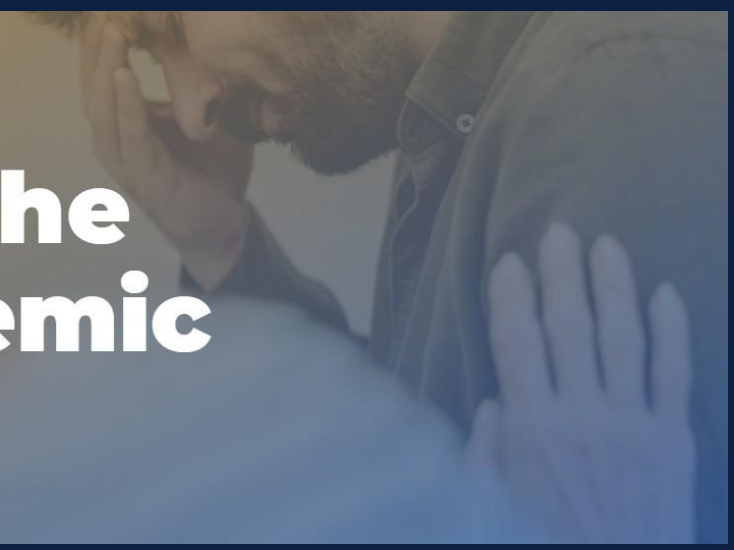




STATEWIDE COUNCIL ON OPIOID ABATEMENT

MEETING PACKET

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

Combating the Opioid Epidemic

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

August 25, 2026

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Mobile MAT - Crisis Center of Tampa Bay	6





Statewide Council on Opioid Abatement

August 25, 2026

9:00 A.M. – 12:00 P.M. EST

Virtual Meeting via Microsoft Teams

Council Members

Attorney General James Uthmeier Chair	9:00 – 9:15	Welcome/Call Meeting to Order/Opening Remarks Sheriff Dennis M. Lemma, Delegate Chair
Sheriff Dennis M. Lemma Delegate Chair	9:15 – 9:20	Roll Call and Approval of June 22, 2026 Meeting Minutes Aaron Platt, DCF Staff Liaison
Secretary for the Department of Children and Families Vice Chair	9:20 – 9:45	Legislative Update Amanda VanLaningham, Assistant Secretary for Substance Abuse and Mental Health
Amy Ronshausen Governor's Appointee	9:45 – 10:20	The DrugTrac, Tracking.Reporting.Advocacy.Coordination Kendall Cortelyou, PhD, MHA Professor & Director, School of Global Health Management & Informatics College of Health Professions & Sciences, University of Central Florida
Guy Wheeler Senate President's Appointee	10:20 – 10:55	Seminole County Coordinated Opioid Recovery Network and the Seminole Collaborative Opioid Response Efforts Team James Witherspoon, Community Health Program Manager Chantel Reed, Community Health Case Manager Sergeant Michelle Lord, S.C.O.R.E Fatal/Non-Fatal Overdose Response Unit
Sheriff Robert A. Hardwick Office of the Speaker's Appointee		
Commissioner Chris Dougherty Florida Association of Counties Appointee	10:55 – 11:30	Mobile Medication Assisted Treatment, A Mobile Integrated Health-Community Paramedicine Approach John Mikula, Senior Director, Crisis Center of Tampa Bay
Commissioner Lee Constantine Florida Association of Counties Appointee	11:30 – 11:50	Public Comment
	11:50 – 12:00	Closing Remarks Sheriff Dennis M. Lemma, Delegate Chair
Mayor Keith James Florida League of Cities Appointee		
Vice Mayor Josh Fuller Florida League of Cities Appointee		
Vice Mayor Jolien Caraballo Florida League of Cities Appointee		



Council Members

Attorney General James Uthmeier
Chair

Sheriff Dennis M. Lemma
Delegate Chair

Secretary Taylor Hatch
Vice Chair

Amy Ronshausen
Governor's Appointee

Dr. 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

Statewide Council on Opioid Abatement

In-Person Meeting Minutes

June 22, 2026

1:00 P.M. – 3:00 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

Amanda VanLaningham for Secretary Taylor Hatch, Vice Chair

Amy Ronshausen, Governor's Appointee

Sheriff Robert Hardwick, Office of the Speaker's Appointee

Commissioner Lee Constantine, Florida Association of Counties Appointee

Mayor Keith James, Florida League of Cities Appointee

Opening Remarks

Delegate Chair 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 March 31, 2026, meeting.

Motion: Council Member Keith James

Second: Council Member Amy Ronshausen

Peer Prescriber Mentor Program

Dr. Mark Stavros provided a presentation to the Council on the Peer Prescriber Mentor Program. The program is 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.

Florida Billion Pill Pledge Program

Joshua Barnett, PhD, Director of Provider Success with Goldfinch Health, provided an overview of the Florida Billion Pill Pledge Program. The program tracks dispensing rates across the state to target communities with high opioid dispensing rates to engage prescribers, surgeons and hospital systems on opportunities to implement evidence-based protocols for managing post-operative pain with fewer opioids. The Billion Pill Pledge Program started with funding from the Central Florida Behavioral Health Network and allowed partnerships with hospitals in Hillsborough, Manatee, Sarasota and DeSoto counties.

Hospital Bridge Program

Claudia Vicencio, Director of Outpatient Behavioral Health Services, and Gretchen Haddad, Behavioral Health Transition Clinic Manager with the Memorial Healthcare System Hospital Bridge Program educated the Council on the Memorial Medication Assisted Treatment/Zero OD Program. This is an emergency department-initiated medication assisted treatment program that provides a warm hand-off to coordinated outpatient care and recovery support.



Statewide Council on Opioid Abatement

Public Comment

Dana McCool, advocate representing the recovery residence Foundations to Freedom: Ms. McCool recently attended a National Opioid Task Force meeting in Denver, Colorado, and made a request to present to the Council on the “National Roadmap” for opioid funding.

Council Member Constantine supports Ms. McCool presenting to the Council.

Delegate Chair Lemma voiced support for State councils similar to the Statewide Council on Opioid Abatement to convene a meeting to share best practices across the United States.

Maureen Kielian, President of Southeast Florida Recovery Advocates: Ms. Kielian advocated for the increased participation of the Recovery Community on the Statewide Council on Opioid Abatement, and for the increased utilization of medication assisted treatment in jails.

Closing Remarks

Sheriff Lemma provided closing remarks and thanked Council members. The meeting adjourned at approximately 2:08 PM.



OPIOID SETTLEMENT TRUST FUND

FISCAL YEAR 2026-2027 LEGISLATIVE APPROVED ALLOCATIONS

Amanda VanLaningham, Esq.

Assistant Secretary for Substance Abuse and Mental Health
Florida Department of Children and Families

August 25, 2026

OVERVIEW

Role of the Department of Children and Families (Department)

As the single state agency for Substance Abuse and Mental Health and the State Opioid Treatment Authority, the Department is responsible for:



Providing treatment for substance abuse through a community-based provider system that offers detoxification, treatment and recovery supports for children and adults affected by substance misuse, abuse, or dependence.



Planning, managing, and evaluating a statewide program of mental health services and supports, including community programs, crisis services, state residential treatment facilities, and children's mental health services.



OVERVIEW (CONTINUED)

The Department of Children and Families also:



Contracts with seven Managing Entities to operate the behavioral health system of care that serves uninsured and underinsured individuals needing treatment, recovery, and other supports.

