opioid prescribing data
  - No judgment!
  - Required: Opioid Rx data or standing orders plus volume
- Prepared for Surgery Tool Kit distribution
- Surgery schedule and communication outreach
- Provider pre-op, post-op and discharge instructions
- Educate patients that a specially-trained nurse advocate will be part of their care



**BILLION**  
PILL PLEDGE

Prevent the **first dose**,  
prevent the overdose.



# CME / Navigating the Opioid Crisis: Insights into Prescription-Related Challenges and Solutions



- One-hour, no-cost, on-demand CME Program
- Foundational elements of the Billion Pill Pledge program:
  - Current State of the Opioid Crisis Related to Prescribing Opioids
  - Enhanced Recovery Basics and Update on Pain Management Strategies
  - Conscientious Opioid Prescribing
  - Enhancing Patient-Clinician Communication in Pain Management
- Access program <https://learningipma.org>
  - Register and then Select "Navigating the Opioid Crisis" from the available programs



# Contact Info

**Joshua Barnett, PhD, MHS, Director of  
Provider Success**

[Joshua.Barnett@goldfinchhealth.com](mailto:Joshua.Barnett@goldfinchhealth.com)



# Billion Pill Pledge Language Support

*Goldfinch Health partnered with Language Link to broaden nurse navigation support*

- Supported **several** languages to date

Spanish

Swahili

Chuukese

Arabic

Burmese

Lao

Amharic

Haitian Creole

Etc.

- Through use of interpretation Goldfinch Health/BPP has helped patients/members **understand their procedure, clarify medication education and indications**, and make it to their follow up appointments.



- Interpreters in over **300+** Languages and Dialects
- Available 24/7
- HIPAA compliant
- Medical Translation Certified Interpreters  
Ability to translate documents into requested language



HOSPITAL BRIDGE PROGRAM

# Memorial MAT / Zero OD

Emergency-department–initiated medication-assisted treatment with warm hand-off to coordinated outpatient care and recovery support.



Presented to the  
**Statewide Council on Opioid Abatement**  
Florida Department of Children and Families  
June 22, 2026

OUR MISSION

# Why this program exists

“

*To be an innovative center of excellence for patient- and family-centered care in behavioral health.*



### Meet patients in crisis

Engage at the emergency-department bedside.



### Bridge without gaps

Carry each patient into ongoing outpatient care.



### Whole-person recovery

Clinical, medical, and peer support together.

SERVICE CONTINUUM

# One outpatient behavioral health continuum

The Bridge Program is one entry point into a full continuum of care — patients move freely between levels as their needs change.

**1 ED Engagement Program**

MAT initiation, peer engagement, warm hand-off

**2 Mothers in Recovery (MIR)**

MAT & OPAT in pregnancy and postpartum

**3 Behavioral Health Transition Clinic**

Linking, referral, telehealth, SBIRT, peer support

**4 Outpatient Behavioral Health**

Psychiatry, IOP, DBT, trauma services

**5 Long-Acting Therapy & Mind/Body**

LAI clinic, primary care, wellness, smoking cessation

**6 CCBHC & TRD Clinic**

Care coordination, SDoH, esketamine, TMS

## PROGRAM OVERVIEW

# A bridge from crisis to sustained recovery

The Hospital Bridge Program identifies people with opioid use disorder at the point of an emergency-department or inpatient encounter, starts medication-assisted treatment immediately, and bridges each patient — without a gap in care — into Memorial's outpatient behavioral health system and community recovery supports.



### 1 — Identify & Screen

ED staff flag OUD and place a MAT consult in Epic; C-SSRS suicide screening is embedded via Zero Suicide.



### 2 — Initiate MAT

ED / inpatient physician begins buprenorphine induction; harm-reduction approach with free naloxone (Narcan) kits.



### 3 — Bridge to Care

Peer specialists engage 7 days/week; treatment continues outpatient with full care coordination.

## AT A GLANCE

**Provider:** South Broward Hospital District (Memorial Healthcare System)

**Started:** 2017 with original MAT Broward County Funds at Memorial Regional Hospital • designation: CCBHC

## Settings of care



Emergency Department



Hospital inpatient units



Outpatient behavioral health



Community / outreach

## IMPLEMENTATION

# Emergency Department Engagement Program



### Multidisciplinary team

Peer specialists, clinical pharmacy specialists, and mental health counselors / social workers.



