STATEWIDE COUNCIL ON OPIOID ABATEMENT

MEETING PACKET



November 4, 2026

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Statewide Council on Opioid Abatement

November 4, 2026
10:00 A.M. – 11:00 A.M. EST
Virtual Meeting via Microsoft Teams

Council Members

Attorney General James Uthmeier
Chair

Sheriff Dennis M. Lemma
Delegate Chair

Interim Secretary for the Department of Children and Families Kate Williams
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 Appointee

Commissioner Lee Constantine
Florida Association of Counties Appointee

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

10:00 – 10:15 Welcome/Call Meeting to Order/Opening Remarks
Sheriff Dennis M. Lemma, Delegate Chair

10:15 – 10:20 Roll Call and Approval of August 25, 2026 Meeting Minutes
Aaron Platt, DCF Staff Liaison

10:20 – 10:45 Annual Legislative Report Review, Discussion, Approval
Sheriff Dennis M. Lemma, Delegate Chair

10:45 – 10:55 Public Comment

10:55 – 11:00 Closing Remarks
Sheriff Dennis M. Lemma, Delegate Chair

Statewide Council on Opioid Abatement

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Florida League of Cities Appointee

Virtual Meeting Minutes
August 25, 2026
9:00 A.M. – 12:00 P.M. EST

Welcome/Call to Order

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

Attendance Summary

Sheriff Dennis Lemma, Delegate Chair
Interim Secretary Kate Williams, Vice Chair
Amy Ronshausen, Governor's Appointee
Guy Wheeler, Senate Presidents Appointee
Sheriff Robert Hardwick, Office of the Speaker's Appointee
Commissioner Chris Dougherty, Florida Association of Counties Appointee
Commissioner Lee Constantine, Florida Association of Counties Appointee
Mayor Keith James, Florida League of Cities Appointee
Council Member Josh Fuller, 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 June 22, 2026, meeting.
Motion: Council Member Chris Dougherty
Second: Council Member Amy Ronshausen

Legislative Update

Amanda VanLaningham, Assistant Secretary for Substance Abuse and Mental Health-Florida Department of Children and Families

Assistant Secretary VanLaningham provided an overview of FY 2026-2027 legislatively approved allocations for the Opioid Settlement Trust Fund. Assistant Secretary VanLaningham discussed the role of the Department of Children and Families, the three different funds under the Opioid settlement, approved budget highlights and the FY 26-27 opioid settlement budget allocation categories.

DrugTRAC, Tracking, Reporting, Advocacy, Coordination

Kendall Cortelyou, PhD, School of Global Health Management & Informatics-College of Health Professions & Sciences at the University of Central Florida

Dr. Cortelyou presented on DrugTRAC, a tool that helps identify and monitor changes in the drug supply by analyzing laboratory testing data and emerging patterns. The tool provides insight into trends at the local level, including new substances and substance combinations, and supports the development of timely alerts and information to help inform response efforts.

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Statewide Council on Opioid Abatement

Seminole County Coordinated Opioid Recovery Network and the Seminole Collaborative Opioid Response Efforts Team
James Witherspoon, Seminole County Community Health Program Manager
Chantel Reed, Seminole County Community Health Case Manager
Civilian Investigator Tammy Lipkins, Seminole County Sheriff's Office
Mr. Witherspoon and Ms. Reed presented on the Seminole County Coordinated Opioid Recovery Network (CORE). The CORE program connects individuals with substance use disorders to treatment, recovery services and ongoing support services.

Tammy Lipkins presented on the Seminole Collaborative Response Efforts (SCORE) Team. Ms. Lipkins shared information on the Fatal and Non-Fatal Overdose Response Units and how law enforcement officers function as key partners within Seminole County's coordinated opioid response.

Mobile Medication Assisted Treatment, A Mobile Integrated Health-Community Paramedicine Approach
John Mikula, Senior Director with the Crisis Center of Tampa Bay
Mr. Mikula provided history of how the community paramedicine program evolved to provide mobile medication assistance treatment services to Hillsborough County. The Mobile Medication Assisted Treatment model meets patients where they are from the initial referral or call for services, through assessment, daily follow-up, peer recovery support through long term recovery.

Public Comment
There were no public comments.

Closing Remarks
Sheriff Lemma provided closing remarks and thanked Council members. The meeting adjourned at approximately 10:20 AM.

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STATEWIDE COUNCIL ON OPIOID ABATEMENT







2026 ANNUAL REPORT

DECEMBER 1, 2026

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Commissioner Chris Dougherty
Florida Association of Counties
Appointee

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Message from the Chair and Delegate Chair

December 1, 2026

Governor Ron DeSantis
The Capitol
400 South Monroe Street
Tallahassee, FL 32399

Senate President Jim Boyd
Florida Senate
409 The Capitol
Tallahassee, Florida 32399

Speaker of the House Sam Garrison
Florida House of Representatives
420 The Capitol
Tallahassee, Florida 32399

Dear Governor DeSantis, Senate President Boyd, and House Speaker Garrison:

On behalf of the Florida Opioid Abatement Council, we are pleased to present the 2026 Annual Report. This report reflects our shared commitment to reducing the harm caused by opioid addiction and ensuring that settlement resources support prevention, treatment, and recovery throughout Florida. At the center of this work are the individuals, families, and communities whose lives have been affected by this crisis.

Opioid settlement funds provide a significant opportunity to strengthen Florida's response for years to come. With that opportunity comes a responsibility to invest carefully, coordinate effectively, and evaluate results. The Council's role is to help guide these investments toward strategies that address community needs, strengthen systems of care, and deliver meaningful, measurable outcomes.

A lasting response requires a connected approach to prevention, early intervention, treatment, and recovery. It also requires attention to the challenges that can prevent individuals from accessing care or sustaining progress, including mental health needs, housing instability, and gaps in support. By addressing these barriers alongside substance use disorders, we can help individuals achieve stability and families rebuild.

This report presents the Council's findings and recommendations to inform continued action at the state and local levels. Our focus remains on supporting effective services, improving coordination across systems, and ensuring that resources reach the communities that need them. Sustaining this work requires the expertise of health care providers, public safety professionals, state agencies, local governments, community organizations, and individuals with experience.

While the challenges remain substantial, so does our commitment to meeting them. We must

continue learning from implementation, assessing outcomes, and adapting our strategies as the needs of Florida's communities evolve. Success will be measured in lives saved, families strengthened, and individuals supported in long-term recovery.

As Chair and Delegate Chair of the Florida Opioid Abatement Council, we thank you for your leadership and continued support. We also recognize the Council members and partners whose dedication and expertise contribute to this work. Together, we remain committed to the responsible stewardship of opioid settlement funds and to building a healthier, safer future for all Floridians.

Sincerely,



Attorney General James Uthmeier
Chair



Sheriff Dennis M. Lemma
Delegate Chair

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Executive Summary

Pursuant to Section 397.335, Florida Statutes (F.S.), this 2026 Annual Report is submitted on behalf of the Statewide Council on Opioid Abatement (Council).

Florida continues to show progress in reducing opioid-related mortality, with opioid-related deaths declining 24 percent and opioid-caused deaths declining 33 percent from 2024 to 2025. These reductions reflect meaningful progress in addressing opioid-related mortality and represent an important step forward in Florida's response to the opioid epidemic.