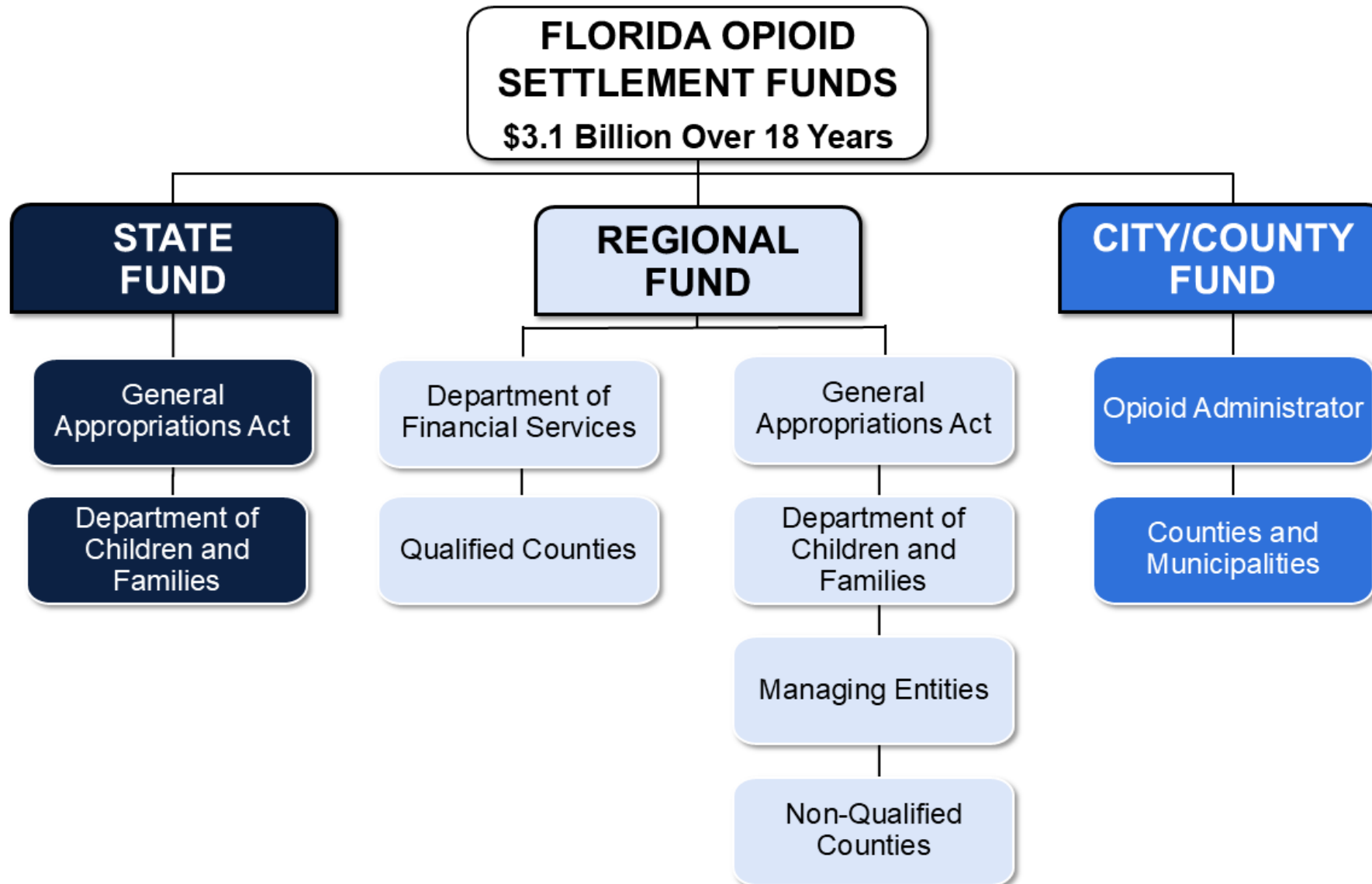


Offers administrative support to the Statewide Council on Opioid Abatement, which is established in s. 397.335, Florida Statutes.



Has responsibility for preparing and developing the Legislatively Budget Request (LBR), state plan and budget allocations for the Opioid Settlement Trust Fund (OSTF), in accordance with the allowable uses in the Florida Opioid Allocation and Statewide Response Agreement.





FY 2026–2027 OPIOID SETTLEMENT TRUST FUND

Approved Budget Highlights



The **FY 2026–2027 Opioid Settlement Trust Fund (OSTF)** budget introduces new **categories** that consolidate several individual activities previously used since the creation of the fund.

- These umbrella categories group related activities that complement one another and are more effectively represented under a single program name. The individual activities will remain active internally for financial tracking and reporting purposes.
- The primary purpose of implementing umbrella categories is to provide greater flexibility in the use of funds, particularly for the Managing Entities, where the majority of these funds are allocated.
- This new structure will allow the Department to reallocate budget allotments among related activities, when appropriate, optimize the use of available funding, and improve the overall efficiency of budget management.



HISTORICAL CATEGORIES VS NEW CATEGORIES

Historical Categories	New Categories
Opioid Settlement - Applied Research	Opioid Settlement - Technology and Research
Opioid Settlement - Technology And Data Supports	
Opioid Settlement - Bed Availability System	
Opioid Settlement - Court Diversion Program	Opioid Settlement - Treatment, Recovery, Housing and Support Services
Opioid Settlement - On-Demand Mobile Medication Assisted Treatment	
Opioid Settlement - Hospital Bridge Programs	
Opioid Settlement - Jail-Based Medication Assisted Treatment	
Opioid Settlement - Naloxone	
Opioid Settlement - Peer Supports And Recovery Community Organizations	
Opioid Settlement - Recovery Housing	
Opioid Settlement - Treatment And Recovery Support Services	
Opioid Settlement - Prevention And Media Campaigns	Opioid Settlement - Prevention Services (4300220)
Opioid Settlement - Family Preservation	

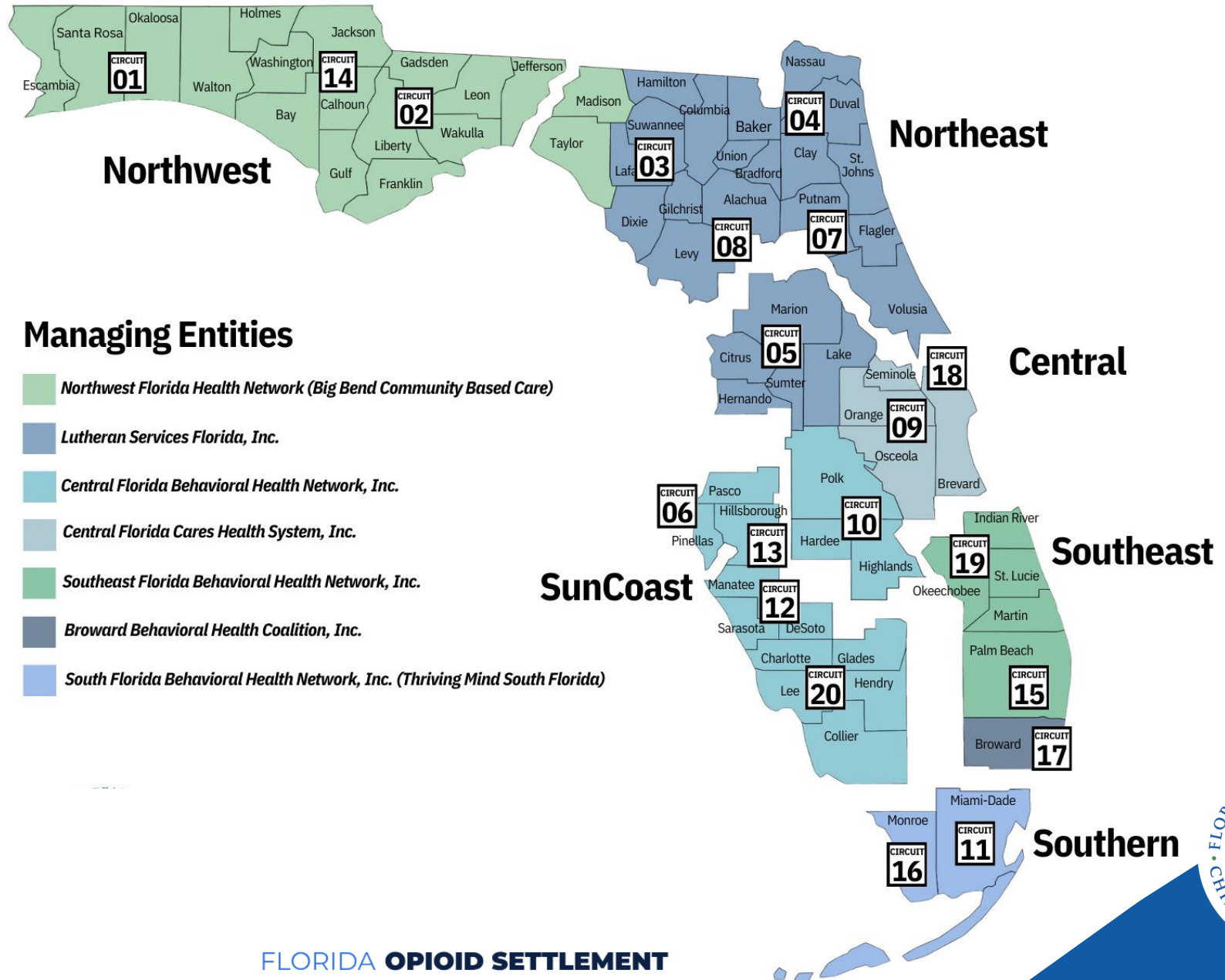


FY 2026-2027 BUDGET ALLOCATIONS BY CATEGORY

Issue	Issue Title - Categories	New Issue Title – Consolidated Categories	FY 2026-2027 Recurring	FY 2026-2027 Non-Recurring	FY 2026-2027 Total
4300010	Opioid Settlement - Office Of Opioid Recovery	Opioid Settlement - Office Of Opioid Recovery	\$4,597,965		\$4,597,965
4300020	Opioid Settlement - Specialized Training - Graduate Medical Education	Opioid Settlement - Specialized Training - Graduate Medical Education	\$4,066,854		\$4,066,854
4300030	Opioid Settlement - Applied Research	Opioid Settlement - Technology and Research	\$1,000,000	\$500,000	\$7,950,000
43002C0	Opioid Settlement - Technology And Data Supports		\$5,000,000		
43003C0	Opioid Settlement - Bed Availability System		\$1,450,000		
4300040	Opioid Settlement - Coordinated Opioid Recovery (CORE) Network	Opioid Settlement - Coordinated Opioid Recovery (CORE) Network	\$28,054,964	\$3,000,000	\$31,054,964
4300050	Opioid Settlement - Court Diversion Program	Opioid Settlement - Treatment, Recovery, Housing and Support Services	\$2,000,000	\$27,794,023	\$70,958,244
4300070	Opioid Settlement - On-Demand Mobile Medication Assisted Treatment		\$1,500,000		
4300080	Opioid Settlement - Hospital Bridge Programs		\$2,000,000		
4300090	Opioid Settlement - Jail-Based Medication Assisted Treatment		\$2,000,000		
4300120	Opioid Settlement - Naloxone		\$5,000,000		
4300140	Opioid Settlement - Peer Supports And Recovery Community Organizations		\$2,000,000		
4300150	Opioid Settlement - Recovery Housing		\$8,720,560		
4300190	Opioid Settlement - Treatment And Recovery Support Services		\$19,943,661		
4300110	Opioid Settlement - ME Administrative Support	Opioid Settlement - ME Administrative Support		\$2,000,000	\$2,000,000
4300160	Opioid Settlement - Non-Qualified Counties	Opioid Settlement - Non-Qualified Counties		\$13,863,003	\$13,863,003
4300130	Opioid Settlement - Prevention And Media Campaigns	Opioid Settlement - Prevention Services		\$13,250,000	\$13,250,000
4300XXX	Opioid Settlement - Family Preservation				
6P00600	Children And Families Services - Member Projects	Children And Families Services - Member Projects		\$13,320,500	\$13,320,500
990G000	Grants and Aids - Fixed Capital Outlay	Grants and Aids - Fixed Capital Outlay		\$3,425,000	\$3,425,000
xxxxxxx	Opioid Settlement - Funded Mandates/Proviso Projects	Opioid Settlement - Funded Mandates/Proviso Projects		\$750,000	\$750,000
xxxxxxx	Opioid Settlement - Unfunded Mandates/Proviso Projects	Opioid Settlement - Unfunded Mandates/Proviso Projects	\$750,000		\$750,000
Total			\$88,084,004	\$77,902,526	\$165,986,530