### Epic identification

Used to identify patients needing treatment for substance use and mental health, with a focus on positive suicide-risk screens.



### MAT services

ED staff place a MAT consult; ED / inpatient physician starts induction; treatment continues outpatient. Harm-reduction model with free Narcan kits.



### Zero Suicide

Automated referral tied to the C-SSRS screening in the ED.



### Peer engagement, 7 days/week

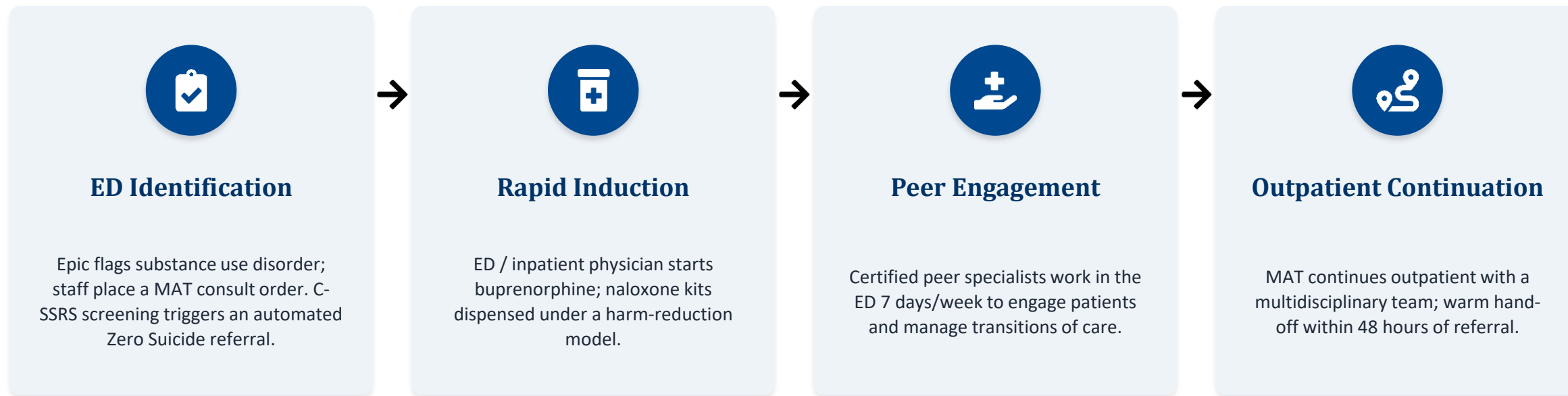
Peer specialists work in the ED to engage patients and assist with care coordination and transitions of care.



**Funding:** Florida Department of Health (ED peer-engagement & data-tracking component), within the State appropriation-funded MAT / Zero OD project.

IMPLEMENTATION

# How the bridge works in practice



## Multidisciplinary team

- Psychiatrist (MD)
- APRN
- Clinical pharmacist (PharmD)
- Licensed therapists / social workers
- Certified peer specialists
- MIR Program Navigator

POPULATIONS SERVED

# Who the program reaches



## Adults with opioid use disorder

Including co-occurring mental health and substance use disorders, identified across the ED and inpatient units.



## Pregnant & postpartum women

Mothers in Recovery (MIR): MAT plus individual, group and peer counseling, coordinated with maternal-fetal medicine and high-risk obstetrics.



## At-risk individuals & families

People reached through ED outreach and education, including neonates born to mothers with substance use disorders.