The Fiscal Year (FY) 2025-2026 General Appropriations Act (GAA) allocated $194.8 million in opioid settlement funds across Florida to support evidence-based prevention, treatment, and recovery initiatives. These funds supported initiatives addressing critical needs across Florida, including overdose prevention, behavioral health treatment, and community-based recovery support. The following highlights summarize key accomplishments and measurable outcomes reported during the fiscal year:

- Distribution of over 790,559 naloxone kits statewide.
- Expansion of the Coordinated Opioid Recovery (CORE) Network statewide to all 67 counties. Provisional FY 2025-2026 data indicate that CORE served 34,176 individuals with opioid use disorder (OUD), 76 percent of whom received medications for opioid use disorder (MOUD).
- Support for Florida's peer recovery workforce and community recovery services, including the establishment of two new Recovery Community Organizations (RCOs) and a contract with a statewide RCO. As of June 2026, Florida had 1,560 Certified Recovery Peer Specialists (CRPS) and 139 provisionally certified peers.
- Delivery of more than 940,000 behavioral health service events to more than 19,500 Floridians, as reported through the Opioid Data Management System (ODMS). Services included assessment, outpatient and residential treatment, and case management for OUD and co-occurring conditions.

The Council's nine recommendations for 2026 prioritize access to evidence-based treatment, suicide prevention in opioid care, provider preparedness for emerging opioids and synthetic kratom analogs, justice system treatment partnerships, and sustained naloxone distribution. Emerging opioids are opioids newly identified or becoming more common in the illicit drug supply, such as cychlorphine and nitazenes, that pose evolving risks because of their potency and potential for overdose. The full recommendations appear in the concluding section of this report.

Sustaining Florida's progress requires continued efforts to address the evolving needs of individuals and families affected by the opioid epidemic. Through collaboration with state and local partners, the Statewide Council on Opioid Abatement will continue to guide the use of settlement funds toward evidence-based strategies that strengthen Florida's response to emerging opioid threats, address gaps in services, and promote accountability for how funds are spent and the outcomes achieved.

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Introduction

The Opioid Settlement Trust Fund

The purpose of the Opioid Settlement Trust Fund (OSTF) is to abate the opioid epidemic in accordance with settlement agreements reached by the State of Florida (State) in opioid-related litigation or bankruptcy proceedings, namely the *Florida Opioid Allocation and Statewide Response Agreement* between the State's 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, as well as 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 Council supports 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 and is chaired by Florida Attorney General James Uthmeier, who has delegated chair duties to Seminole County Sheriff Dennis Lemma. The Interim Secretary of the Florida Department of Children and Families, Kathryn Williams, serves as vice chair.

By 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.

Each county, municipality, Managing Entity, or state agency receiving opioid settlement funds must report annually to the Council. By June 30, recipients must report how they plan to use settlement funds and collect related data pursuant to s. 397.335(4)(e), F.S. By August 31, recipients must report how settlement funds were spent and the results achieved pursuant to s. 397.335(4)(f), F.S.

2026 Council Presentation Overview

Over the past year, the Council heard a series of presentations that highlighted ongoing work across Florida and areas where further attention may be needed. These insights help shape the Council's recommendations by showing both the progress being made and the challenges that remain. Across three meetings, presenters addressed statewide opioid settlement investments, neonatal substance exposure and trauma-informed care, first responder readiness, peer-based recovery supports, emerging data and surveillance tools, and coordinated systems of care. The presentations underscored the importance

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of coordinated systems, evidence-based services, and timely information to support prevention, treatment, and recovery efforts statewide.

March 31, 2026 Meeting

On March 31, 2026, the Council examined Florida's approach to opioid abatement, including the Department of Children and Families' role as the single state agency for substance abuse and mental health services and as the State Opioid Treatment Authority. Amanda VanLaningham, Assistant Secretary for the Office of Substance Abuse and Mental Health, provided an overview of these responsibilities and the distribution of opioid settlement funds across state, regional, and local allocations.

The meeting also highlighted The Pearl Project, which supports families affected by neonatal substance exposure through trauma-informed, attachment-based services, including parent coaching, therapeutic groups, and family programming.

Additional presentations focused on the National Public Safety and Opioid Readiness Initiative, which expands first responder training in empathy, de-escalation, naloxone deployment, and scenario-based certification, and the Broward County Sheriff's Office Fellowship Recovery Community Organization Peer Jail Initiative, a peer-led program supporting individuals with substance use challenges during incarceration and reentry to help reduce gaps in care.

June 22, 2026 Meeting

On June 22, 2026, the Council heard presentations highlighting initiatives to expand access to opioid use disorder (OUD) treatment and reduce unnecessary opioid exposure. The Peer Prescriber Mentor (PPM) program focuses on expanding low-barrier access to FDA-approved medications for OUD through training and ongoing mentorship for medical professionals in evidence-based prescribing.

The Florida Billion Pill Pledge was also highlighted as an initiative aimed at reducing unused opioids in homes and limiting postoperative opioid exposure by engaging prescribers, surgeons, and hospital systems in implementing evidence-based pain management protocols.

The meeting concluded with a presentation from Memorial Regional Hospital on its Hospital Bridge Program, which engages patients in emergency departments, provides Medication-Assisted Treatment (MAT) consultation and buprenorphine induction, and connects individuals to outpatient care and peer support services.

August 25, 2026 Meeting

On August 25, 2026, Assistant Secretary VanLaningham provided an update on opioid settlement fund allocations for FY 2026–2027, including changes to program categories and funding distributions. To allow greater flexibility in the use of settlement funds, the Department consolidated several funding categories into three broader areas: Technology and Research; Treatment, Recovery, Housing, and Support Services; and Prevention Services. This approach is intended to improve funding flexibility and budget management while maintaining accountability and transparency. A summary of FY 2026–2027 allocations by category is provided in Table 1.

The meeting also highlighted DrugTrac, a statewide platform that brings together

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laboratory and select provider-submitted urine drug testing results to identify emerging substance use trends. The Seminole County CORE Network and Seminole Collaborative Opioid Response Efforts Team shared their coordinated system of care model, which brings together hospitals, emergency medical services, law enforcement, treatment providers, peers, and community organizations to create multiple pathways to care within an integrated network.

The meeting concluded with a presentation on the Crisis Center of Tampa Bay's Mobile Integrated Health–Community Paramedicine Program, which brings treatment and recovery support directly into the community, including same-day buprenorphine induction, to help overcome barriers such as transportation and insurance coverage.