MANAGING ENTITIES



FY 2026-2027 OPIOID SETTLEMENT FUNDS DISTRIBUTED TO THE MANAGING ENTITIES

Managing Entities Major Programs/Activities Funded by OSTF		Recurring	Non-Recurring	Total
Opioid Settlement - Coordinated Opioid Recovery (CORE)	Opioid Settlement - Coordinated Opioid Recovery (CORE)	\$ 17,612,500	\$ -	\$ 17,612,500
Opioid Settlement - Hospital Bridge Programs	Opioid Settlement - Treatment, Recovery, Housing and Support Services	\$ 2,000,000	\$ 27,794,023	\$ 36,927,391
Opioid Settlement - Peer Supports And Recovery Community Organizations		\$ 2,000,000		
Opioid Settlement - Treatment And Recovery Support Services		\$ 19,943,661		
Opioid Settlement - ME Administrative Support	Opioid Settlement - ME Administrative Support	\$ -	\$ 2,000,000	\$ 2,000,000
Opioid Settlement - Non-Qualified Counties	Opioid Settlement - Non-Qualified Counties	\$ -	\$ 13,863,003	\$ 13,863,003
Children And Families Services - Member Projects	Children And Families Services - Member Projects	\$ -	\$ 13,320,500	\$ 13,320,500
TOTAL		\$ 41,556,161	\$ 34,827,233	\$ 76,383,394



CONTACT INFORMATION

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

Amanda VanLaningham



Assistant Secretary



Amanda.VanLaningham@myflfamilies.com



QUESTIONS?

For more information on the Florida Opioid Settlement , scan the QR code:

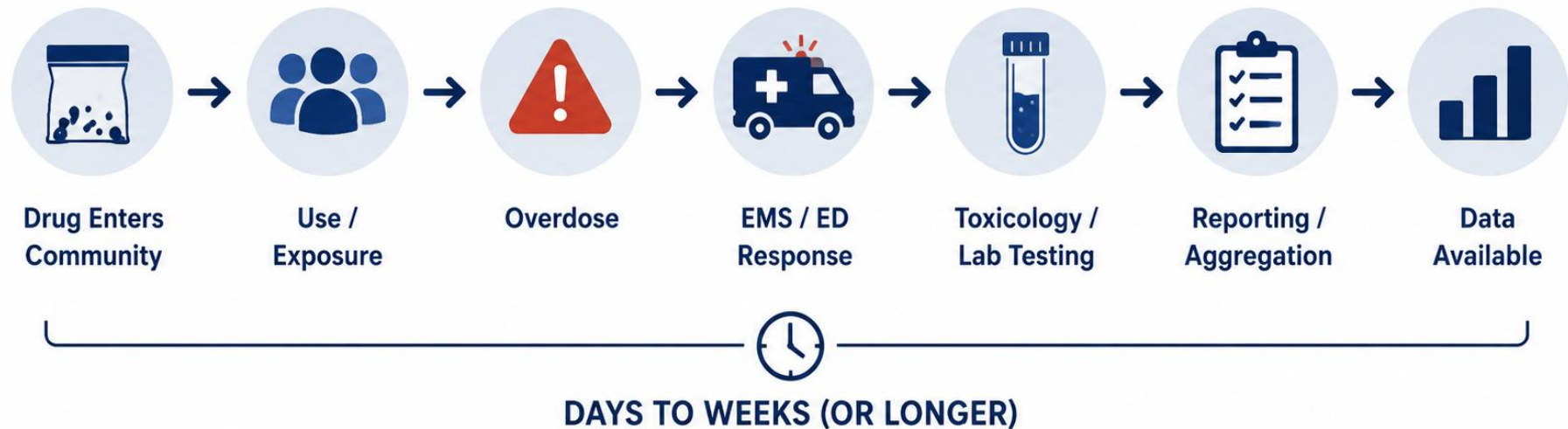




Kendall Cortelyou, PhD, MHA
Statewide Council on Opioid Abatement
August 25, 2026

The Problem: The Drug Supply Changes Faster Than Our Data

THE TRADITIONAL SURVEILLANCE TIMELINE



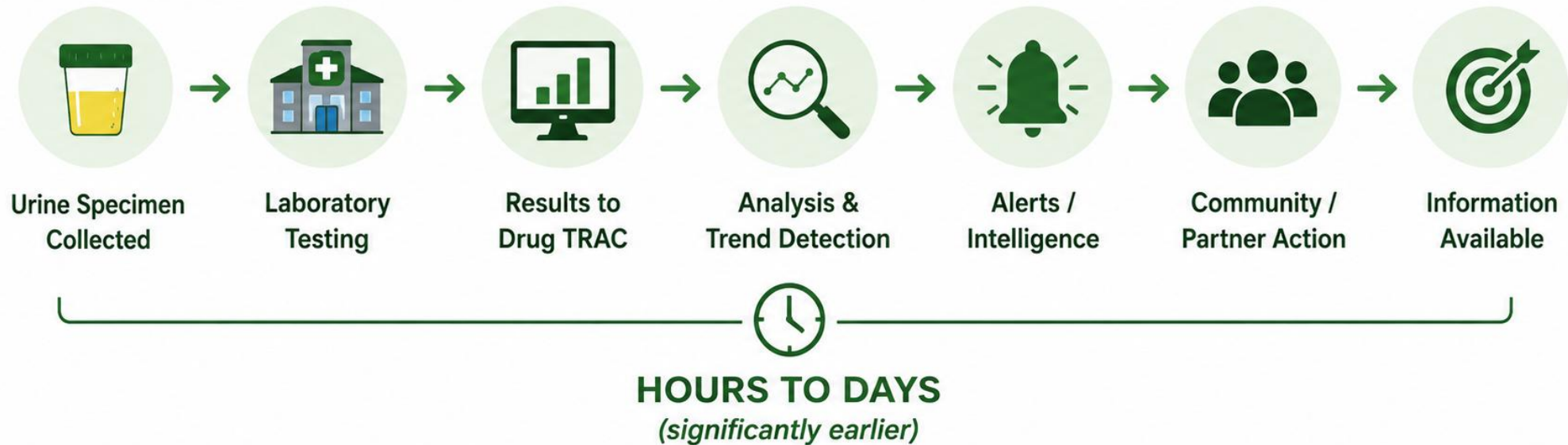
Traditional surveillance often identifies changes only **AFTER HARM HAS ALREADY OCCURRED.**

What is Drug TRAC?

- Synthesizes laboratory testing data
- Detects changes in substances and combinations of substances
- Provides geographically relevant intelligence
- Translates findings into alerts and actionable information

From Drug Test to Community Intelligence

DRUG TRAC PROVIDES AN EARLIER SIGNAL



Drug TRAC uses urine drug-screening lab data to detect emerging substances and changing patterns **much earlier**—giving communities and partners time to respond.

What Drug TRAC Can See

Monthly Testing & Positivity Trends

Testing Month (From)
April 2026

Testing Month (To)
May 2026

County
All

Postal Code
All

Age Range
All

Gender
All

Last data load occurred on 06/18/2026 at 12:38 AM EST
Testing data available through May 24, 2026.