FY25–26 reach to date

**2,034**

unduplicated individuals served (YTD, 3 quarters)

**1,713**

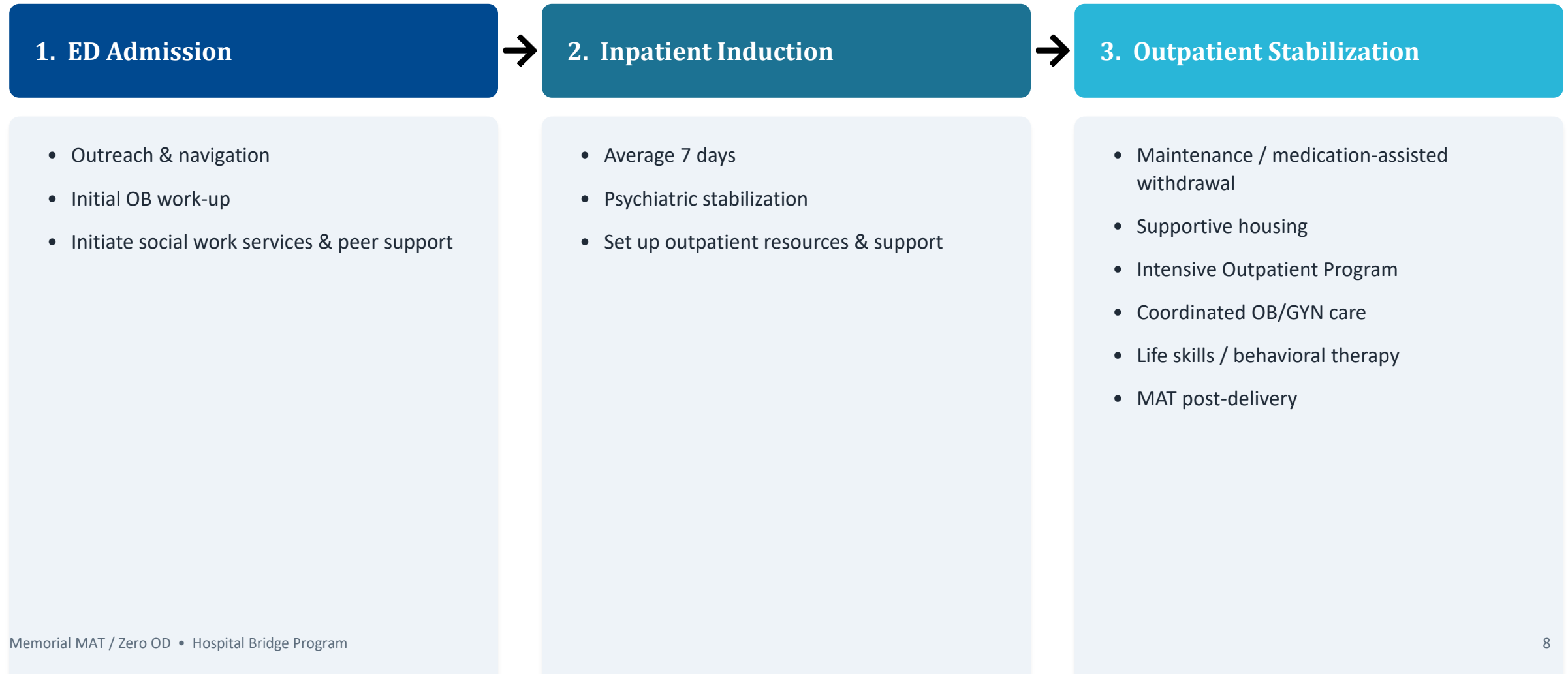
at-risk individuals referred to a treatment provider

**725**

received integrated MAT + primary-care services

POPULATIONS SERVED

# Mothers in Recovery (MIR) workflow



## 1. ED Admission

- Outreach & navigation
- Initial OB work-up
- Initiate social work services & peer support

## 2. Inpatient Induction

- Average 7 days
- Psychiatric stabilization
- Set up outpatient resources & support


## 3. Outpatient Stabilization

- Maintenance / medication-assisted withdrawal
- Supportive housing
- Intensive Outpatient Program
- Coordinated OB/GYN care
- Life skills / behavioral therapy
- MAT post-delivery

MEDICATION-ASSISTED TREATMENT

# MAT is one part of a whole-person model

Buprenorphine-based MAT stabilizes patients and reduces overdose risk — but medication alone does not sustain recovery. In the Bridge Program, MAT sits at the center of a coordinated set of clinical, recovery-support, and care-coordination services that work together toward long-term recovery.