Table 1: FY 2026-2027 Budget Allocations by Category

Category	Consolidated Category	FY 2026-2027 Total
Applied Research	Technology and Research	$7,950,000
Technology and Data Supports		
Bed Availability System		
Court Diversion Program	Treatment, Recovery, Housing and Support Services	$71,570,718
On-Demand Mobile Medication-Assisted Treatment		
Hospital Bridge Programs		
Jail-Based Medication-Assisted Treatment		
Naloxone		
Peer Supports and Recovery Community Organizations		
Recovery Housing		
Treatment and Recovery Support Services		
Prevention and Media Campaigns	Prevention Services	$13,250,000
Family Preservation		
Office of Opioid Recovery	Office of Opioid Recovery	$4,597,965
Specialized Training - Graduate Medical Education	Specialized Training - Graduate Medical Education	$4,066,854
Coordinated Opioid Recovery Network	Coordinated Opioid Recovery Network	$30,304,964
ME Administrative Support	ME Administrative Support	$2,000,000
Non-Qualified Counties	Non-Qualified Counties	$13,863,003
Member Projects	Member Projects	$11,280,500
Grants and Aids - Fixed Capital Outlay	Fixed Capital Outlay	$3,425,000
Funded Mandates/Proviso Projects	Funded Mandates/Proviso Projects	$750,000
Unfunded Mandates/Proviso Projects	Unfunded Mandates/Proviso Projects	$1,500,000
	Total	**$164,559,004**

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

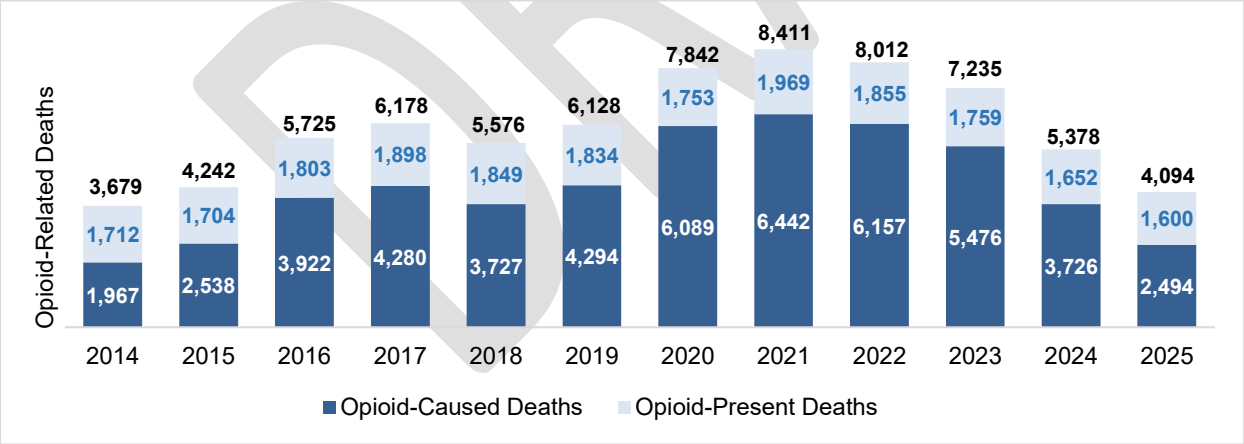
According to the most recently published estimates reflecting combined data from calendar years 2023–2024, approximately 1.6 percent of the general household population in Florida ages 12 and older, or about 320,000 individuals, experienced an OUD in the past year. Opioid misuse, which includes heroin use or misuse of prescription opioids, was more prevalent, affecting approximately 2.9 percent, or 569,000 Floridians ages 12 and older, 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.

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, opioid-related deaths are those where opioids were identified as either the cause of death or merely present/detected in the decedent. Opioid-present deaths refer to deaths where an opioid was merely detected but not identified as a cause of death. Opioid-caused deaths are deaths where an opioid was identified as a primary cause.

In 2025, Florida recorded 4,094 opioid-related deaths, representing a 24 percent decrease from 2024. Among these, 2,494 were classified as opioid-caused deaths. This represents a 33 percent decline compared to 2024, highlighting continued progress in reducing opioid fatalities statewide.

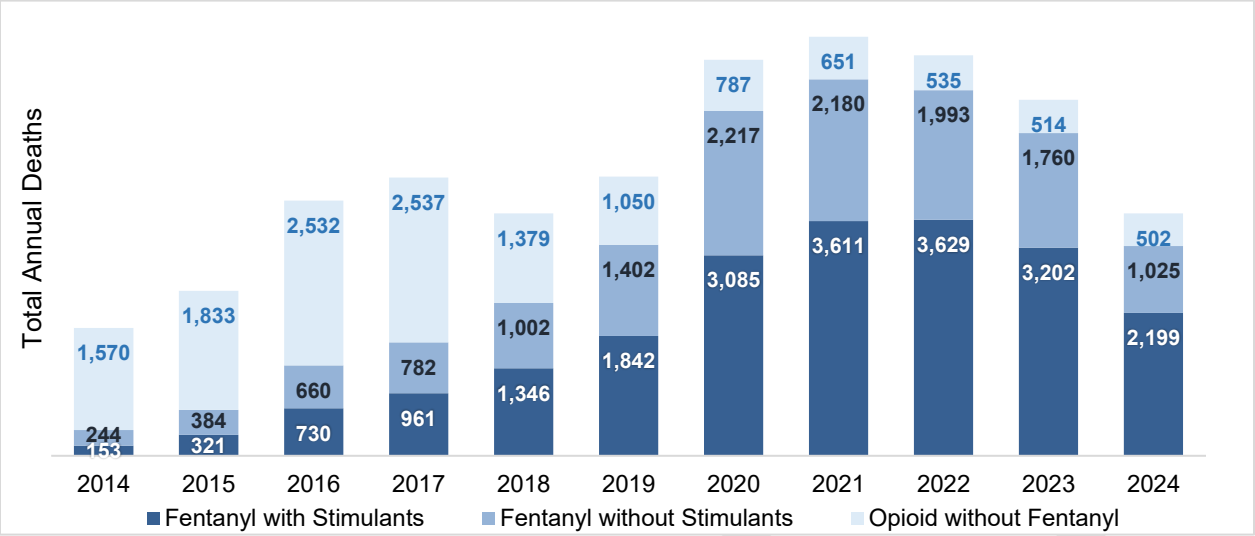
Figure 1: Total Annual Opioid-Present and Opioid-Caused Deaths, 2014-2025



The use of fentanyl and stimulants predominates in the current stage of the opioid epidemic in Florida. The drugs causing the most deaths in 2025 were fentanyl, which caused 2,020 deaths; cocaine, which caused 1,612 deaths; and methamphetamine, which caused 1,158 deaths. With respect to co-use, stimulants were identified as a contributing factor in 62 percent of all opioid-caused deaths in 2024, representing an 11 percent increase from 2023.