Payer Group
All

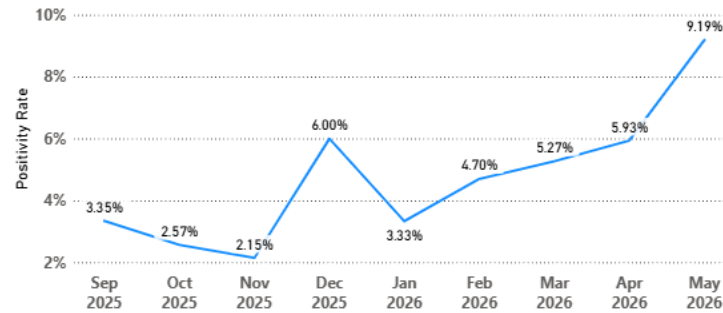
Substance
All

Positivity Rate	# Tests	Positives	Latest Month Positivity Rate	Latest Month Tests	Latest Month Positives
77.51%	10,748	8,331	75.46%	3,887	2,933

What Drug TRAC Can See

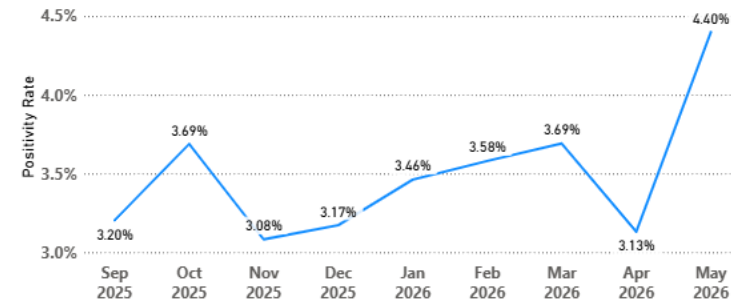
UDT Positivity Rate Over Time for:

FENTANYL



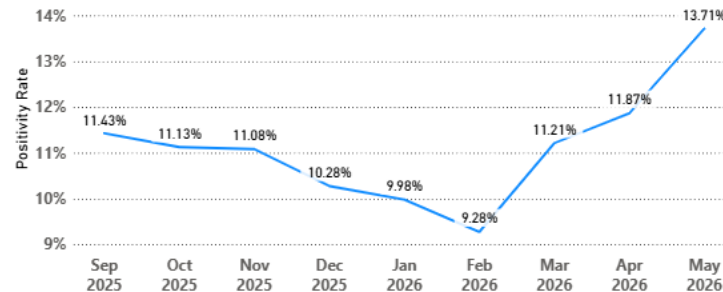
UDT Positivity Rate Over Time for:

METHAMPHETAMINE



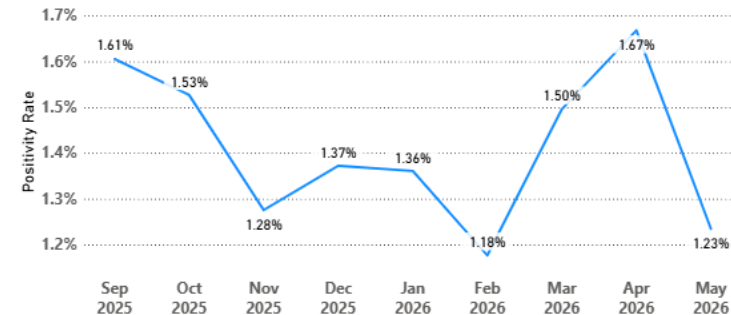
UDT Positivity Rate Over Time for:

ALCOHOL

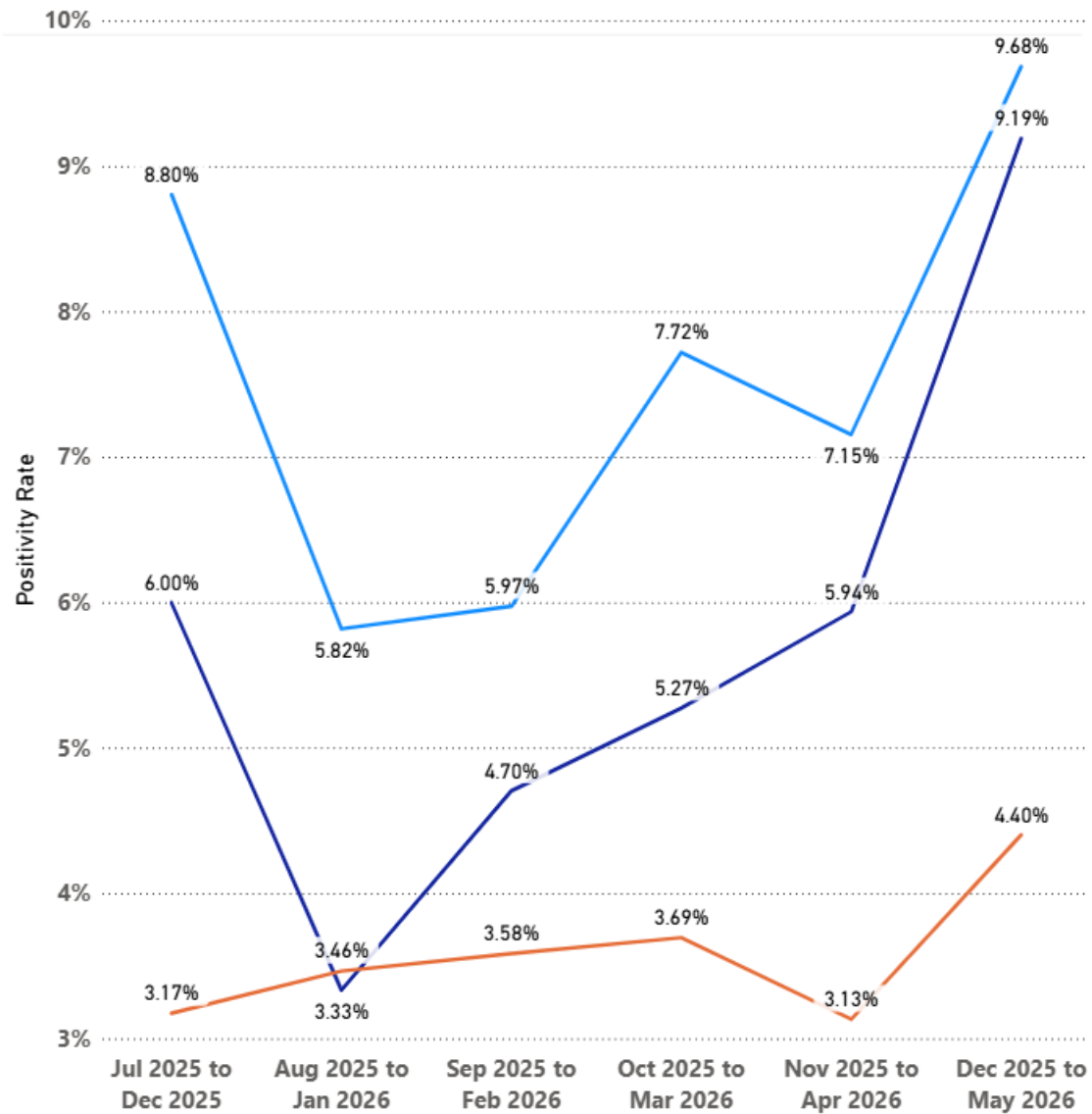


UDT Positivity Rate Over Time for:

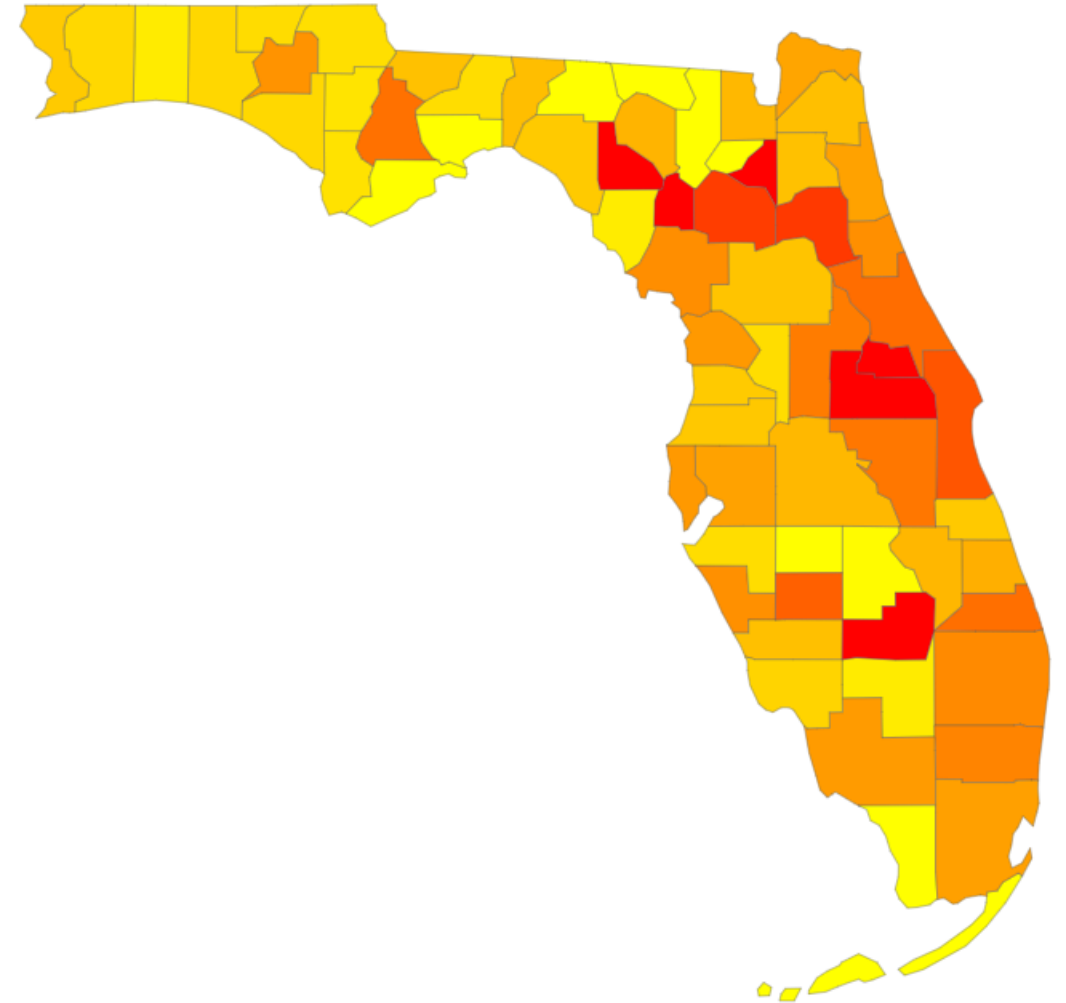
CODEINE



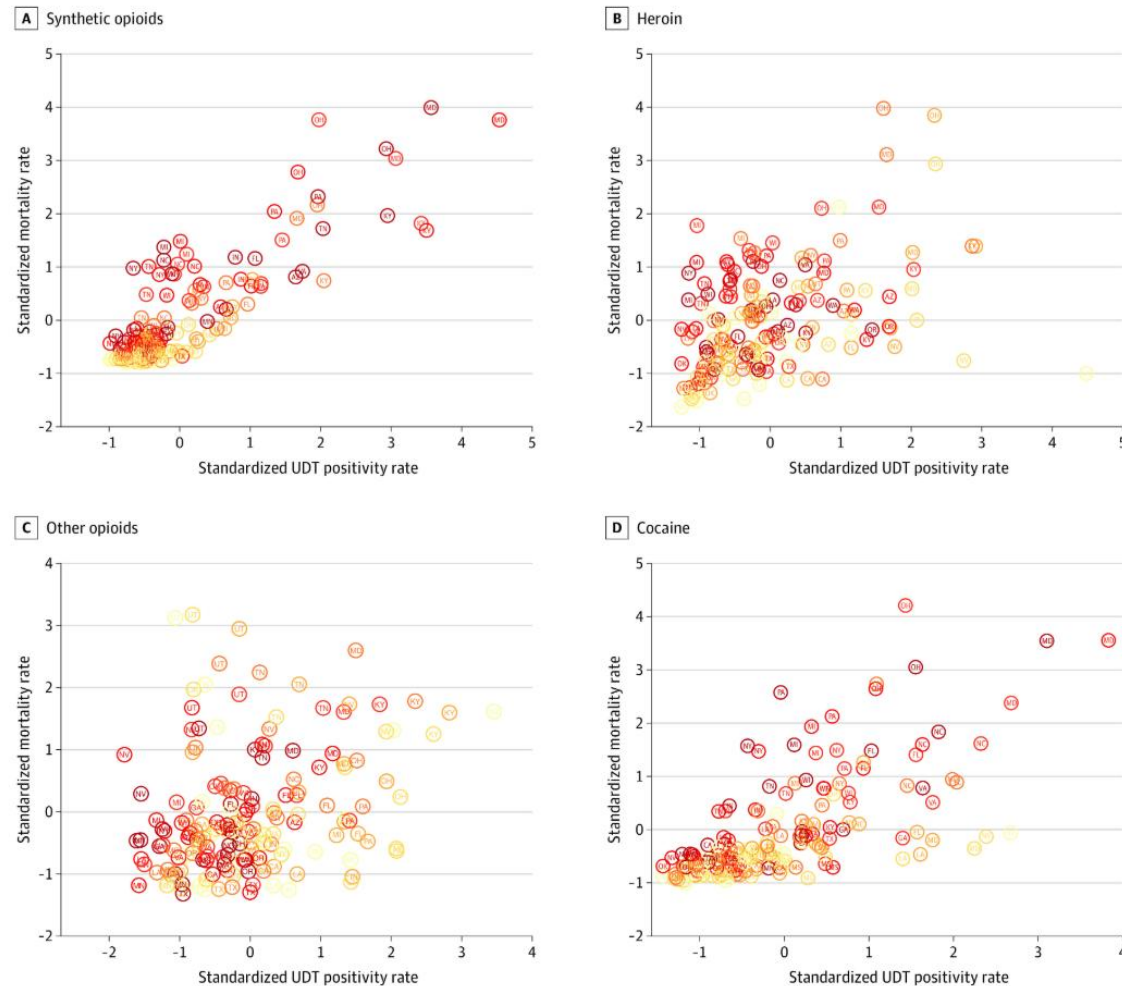
Substance COCAINE FENTANYL METHAMPHETAMINE



Positivity Rate by County for: Dec 2025 to May 2026



So What Does this Mean?



Whitley P, LaRue L, Fernandez SA, Passik SD, Dawson E, Jackson RD. Analysis of Urine Drug Test Results From Substance Use Disorder Treatment Practices and Overdose Mortality Rates, 2013-2020. JAMA Netw Open. 2022 Jun 1;5(6):e2215425. doi: 10.1001/jamanetworkopen.2022.15425. PMID: 35657623; PMCID: PMC9166618.

Who Does Drug TRAC Serve?

- Local communities
- Public health agencies
- Behavioral health/substance use providers
- Prevention organizations
- First responders
- Law enforcement
- State and local policymakers

Want to get involved?

- Kendall Cortelyou, PhD
- 407-461-3227
- Kendall.Cortelyou@ucf.edu

Seminole County Coordinated Opioid Recovery (CORE) Network

Building a coordinated system of treatment, recovery, and community response

James Witherspoon

Community Health Program Manager

Chantel Reed

Community Health Case Manager

August 2026

What Is Seminole County CORE?

Seminole County CORE is a coordinated network that connects individuals with substance use disorder to treatment, recovery services, and ongoing support across healthcare, public safety, and community systems.



Multiple Partners. One Coordinated System of Care.

Hospitals • EMS • Law Enforcement • Jail • Treatment Providers • Peer Recovery • Community Organizations

Who Does Seminole County CORE Serve?

Serving Individuals Experiencing:

- Opioid Use Disorder (OUD)
- Other Substance Use Disorders (SUD)
- Nonfatal Overdose
- Substance-Related Emergency Department Encounters
- Justice-System Involvement
- Housing Instability During Recovery
- Barriers to Accessing or Remaining in Treatment



No Wrong Door: Multiple pathways into one coordinated system of care.

Building the Foundation for CORE

FUNDING & REGIONAL ADMINISTRATION

- Central Florida Cares Health System
- Behavioral Health Managing Entity for Central Florida
 - Administers Funding Supporting Seminole County's Behavioral Health and CORE Initiatives

LOCAL GOVERNANCE

- Seminole County Opioid Council + Medical Subcommittee
- Established by the Board of County Commissioners
 - Provides local oversight and recommendations
 - Guides the Use of Opioid Settlement and CORE Resources

COUNTY / MUNICIPAL COORDINATION

- Seminole County + Municipal Partners
- Qualified County
 - 6 of 7 Municipalities Pooled Opioid Settlement Funds with Seminole County
 - Reduces Duplication of Services / Expanded Reach

COMMUNITY PLANNING

- Healthy Seminole Collaborative
- Community-wide Planning and Coordination
 - Identifies Emerging Health and Behavioral-Health Needs
 - Behavioral Health & Substance Use Disorder Subcommittee

A coordinated response required coordinated governance, funding, planning, and partnerships.

Implementing the CORE Network in Seminole County

CORE CALL CENTER & CONNECTION TO CARE

24/7 Access & Navigation

- Recovery Connections / **407-RECOVER**
- Serves as Seminole County's CORE Call Center
- Co-funded by Seminole and Orange County Through Regional Collaboration

CORE PARTICIPATING HOSPITAL

Hospital-Based Engagement

- AdventHealth Altamonte Emergency Department
- CORE-funded Care Coordinator & Behavioral Health Navigator
- Identifies and Engages Individuals in the ED

EMS INTEGRATION

Prehospital Connection to Care

- Seminole County Fire Department + 4 Municipal Fire Departments
- Interlocal Agreement Supporting CORE Participation
- Standardized Protocols for Opioid-Related Encounters

DATA SHARING & COORDINATION

Connecting the Network Through Data

- SCSO + SCFD Overdose Data Validation
- Medical Examiner Data
- Shared Data Tracking Across Partner Agencies
- Automated Daily Reporting & Review

CORE connects healthcare, EMS, recovery services, public safety, and data into one coordinated response.

A Comprehensive System of Care

PUBLIC SAFETY

Reaching Individuals at Critical Moments

- Seminole County Sheriff's Office SCORE
- Seminole County Fire Department / EMS
- Post-Overdose Engagement
- Jail-based Opioid Services

HEALTHCARE & TREATMENT

Hospital and Clinical Access

- AdventHealth Altamonte ED (CORE Receiving Hospital)
- AdventHealth Hope & Healing Center
- Medication-Assisted Treatment
- Behavioral Health Services

RECOVERY & WRAPAROUND

Supporting Long-Term Recovery

- Recovery Connections (RCO)
- Peer Recovery Support
- Transportation to Treatment and Recovery Services
- Transitional Supportive Housing

COMMUNITY

Taking CORE Beyond Treatment Settings

- Community Outreach
- Naloxone Distribution and Access
- Prevention and Education
- Municipal and Community Partnerships

CORE brings partners together around a shared goal: connecting people to care and supporting recovery.

From First Contact to Continued Recovery

Engagement

- Initial Contact
- Identify Immediate Needs
 - Peer Engagement
 - Assess Readiness for Treatment



Connection To Care

- Warm Handoff
- Treatment Referral
 - MOUD Access
 - Behavioral Health Services
 - Appointment Coordination
 - Peer Recovery Services



Barriers Addressed

- Wraparound Support
- Transportation
 - Peer Recovery Support
 - Transitional Supportive Housing



Continued Recovery

- Ongoing Engagement
- Follow-Up
 - Continued MOUD Treatment
 - Recovery Support
 - Re-Engagement When Needed

The goal is not simply a referral—it is continued engagement in care.