**Medication (MAT)**


Buprenorphine induction & maintenance; free naloxone.

*the central — not the only — intervention*




**Clinical therapy**

Individual, group & DBT-informed behavioral health.



**Peer recovery support**

Certified peer specialists; REBELS drop-in center.



**Care coordination**

Cross-setting transitions; benefits & community linkage.



**Integrated primary & maternal care**

Primary care + maternal-fetal medicine for MIR patients.

## LINKAGE TO ONGOING CARE

# No gap between the bridge and recovery

As a Certified Community Behavioral Health Clinic (CCBHC), Memorial guarantees access standards and a coordinated continuum so patients move from ED engagement into sustained outpatient treatment and recovery community.

## CCBHC access commitments

- New patients triaged within one business day to identify emergency or crisis needs
- Routine follow-up provided within 10 business days of request
- Crisis management available and accessible 24/7
- No rejection or reduced services based on ability to pay or place of residence
- Same-Day Access for intake assessments, Monday–Thursday

### From ED to recovery community



#### Warm hand-off

Peer specialist links the patient before discharge.



#### Outpatient MAT & therapy

Multidisciplinary team continues care.



#### Recovery supports

REBELS peer drop-in center, groups, wellness.



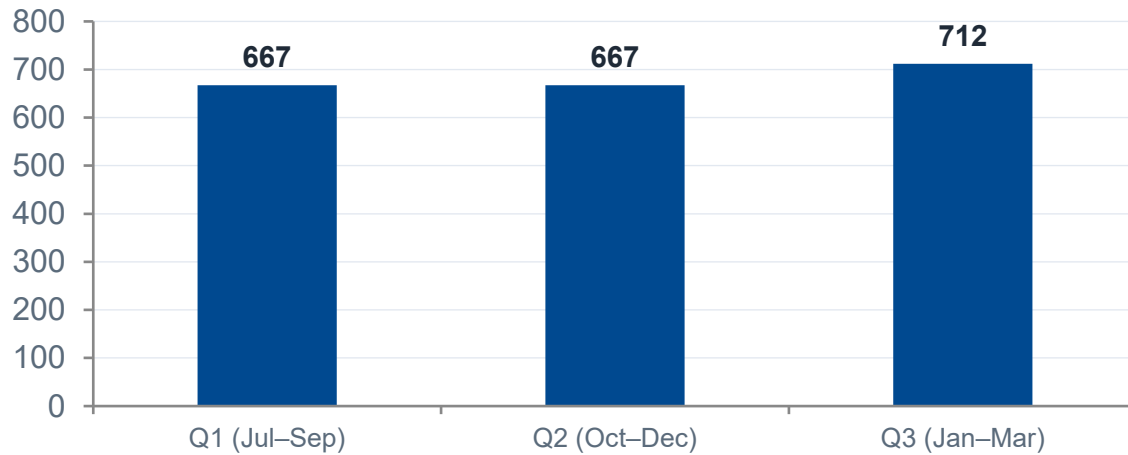
#### Sustained recovery

Benefits navigation, community re-engagement.