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Figure 2: Total Annual Deaths Involving Opioids, Fentanyl, and Fentanyl with Stimulants, 2014-2024 *(Pending Data – To Be Updated)*



Emergency Medical Service Responses for Suspected Opioid Overdoses

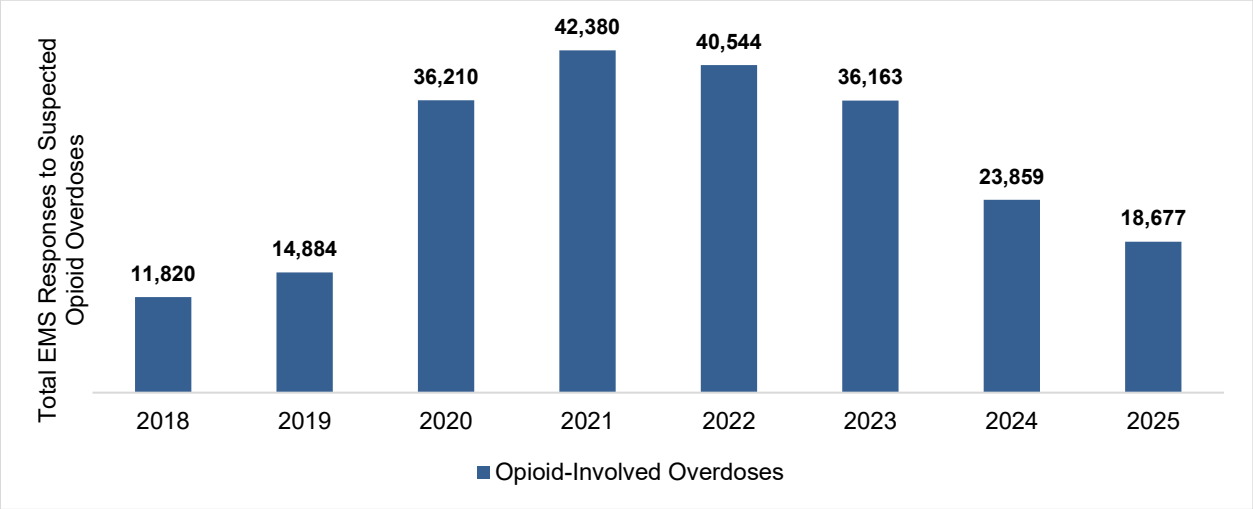
Provisional 2025 data from the Florida Department of Health (DOH) indicates that EMS responded to 74,390 suspected drug overdose incidents statewide. Of these, 18,677 responses involved suspected opioid-related overdoses, representing 25 percent of all suspected drug overdose responses.

Compared to 2024, this represents a 10 percent decrease in total EMS responses to suspected drug overdoses and a 22 percent decrease in responses involving suspected opioids. Although these figures are subject to revision as reporting is finalized, the preliminary data indicates a decline in suspected drug overdose-related EMS response across Florida.

EMS paramedicine programs are also expanding their role beyond overdose reversals and transportation to emergency departments. Several paramedicine programs are initiating buprenorphine treatment in the field to connect patients with treatment and support a path to recovery. These programs include 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.

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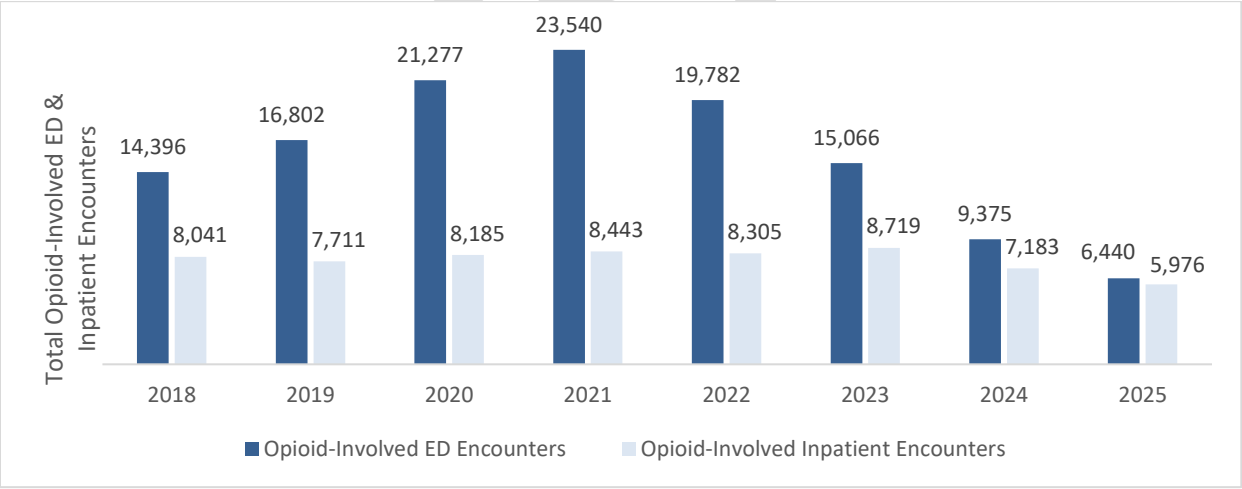
Figure 3: Total EMS Reponses to Suspected Opioid Overdoses, 2018-2025



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

Provisional 2025 data from the Florida Department of Health indicate that there were 6,440 ED visits for nonfatal opioid overdoses and 5,976 inpatient hospitalizations for nonfatal opioid overdoses.

Figure 4: Emergency Department and Inpatient Encounters for Opioid-Involved Overdoses, 2018-2025



Compared to 2024, these preliminary figures reflect a nine percent decrease in total nonfatal drug overdose ED visits and a 31 percent decrease in opioid-involved nonfatal ED visits. In contrast, total hospitalizations for nonfatal drug overdoses increased by four percent, while opioid-involved hospitalizations declined by 17 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 2025, authorized naloxone distributors participating in the Department's Overdose Prevention Program (OPP) reported 9,383 overdose reversals across Florida. During the year, the Department distributed 790,559 naloxone kits through the program, representing an approximately three percent increase from the 767,931 kits distributed in 2024.

Table 2: Naloxone Distribution and Opioid-Caused Deaths, 2018-2025

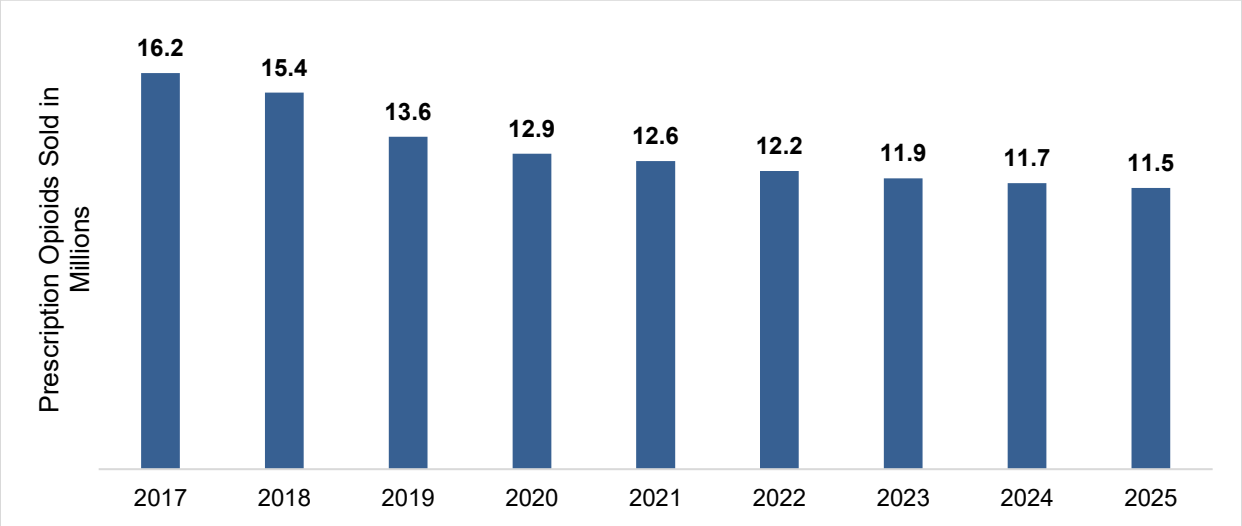
Year	Number of Naloxone Kits Distributed	Number of Opioid-Caused Deaths
2018	18,898	3,727
2019	36,703	4,294
2020	69,557	6,089
2021	132,269	6,442
2022	191,225	6,157
2023	405,392	5,476
2024	767,931	3,726
2025	790,559	2,494

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.