Treatment & Recovery Services

- since program inception -



12,519 Peer
Support Services



13,533 Rides
to MAT, Therapy,
Peer Support, &
Other
Appointments



2,605 MAT
Appointments

3,284
Prescriptions

2,226 Lab Tests



394 Individuals
Moved Into
Transitional
Supportive Housing

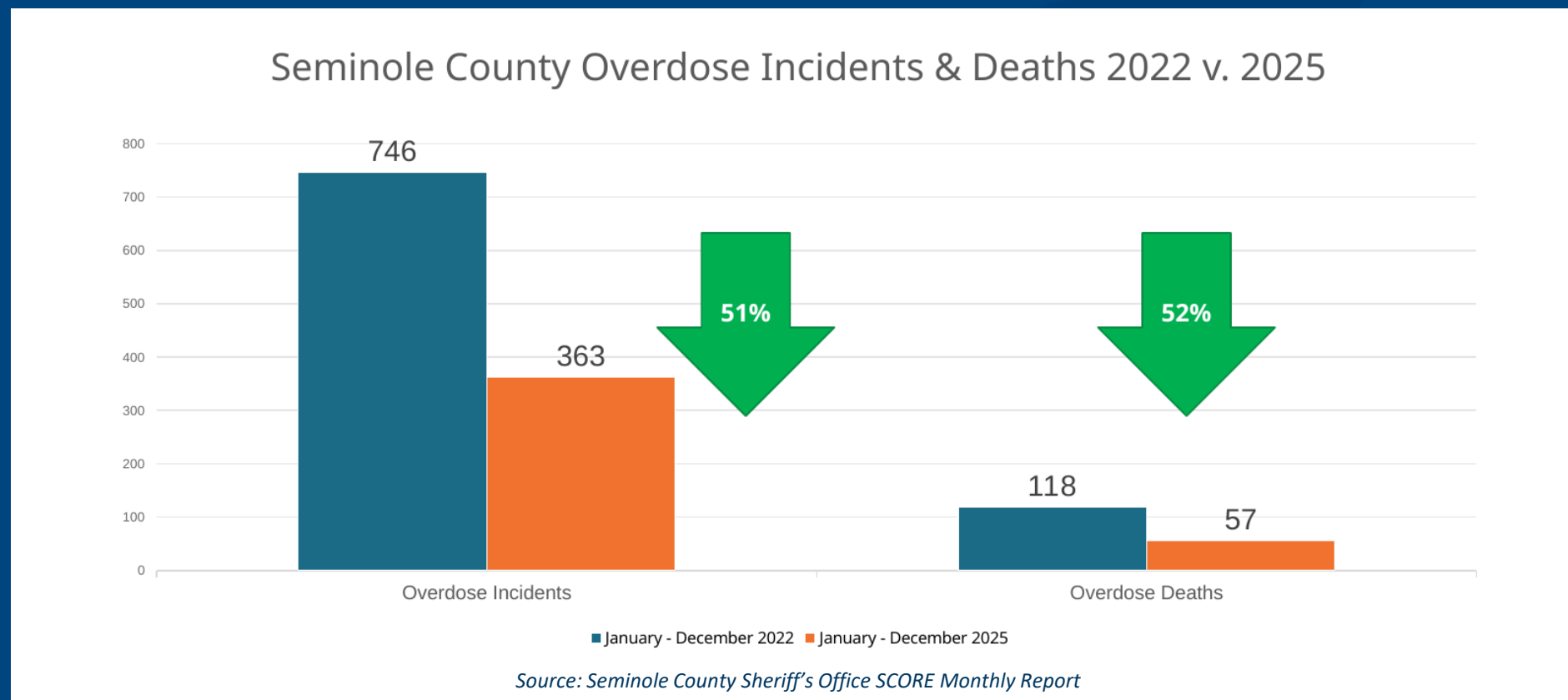
856 Weeks of
Supportive Housing



115
Individuals
completed
Employability
Training

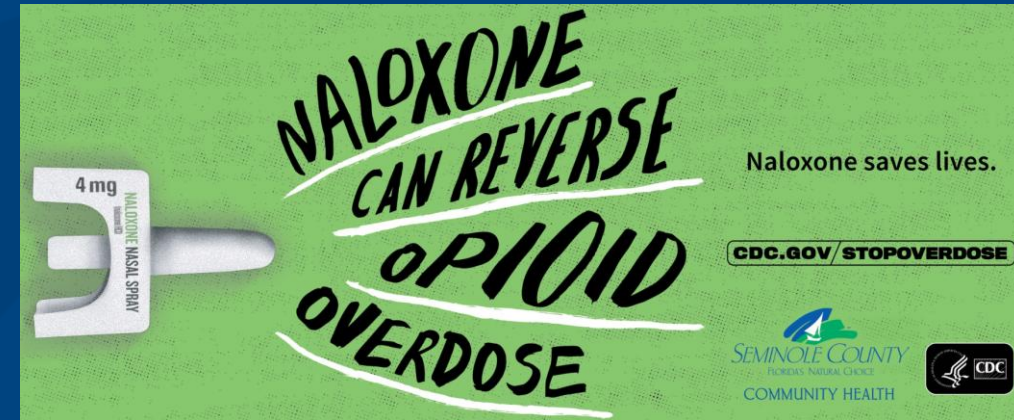
Treatment is only one part of recovery. CORE addresses the practical barriers that help individuals remain engaged in care.

Seminole County Overdose Trends



Improving overdose trends reflect the strength of a coordinated community response, with CORE connecting treatment, recovery, public safety, prevention, and community partners.

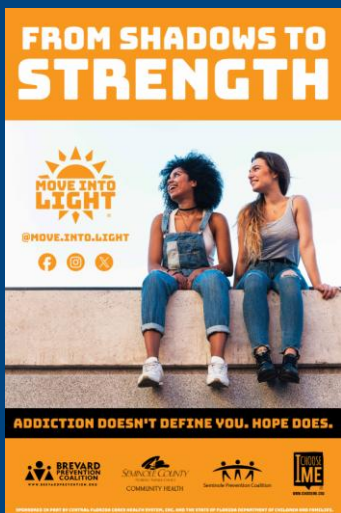
Community Awareness & Education



Taking overdose awareness, risk-reduction, and recovery messaging directly into the community.

Youth Prevention

Partnering with Uplift Drug-Free Coalitions to Empower Youth to Make Healthy, Positive Choices



Youth Prevention & Engagement

Promoting resilience, self-worth, and healthy decision-making while reinforcing positive, substance-free lifestyles.

The Seminole County Sheriff's Office SCORE Team



Sergeant Michelle Lord
SCORE Fatal / Non-Fatal Overdose Response Unit
City/County Investigative Bureau
Seminole County Sheriff's Office

History of SCORE

Overdose Incidents (Countywide)					
Month	2016	2017	2018	2019	Total
January	7	42	23	25	97
February	10	17	28	30	85
March	9	25	17	37	88
April	13	24	20	43	100
May	15	12	35	29	91
June	12	18	23	30	83
July	7	26	19	50	102
August	11	22	19	42	94
September	10	18	17	55	100
October	16	34	18	43	111
November	20	15	21	36	92
December	23	19	13	38	93
Grand Total	153	272	253	458	
YTD Total	153	272	253	458	
Monthly Average	13	23	21	38	
YTD Increase/Decrease	N/C	77.8%	-7.0%	81.0%	

Overdose Deaths (Countywide)					
Month	2016	2017	2018	2019	Total
January	3	13	8	9	33
February	6	5	16	5	32
March	5	6	3	6	20
April	2	5	12	10	29
May	7	5	9	3	24
June	6	6	5	5	22
July	2	9	6	5	22
August	2	5	6	3	16
September	6	6	4	10	26
October	10	9	4	11	34
November	6	6	5	7	24
December	7	8	4	7	26
Grand Total	62	83	82	81	
YTD Total	75	83	82	81	
Monthly Average	6	7	7	7	
YTD Increase/Decrease	N/A	10.7%	-1.2%	-1.2%	

S.C.O.R.E
SEMINOLE
COLLABORATIVE
OPIOID
RESPONSE
EFFORT

Seminole Collaborative Opioid Response Effort



Resources



Florida Department of Health in
SEMINOLE COUNTY



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES



Orlando
Recovery Center



Advent Health

212
Hope & Healing Center



Sheriff Lemma's Response

S.C.O.R.E. Unit

Non-
Fatal

Fatal

Seminole County By The Numbers

Overdose Deaths (Countywide)				Overdose Deaths (Unincorporated)			
Month	2025	2026	YTD Increase or Decrease	Month	2025	2025	YTD Increase or Decrease
January	5	4	-20%	January	3	2	-33%
February	4	2	-50%	February	1	2	100%
March	4	3	-25%	March	3	2	-33%
April	3	3	0%	April	1	1	0%
May	4	2	-50%	May	2	1	-50%
June	8	3	-63%	June	4	1	-75%
July	0		-	July	0		-
August	8		-	August	4		-
September	5		-	September	0		-
October	1		-	October	1		-
November	9		-	November	6		-
December	5		-	December	3		-
Grand Total	56	17		Grand Total	28	9	
YTD Total	28	17	-39%	YTD Total	14	9	-36%
Monthly Average	5	3		Monthly Average	3	2	

Seminole County By The Numbers

Overdose Incidents (Countywide)				Overdose Incidents (Unincorporated)			
Month	2025	2026	YTD Increase or Decrease	Month	2025	2026	YTD Increase or Decrease
January	30	24	-20%	January	11	12	9%
February	19	25	32%	February	6	10	67%
March	30	19	-37%	March	8	10	25%
April	24	23	-4%	April	6	7	17%
May	35	22	-37%	May	11	8	-27%
June	38	22	-42%	June	13	8	-38%
July	32		-	July	7		-
August	33		-	August	12		-
September	36		-	September	10		-
October	24		-	October	6		-
November	37		-	November	12		-
December	24		-	December	11		-
Grand Total	362	135		Grand Total	113	55	-
YTD Total	176	135	23%	YTD Total	55	55	0%
Monthly Average	30	23		Monthly Average	10	10	



Questions?