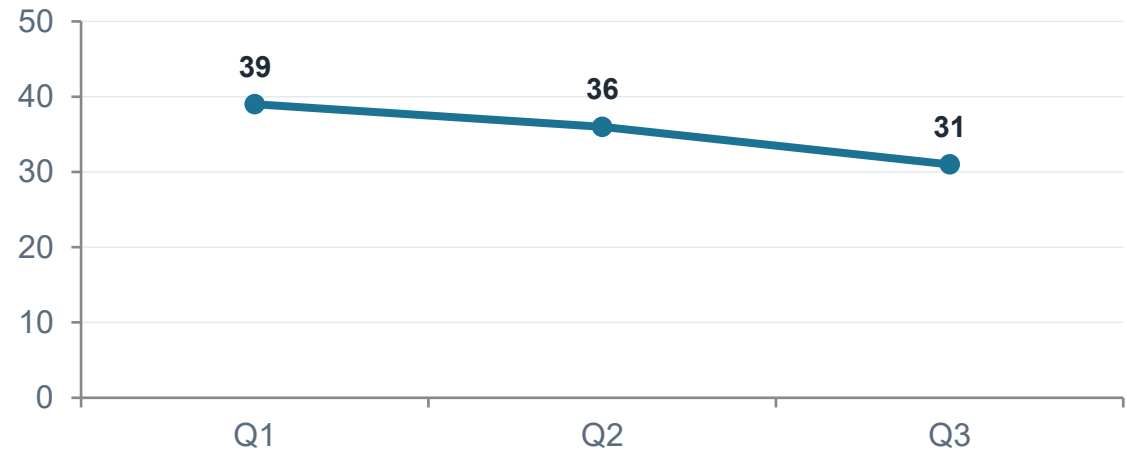
OUTCOMES

# What the first three quarters show

Unduplicated individuals served



MAT inductions completed



**1,713**

referred to a treatment provider

**106**

MAT inductions completed

**725**

integrated MAT + primary care

**6**

babies born substance-free (MIR)

Cumulative across FY2025–26 Q1–Q3, as reported to the State of Florida (Template 30 ROI reports).

RETURN ON INVESTMENT

# Cost avoidance for the State

**\$5.11M**

estimated cost avoidance, YTD (Q1–Q3)

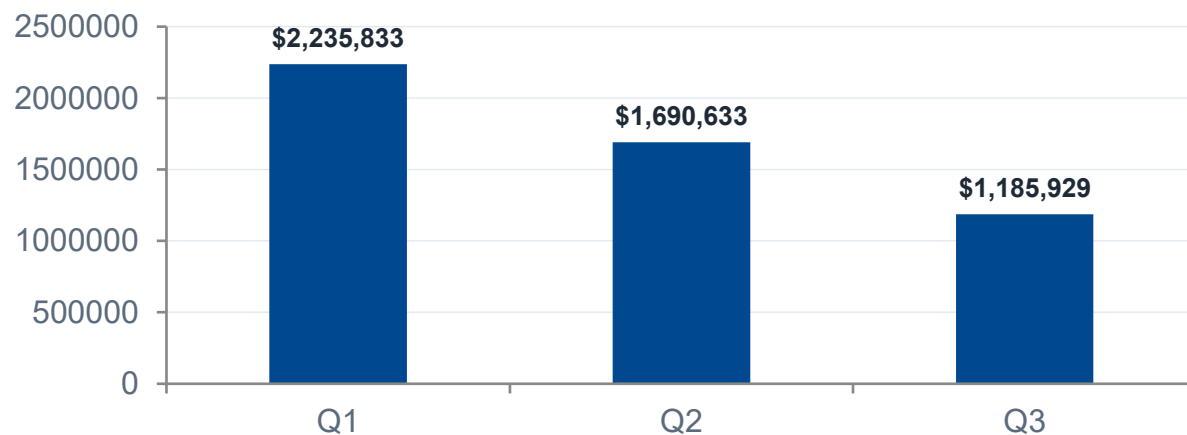
**\$750K**

state funds expended, YTD

**~\$370**

cost per person served

## Estimated cost avoidance by quarter



### Methodology

**Avoided inpatient hospitalizations for opioid-related complications** — Medicaid reimbursement averages \$9,167 vs. \$168 for a non-fatal overdose treated in the ED.

**Avoided NICU stays for Neonatal Abstinence Syndrome** — NAS newborn (APR-DRG 6251) averages \$6,357 vs. \$905 for a healthy newborn (APR-DRG 6261).

IN THE COMMUNITY

# The program in action



 **Outreach, recovery events, and a multidisciplinary team**

From community outreach tables to the Behavioral Health Center ribbon-cutting, the Bridge Program is built and delivered by peer specialists, pharmacists, social workers, counselors, and physicians who meet patients where they are — and walk with them into recovery.



# Thank you — questions welcome

## Memorial Outpatient Behavioral Health Services

5595 S. University Drive, Davie, FL 33328

Main: 954-276-3400

**Triage / Warm Hand-off: 954-276-3480**

CCBHC Care Coordination: 954-276-3430

MAT / Addiction Treatment: 954-265-4632

Mothers in Recovery: 954-276-3453

REBELS Center: 954-276-3452

More questions? Please call us

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