Opioid Prescriptions Sold in Florida

Data from DOH indicates a sustained decline in prescription opioid dispensing statewide. Between 2017 and 2025, the number of opioid prescriptions filled decreased by 29 percent, from approximately 16.2 million prescriptions to 11.5 million, demonstrating sustained progress in reducing opioid dispensing statewide.

Figure 5: Total Annual Opioid Prescriptions Sold in Florida, 2017-2025

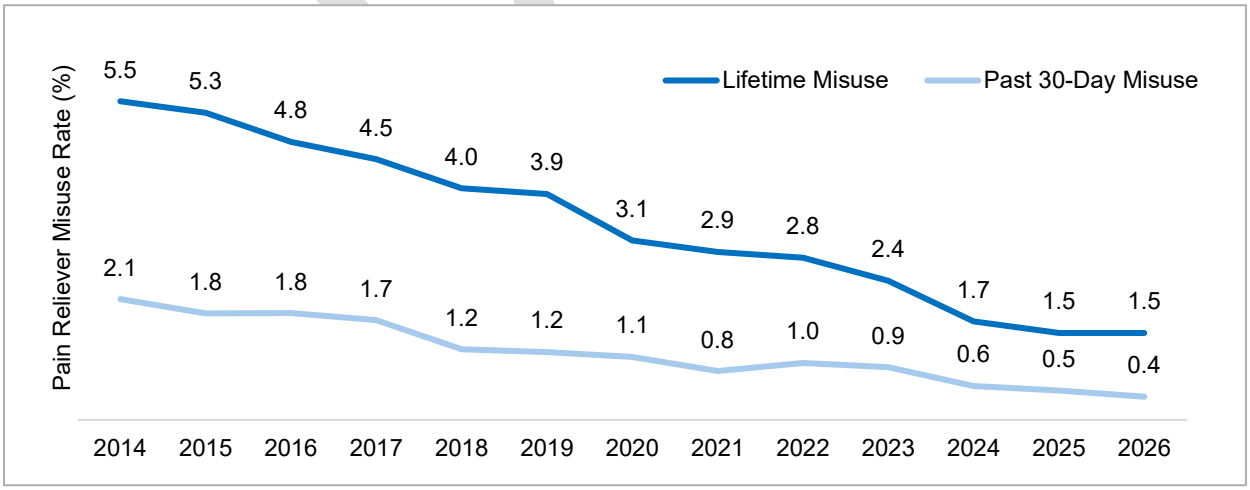


This shift aligns with broader efforts to reduce the availability of opioids through legal channels and promote safer prescribing practices. Central to these efforts is Florida's Prescription Drug Monitoring Program (PDMP), known as E-FORCSE®. Managed by the Florida Department of Health, E-FORCSE® provides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

Adolescent Opioid Misuse Trends

According to data from the Florida Youth Substance Abuse Survey (FYSAS), between 2014 and 2026, Florida experienced an approximately 81 percent decline in youth-reported past 30-day misuse of prescription opioid pain relievers, with rates falling from 2.1 percent to 0.4 percent. During the same period, lifetime misuse declined by approximately 73 percent, dropping from 5.5 percent to 1.5 percent. These findings reflect a substantial long-term decline in youth-reported prescription opioid misuse across the state.

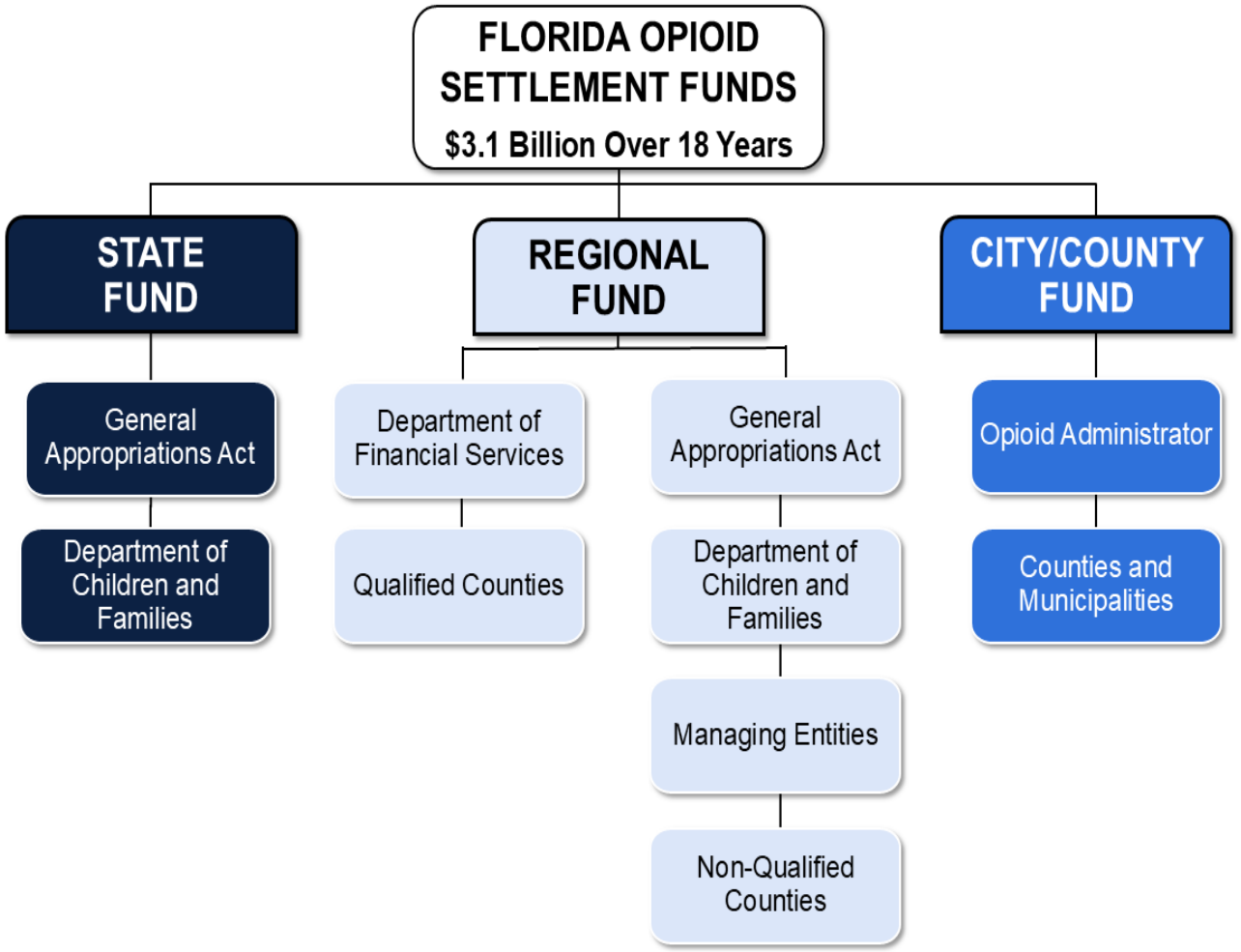
Figure 6: Adolescent Prescription Pain Reliever Misuse Rates, 2014-2026



Florida's Opioid Abatement Expenditures & Priority Initiatives

Opioid Settlement funds are allocated through three primary funding streams: the State Fund, the Regional Fund, and the 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 and breakdown allocations by category for five fiscal years 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, commingle, or otherwise transfer their allocated funds to another jurisdiction, provided such arrangements are formalized through a written agreement.