Kelly Welch
Division Manager
Seminole County Community Health
407-665-2391



Sgt. Michelle Lord
SCORE Fatal / Non-Fatal Overdose Response Unit
Seminole County Sheriff's Office
407-793-3603

MOBILE MEDICATION ASSISTED TREATMENT

————— *A Mobile Integrated Health - Community Paramedicine Approach* —————

A presentation to the Statewide Council on Opioid Abatement

August 25, 2026

Presented by: John Mikula, Senior Director, Crisis Center of Tampa Bay

BUILDING A CONTINUUM OF CARE

From Crisis Response to Long-Term Recovery

CRISIS CENTER OF TAMPA BAY



MISSION:

To ensure that no one in our community has to face crisis alone.



Gateway
Contact Center



Trauma
Counseling



Sexual Assault
Services



Success 4 Kids
& Families



TransCare



TRANSCARE: 30 YEARS OF EVOLUTION

1982



Baker Act
Transportation
Services Begin

1996



Basic Life Support
(BLS) Ambulance
Services Begin

2009



TransCare Becomes
a Core Service Line

2012



CAAS
Accreditation

2017



Marchman Act
Transportation
Services Begin

2021



Expansion of
Advanced Life Support
(ALS) Transportation

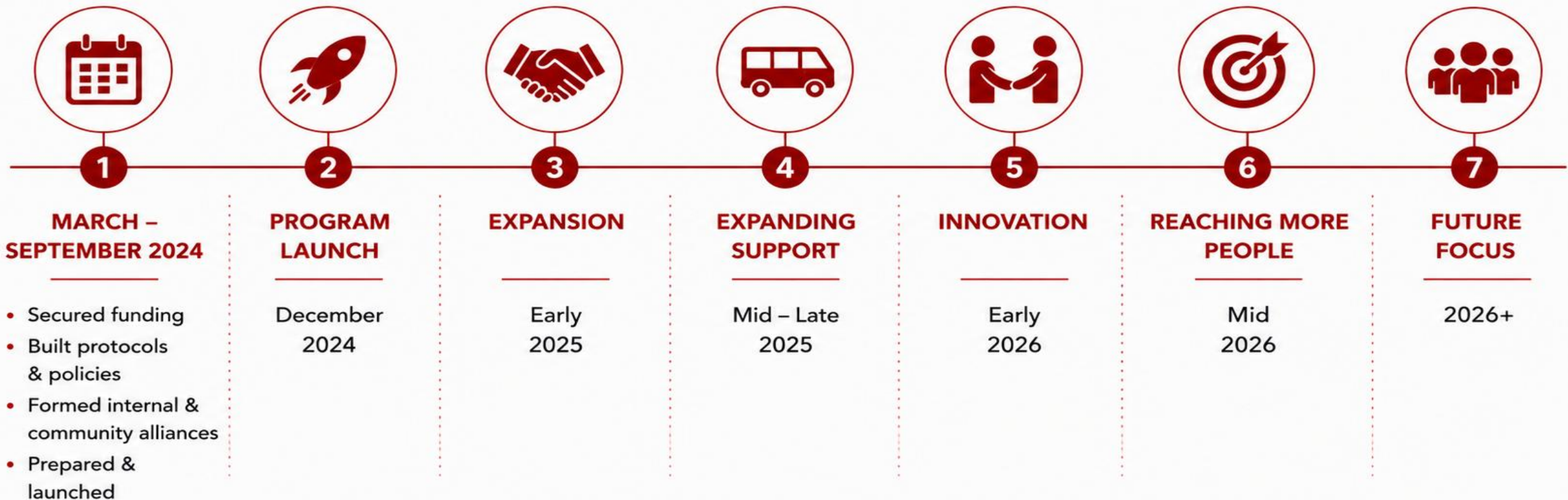
2024



Community Paramedicine
& Mobile MAT

PROGRAM EVOLUTION

Building a Stronger Path to Recovery—Together.



WHY MOBILE MATTERS



Meeting people where they are. Providing treatment when it matters most.

1

STARTS RECOVERY RIGHT AWAY



We provide treatment
at the moment of need—
when motivation
is highest.

2

REMOVES BARRIERS TO CARE



We go to people—no
transportation, insurance,
or waitlist getting in
the way.

3

PROVIDES COMPLETE SUPPORT



We deliver medication,
medical care, and recovery
support directly in the
community.

4

BUILDS LASTING RECOVERY



We connect people to the
care, resources, and
relationships they need
to stay well.

TWO PATHS. TWO OUTCOMES.

Intervening at the Moment of Opportunity Changes Lives.

TRADITIONAL PATHWAY (NO INTERVENTION UNTIL IT'S TOO LATE)



1

OVERDOSE

Opioid overdose occurs.



2

911 RESPONSE

Patient is transported by EMS to the emergency department.



3

EMERGENCY DEPARTMENT

Patient is treated and stabilized.



4

DISCHARGE HOME

Patient is discharged without treatment connection.



5

BARRIERS REMAIN

Transportation, stigma, withdrawal, fear, and life stressors remain.



6

CYCLE CONTINUES

Increased risk of repeat overdose, worsening health, and lost opportunities.

COMMUNITY PARAMEDICINE INTERCEPT PATHWAY (INTERVENE EARLY, CHANGE THE OUTCOME)



OVERDOSE

Opioid overdose occurs.



911 RESPONSE

911 is called. First responders arrive on scene.



COMMUNITY PARAMEDIC INTERCEPTS

CP meets patient on scene, at home, or at the hospital and builds rapport.



IMMEDIATE TREATMENT

MAT (e.g., buprenorphine) is started on scene or at home.



DAILY FOLLOW-UP

Ongoing visits, medical care, and support to stabilize.



RECOVERY CONNECTION

Warm handoff to treatment, peer support, and community resources.



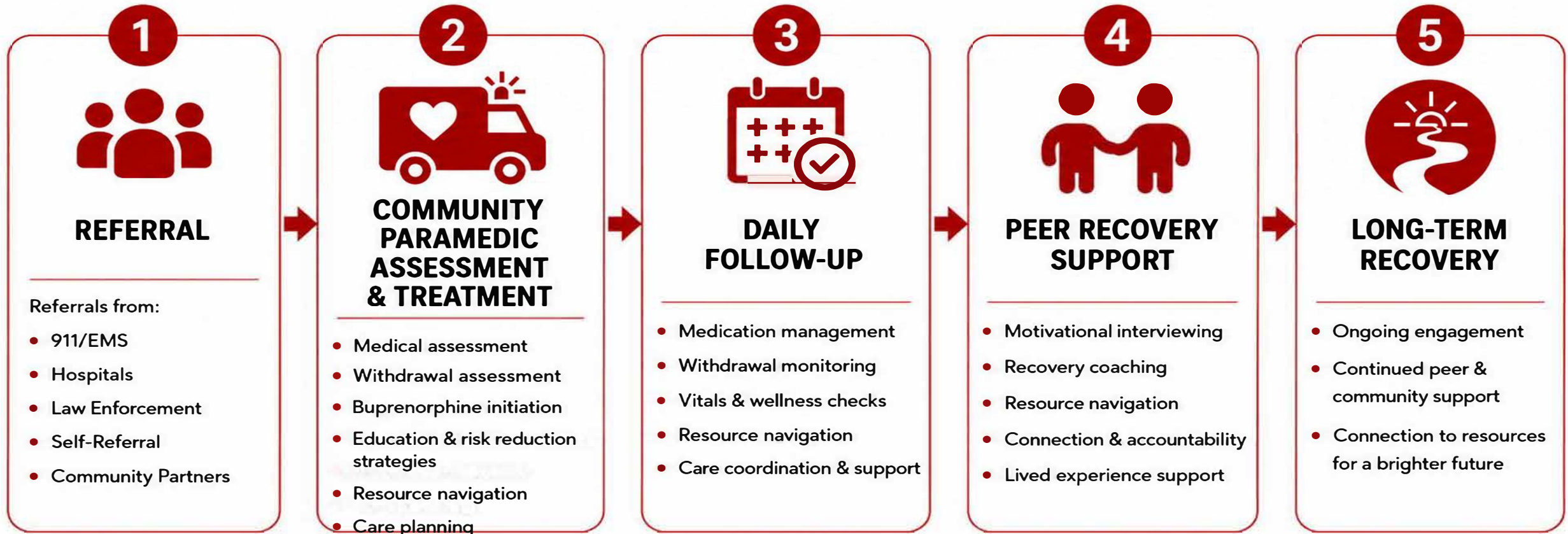
PATH TO RECOVERY

Reduced risk of overdose, improved health, and long-term recovery is possible.

MOBILE MAT MODEL



Supporting Recovery Every Step of the Way.