Table 3: Opioid Settlement Funding by Category

Funding Category	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026	FY 2026-2027
City/County Fund	$21,340,784	$47,974,685	$25,160,680	$26,086,747	$Pending
Regional Fund for Qualified Counties	$135,559,681	$64,005,081	$69,012,661	$70,865,922	$Pending
Regional Fund for Non-Qualified Counties	N/A	$33,897,266	$16,220,944	$17,808,850	$13,863,003
State Fund	N/A	$153,468,891	$163,223,856	$176,992,891	$150,696,001

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, the first year of disbursement from the Opioid Settlement Fund. These initiatives continue to serve as core components of Florida's comprehensive response to the opioid crisis.

Table 4: Allocation of State Initiatives

State Initiative	FY 2024-2025 Allocation	FY 2025-2026 Allocation	FY 2026-2027 Allocation
Office of Opioid Recovery	$4,437,441	$4,510,702	$4,597,965
Specialized Training in Graduate Medical Education	$4,000,000	$4,066,854	$4,066,854
Applied Research	$2,000,000	$4,000,000	$7,950,000
Statewide Integrated Data System	$5,000,000	$5,000,000	
Online Bed Availability System	$1,000,000	$1,650,000	
CORE Network	$31,804,964	$31,804,964	$30,304,964
Court Diversion	$7,000,000	$7,000,000	$71,570,718
On-Demand, Mobile MOUD	$6,000,000	$6,000,000	
Hospital Bridge Programs	$4,000,000	$4,000,000	
Jail-Based MOUD	$2,000,000	$2,000,000	
Overdose Prevention through Naloxone Saturation	$6,502,352	$11,502,352	
Peer Supports and Recovery-Community Organizations	$8,250,000	$10,500,000	
Recovery Housing	$14,220,560	$14,720,560	
Treatment and Recovery Support Services	$24,677,391	$26,541,309	
Primary Prevention and Media Campaigns	$18,000,000	$22,453,150	$13,250,000
Family Preservation	$0	$0	
Member Projects	$11,167,872	$14,543,000	$11,280,500
Total	**$150,060,580**	**$170,292,891**	**$143,021,001**

Office of Opioid Recovery (OOR)

Established in 2023 through a recurring appropriation from the Opioid Settlement Trust Fund (OSTF), the Office of Opioid Recovery (OOR) operates within the Department of Children and Families' Office of Substance Abuse and Mental Health. The OOR monitors opioid-related trends, evaluates the impact of opioid abatement activities, and provides analytical support to the Statewide Council on Opioid Abatement. Its responsibilities also include monitoring and supporting statewide initiatives funded through opioid settlement appropriations to the Department in the GAA.

The office consists of 26 employees, including research analysts, epidemiologists, clinical consultants, contract managers, supervisors, and administrative support staff. Through its monitoring and evaluation activities, the OOR supports accountability, coordination, and alignment of Department-funded initiatives with Florida's broader opioid response efforts.

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.[2] In 2026, among the 1.5 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 42 percent ever using stimulants, 56 percent ever using marijuana, and 69 percent ever using alcohol. The curriculum centers on three pillars: knowing facts and understanding risks, building coping skills, and fostering healthy relationships. Lessons are available online and through CPALMs, a collection of vetted resources and practical tools that support educators in aligning instruction with teaching standards. Printed copies were distributed to all 67 school districts in November 2024. TheFactsYourFuture.org offers downloadable toolkits, videos, and fact sheets for educators, parents, and community leaders. Since September 2022, over 176 student assemblies have reached more than 71,801 students. The impact 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 2026, about 33 percent of high school students report having seen or heard of *The Facts. Your Future.*

Overdose Prevention through Naloxone Saturation

The Department's OPP 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 expanded the CORE Network statewide, with networks now established in all 67 counties. CORE brings together hospitals, treatment providers, law enforcement, EMS, peer specialists, recovery community organizations, and other community partners

to create coordinated pathways to treatment and recovery for individuals with opioid and other substance use disorders.

Through a “No Wrong Door” approach, CORE strengthens connections across the continuum of care, from initial engagement and stabilization to MOUD, ongoing treatment, peer support, and long-term recovery services. Warm handoffs and coordinated care help reduce gaps between services and support continued engagement beyond the initial point of contact.

In FY 2025-2026, EMS reported 56,275 overdose-related calls statewide, of which 16,175 were identified as OUD specific responses. Through coordination within the CORE Network, 14,229 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. Provisional data show that CORE served 34,176 individuals with OUD in FY 2025-2026, with 26,071, or 76 percent, receiving MOUD.

Court Diversion

The Department works to partner with court systems and diversion programs in each circuit throughout Florida to treat individuals with 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. For FY 2025–2026, four contracted providers have approximately $982,382 in annual funding and a combined annual target of serving 820 individuals. Year-to-date, providers have served 342 individuals, approximately 42 percent of the annual target.

Mobile and On-Demand Medication for Opioid Use Disorder

The Department continues to strengthen Mobile MOUD service delivery across 10 counties. Services are implemented through five contracted providers: Pathways to Wellness Foundation, Agency for Community Treatment Services (ACTS), Starting Point Behavioral Healthcare, WestCare GulfCoast-Florida, Inc., and Aspire Health Partners. These providers serve individuals in Palm Beach, Glades, Hendry, Hillsborough, Nassau, Pinellas, Pasco, Orange, Seminole, and Brevard counties. Services include screening and assessment, access to MOUD, peer recovery support, care coordination, telehealth, transportation assistance, and connections to community-based resources. Providers are using mobile clinics, outreach locations, flexible scheduling, and community partnerships to reduce barriers to treatment and support continuity of care. Recent provider activity reflects continued implementation of these services, including buprenorphine initiation, ongoing treatment engagement, and outreach to individuals experiencing homelessness, residing in rural or underserved areas, or facing other barriers to traditional treatment settings.

Jail-Based Medications for Opioid Use Disorder

The Jail-Based Medication for Opioid Use Disorder, also known as the Jail Bridge Program, supports the implementation of MOUD services in local jails to reduce reoccurrence of use, recidivism, and overdose risk among incarcerated individuals. The program provides early intervention for inmates experiencing substance use disorders, 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 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. From April 2025 through September 2026, $2.3 million in Opioid Settlement Funds supported the screening of 858 individuals, with 177 successfully linked to treatment services. The contracts have reached the end of their original contract periods. Operation PAR and Meridian Behavioral Healthcare, Inc. received no-cost extensions through September 30, 2026. The Department has issued a new Request for Application (RFA) for $13.9 million for Integrated Mobile Community and Jail Medication-Assisted Treatment. In addition, funding distributed through the Managing Entities during FY 2025–2026 supported the screening of 330 individuals, with 58 successfully linked to treatment services. Combined, opioid settlement funds supported the screening of 1,188 individuals, with 235 successfully linked to treatment services. Data reported under the Department's contracts remains preliminary and is subject to updates as additional information becomes available.

Hospital Bridge Programs

The Hospital Bridge Program expands access to treatment and recovery support for individuals with substance use disorders, particularly those with OUD, who have overdosed or experienced other substance-related medical complications. The Department is investing in the establishment of up to 27 additional hospital partnerships statewide, creating a coordinated network of hospitals trained to serve individuals with opioid or other substance use disorders. These hospitals initiate 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 FY 2025-2026, across the 41 hospitals that received opioid settlement funding, 11,106 individuals were screened, 486 were inducted on life-saving medications, 6,784 were referred to treatment, and 2,917 were successfully enrolled in treatment services.

Peer Supports and Recovery-Community Organizations

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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, individuals with lived experience and specialized training, guide and support others on their recovery journey through mentorship, care coordination, and engagement in ongoing treatment. Recovery Community Organizations 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. Peers and RCOs work closely with hospitals and community-based providers participating in the CORE Network and Hospital Bridge programs to ensure continuity of care and sustained recovery. As of June 2026, Florida has 1,560 Certified Recovery Peer Specialists and 139 provisionally certified peers.

Through opioid settlement funding in FY 2025-2026, the Department expanded the peer workforce by supporting salaries for 131 Certified Recovery Peer Specialists and establishing two new RCOs across the state and directly contracted with a Statewide Recovery Community Organization (SRCO) to further strengthen Florida's recovery support infrastructure.

Recovery Housing

Recovery Housing provides safe, stable, and supportive living environments for adults with SUD, prioritizing individuals with 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 rental assistance, utilities, and other activities that reduce barriers to stable housing for individuals in recovery from OUD. The Department has invested over $1.3 million to expand housing through the Oxford House model, self-supported homes that allow residents to use MOUD and offer 24-hour peer support. From December 2023 to July 2026, the number of Oxford Houses in Florida increased from 158 to 311, providing 2,666 beds for individuals in recovery, with 41 houses funded through the opioid settlement. The Department awarded $3,950,348 through an RFA to five organizations. From Nov. 1, 2025, through the end of August 2026, 348 individuals have received funding to support recovery housing and housing supports. Contracts have been extended through April 30, 2027, with data collection continuing throughout the contract period.

Applied Research

Florida State University's (FSU) Center for Prevention Research continues to assist the Department and localities with understanding the modifiable risk and protective factors that influence opioid use and opioid overdoses, and gaps related to evidence-based interventions, through simulated patient audit protocols, manuscripts, and technical reports on evolving research topics. The Center for Prevention Research analyzed the 2024 Florida Youth Substance Abuse Survey and found that about eight percent of high schoolers reported using kratom in their lifetime. The prevalence of prescription opioid misuse was significantly higher among adolescents that used kratom, nearly six percent,

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compared to those with no history of kratom use, nearly one percent. Using this same dataset, researchers also found that Florida middle schoolers who misused prescription opioids had approximately two to three times higher odds of suicidal thinking, planning, and attempts than students who did not report misuse.

FSU's Center for Prevention Research also conducted a narrative review to inform planning and resource allocation for naloxone distribution and overdose response which included 57 peer-reviewed studies and five grey literature reports in the final synthesis. The review found that pharmacy-based access is limited by cost, insurance gaps such as Medicare Part D not covering over-the-counter naloxone, pharmacist hesitancy and stigma, and inconsistent availability, particularly in rural and independent pharmacies. Additionally, community-based access is limited by unstable funding. Effective overdose prevention requires multiple distribution channels, reliable funding, and flexibility to respond to local contexts.

Specialized Training in Graduate Medical Education

The Department is committed to strengthening Florida's behavioral health workforce by expanding Graduate Medical Education (GME) residency training in addiction medicine, addiction psychiatry, pain medicine, and related fields. These opportunities prepare medical professionals to treat individuals with OUD, SUD, and co-occurring mental health conditions. Although the Department's previous contract with Morton Plant Hospital has concluded, the initiative continues statewide to meet the demand for specialized medical professionals and support long-term workforce sustainability.

Annual funding allocations support designated residency slots at participating medical institutions. University of Florida Health Jacksonville receives $150,000 for 10 slots, while University of Florida Health Shands Hospital receives $150,000 for 12 slots. Centerstone of Florida, Inc., receives $100,000 for six slots, and Citrus Health Network receives $100,000 for eight slots. Contracts with Centerstone of Florida and Citrus Health Network started in FY 2025-2026 and 100 percent of the residency slots were filled. The contracts with University of Florida Health Shands and Jacksonville started in FY 2026-2027. These investments encourage institutions to repurpose existing GME positions toward high-need behavioral health specialties, helping address service gaps and expand access to care throughout Florida.

Online Bed Availability System

Bamboo Health's OpenBeds platform provides real-time information on behavioral health bed availability and specialized services across Florida, assisting providers in identifying appropriate treatment placements. The Department awarded a statewide implementation contract in FY 2024–2025 and expanded it in FY 2025–2026 to include the Closed Loop Referral System. This system allows providers to track referrals, verify placements, and conduct follow-up assessments. Direct, two-way communication between referring and receiving providers is intended to strengthen coordination across Florida's behavioral health network. Participation in OpenBeds and the Closed Loop Referral System is voluntary for all providers, including those contracted through the Department or its Managing Entities. The Department encourages participation to strengthen coordination

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and improve access to treatment.

During FY 2025–2026, Bamboo Health also partnered with Lee Health System, which operates five hospitals across Southwest Florida, to serve as the anchor partner for a targeted closed-loop referral pilot. Provider outreach and onboarding remain ongoing, with continued efforts to expand voluntary participation.

As of August 2026, 37 providers had executed Protected Health Information (PHI) agreements with Bamboo Health and were utilizing the platform. Of these, 20 were actively using both OpenBeds capacity tracking and Closed Loop Referral functions, while 17 were using OpenBeds only, pending integration with the Closed Loop Referral System. Participation remains limited relative to the number of behavioral health providers operating statewide.