WHO WE SERVE & WHERE WE SERVE

♥ Reaching People Where They Are. Helping Them Get Where They Want To Be.

WHO WE SERVE

We serve individuals with opioid use disorder from all walks of life.



Individuals with
Opioid Use Disorder



Individuals
Experiencing
Homelessness



Post-Overdose
Survivors



EMS
Referrals



Law Enforcement
Referrals



Emergency
Department
Referrals



Pregnant Women
with Opioid Use
Disorder



Individuals with
Unmet Social
Needs



Our patients include everyone—from those living in poverty on the streets to those living in mansions.

WHERE WE SERVE

We go beyond clinic walls and meet patients in the places where they live, work, and survive.



STREETS &
ENCAMPMENTS



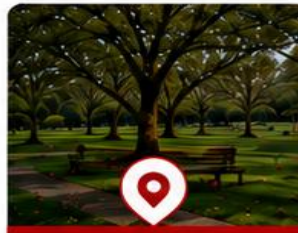
APARTMENTS &
SUBSIDIZED HOUSING



HOSPITALS &
EMERGENCY DEPARTMENTS



JAILS & REENTRY
PROGRAMS



PARKS &
PUBLIC SPACES



WORKPLACES &
INDUSTRIAL AREAS



PRIVATE RESIDENCES
(PATIENT HOMES)



RURAL &
UNDERSERVED AREAS

EVIDENCE-BASED PRACTICE

EVERY PROTOCOL • EVERY DECISION • EVERY PATIENT.

Our Mobile Medication-Assisted Treatment program is built on physician oversight, **national evidence**, **continuous quality improvement**, and **collaboration** with leaders across the country.



1 PHYSICIAN-LED MEDICAL OVERSIGHT

Every protocol is approved and maintained under the authority of our Medical Director.



2 NATIONAL EVIDENCE & BEST PRACTICE

Our protocols are built using current evidence and national best practices.



3 CONTINUOUS QUALITY IMPROVEMENT

We continuously monitor, evaluate, and improve to deliver the best care possible.



4 NATIONAL COLLABORATION

We collaborate with leaders and organizations across the country to bring the best ideas to our patients.



EVIDENCE



PROTOCOLS



QUALITY
IMPROVEMENT



BETTER PATIENT
OUTCOMES



SAFE • EFFECTIVE • EVIDENCE-BASED CARE

OUR MAT PROTOCOL HIGHLIGHTS



COWS $\geq$ 8 – Initiate Buprenorphine



Buprenorphine 16mg SL
Initial dose (up to 32mg)



Daily Follow-Up



Warm Hand-Off
for ongoing care

IMPACT BY THE NUMBERS

Transforming Lives Through Community-Based Care

Q1 & Q2 2026 COMBINED (JANUARY – JUNE 2026)



141

PATIENTS
SERVED



1,725

PATIENT
ENCOUNTERS



423

NALOXONE KITS
DISTRIBUTED



139

PATIENTS CONNECTED
TO TREATMENT



23

REPORTED OVERDOSE
REVERSALS



97.9%

RETAINED IN CARE
≥90 DAYS

WHAT WE ACCOMPLISHED



Medical
Assessments



Buprenorphine
Initiation



Daily
Follow-Up
Visits



Recovery
Navigation



Peer
Recovery
Support



Transportation
Assistance



Housing &
SDOH
Support



Naloxone
Education &
Risk Reduction
Strategies

ENGAGEMENT & OUTCOMES



Retained in Care
≥90 Days



Reduction in
Repeat Overdoses



Received Naloxone
& Education

WHAT MAKES OUR PROGRAM DIFFERENT

Mobile MAT is Different Because We...



MEET PATIENTS WHERE THEY ARE

We go to homes, shelters, parks, encampments, and communities—removing barriers to care.



BEGIN TREATMENT IMMEDIATELY

We start medication in the field—no waiting weeks for an appointment to begin recovery.



PHYSICIAN-LED, EVIDENCE-BASED CARE

Our program is built on national guidelines with standardized protocols and clinical oversight.



PEER SUPPORT THAT MAKES A DIFFERENCE

Paramedics provide medical care. Recovery Navigation peers provide lived experience, trust, and ongoing support.



ADDRESS BARRIERS BEYOND ADDICTION

We connect patients to transportation, insurance, food, housing, and other essential community resources.



STRONG COMMUNITY PARTNERSHIPS

We work hand-in-hand with EMS, law enforcement, hospitals, and community providers to connect people to the care they need.

Recovery doesn't begin
when someone walks
into a clinic—

*it begins when someone
is willing to meet them
where they are.*



We don't just treat addiction.



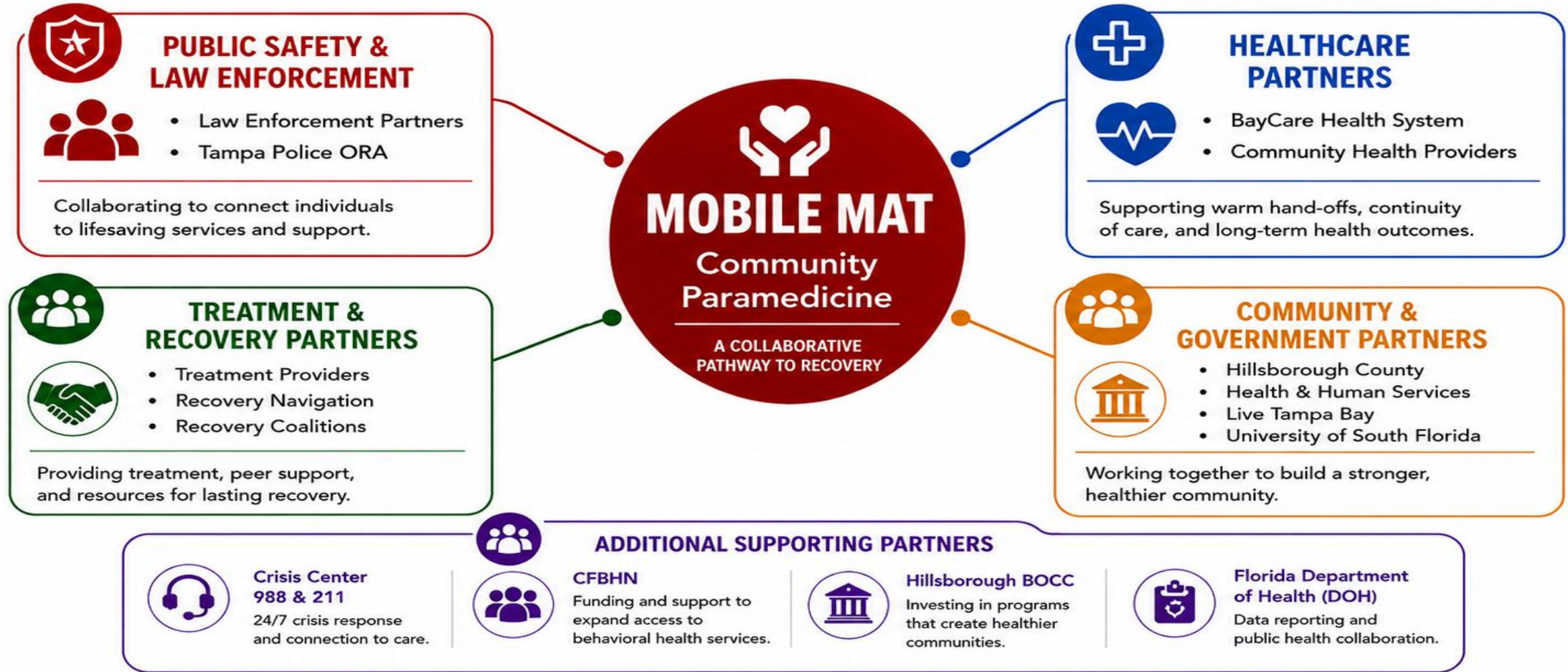
We restore hope.



We change futures.

STRONGER TOGETHER. *Changing Lives.*

Our Partnerships. Our Community. Our Impact.



A PATIENT STORY. A FUTURE LEADER.

Real help. Real support. Real recovery.

Mobile MAT meets people where they are—
offering real help, real support, and a
path back to the community.



WE ANSWER THE CALL

When crisis hits, we respond.



WE MEET THEM WHERE THEY ARE

In the community, not the ER.



WE PROVIDE TREATMENT & SUPPORT

Care, follow-up, and peer support
every step of the way.



WE CONNECT TO LONG-TERM CARE

Building stability and a path
toward lasting recovery.



“

This program didn't
just save my life—
it gave me a
purpose.
Now I want to be
the person who
shows up for
someone else.

*I want to give back
to my community
the way they
gave to me.*

”

THE IMPACT OF MOBILE MAT



LIVES SAVED

Reduced overdoses
and emergency visits.



PEOPLE SUPPORTED

Compassionate care
that meets people
where they are.



FUTURES CHANGED

Connecting individuals
to treatment, resources,
and lasting recovery.



COMMUNITY STRONGER

Empowering people
to break the cycle
and support others.

Help. Hope. Healing. —  

THANK YOU.

TOGETHER, WE ARE
CHANGING LIVES
AND BUILDING
A HEALTHIER
HILLSBOROUGH COUNTY.



Every Overdose is a Chance.  *Every Recovery is a Success.*  *Every Life Matters.*

———— TOGETHER, WE CAN CREATE A STRONGER, HEALTHIER COMMUNITY. ————