Member Projects

The General Appropriations Act has allocated opioid settlement funds for the support of 18 local projects and one statewide project, all of which are designed to address the challenges associated with opioid use across the state of Florida. Of these projects, eleven are managed by the state's Managing Entities, while seven are directly overseen by the Florida Department of Children and Families in collaboration with various organizations, including the Florida Drug and Alcohol Abuse Association, Florida Alliance for Healthy Communities, Live Tampa Bay, Insightec, Pearl Project, Came to Believe Recovery, and Atlas Shatterproof. The Florida Drug and Alcohol Abuse Association administers a Naltrexone Program aimed at promoting the use of extended-release (XR) injectable naltrexone. The Florida Alliance for Healthy Communities focuses on delivering training and preventive education regarding opioid addiction to healthcare providers, residents, and students. Live Tampa Bay is engaged in research to identify factors that contribute to overdose deaths among older adults and is implementing evidence-based strategies to mitigate these factors. Insightec is working on the development of Low-Intensity Focused Ultrasound (LIFU) technology, a non-invasive neuromodulation treatment for substance use disorders. The Pearl Project provides evidence-based, trauma-informed training and coaching for caregivers of children affected by parental addiction. Came to Believe Recovery operates a men-only recovery home located in West Palm Beach. Lastly, Atlas Shatterproof is an online resource that helps individuals with substance use disorders find high-quality treatment facilities, offering a search directory that can be filtered by insurance, location, and specialty care.

Treatment and Recovery Support Services

Individuals that misuse opioids or have an 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

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of Opioid Use Disorder 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 Opioid Use Disorder.

Characteristics of Individuals Receiving Services Reported in the Opioid Data Management System (ODMS)

As of Aug. 31, 2026, ODMS reported that a total of 19,560 unique individuals were served during FY 2025-2026. Of these, 5,600 individuals, or 29 percent, had an opioid-related diagnosis. The table below provides a snapshot of this population, with the largest cohort consisting of 2,318 individuals in the 35 to 44 age group, including both female and male patients.

Table 5: Characteristics of Individuals Served with an Opioid Related Diagnosis

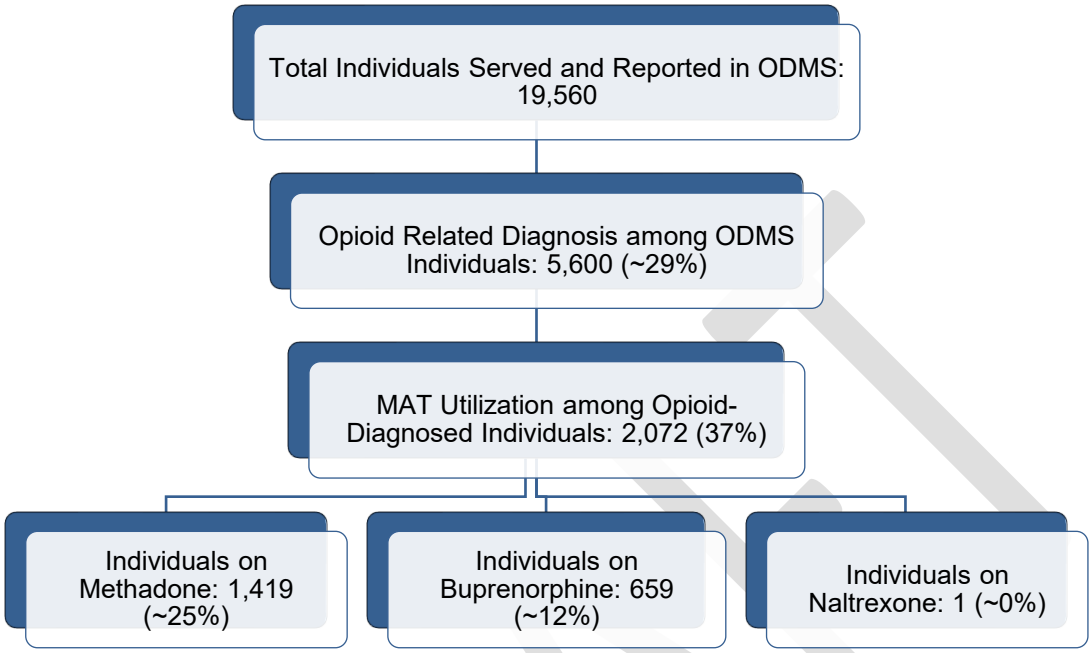
Age	Female		Male	
	Patient Count	On MOUD (%)	Patient Count	On MOUD (%)
0-17	1	0 (0%)	2	0 (0%)
18-24	56	8 (14%)	91	18 (20%)
25-34	487	165 (34%)	586	178 (30%)
35-44	1,040	449 (43%)	1,278	460 (36%)
45-54	515	234 (45%)	725	306 (42%)
55-64	252	90 (36%)	328	112 (34%)
65+	59	16 (27%)	102	36 (35%)
Unknown	31	0 (0%)	47	0 (0%)
Total	**2,441**	**961 (39%)**	**3,159**	**1,110 (35%)**

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 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 2025-2026, 2,072 individuals, representing 37 percent of those with an opioid-related diagnosis, received MOUD. Of these, the vast majority, 1,419 patients, received methadone, 659 received buprenorphine and one received naltrexone. 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, including methadone and buprenorphine, is widely recognized as the clinical standard of care based on evidence demonstrating its

effectiveness in reducing opioid use, preventing overdose, and supporting sustained recovery.

Figure 8: Cascade of Care for Individuals with Opioid Use Disorder (OUD), FY 2025-2026

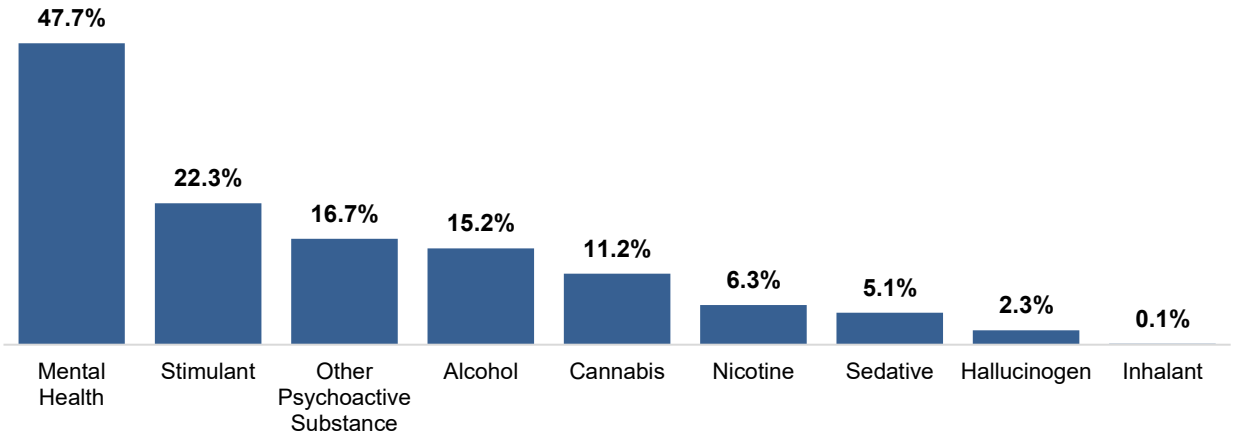


In addition to MOUD, providers reporting to ODMS delivered a wide range of services to support individuals with an opioid-related disorder in need of substance use and behavioral health services during FY 2025-2026. The five most frequently offered services included MOUD, which reached 2,072 individuals. This was followed by assessment and screening provided to 1,720 individuals, representing 31 percent of those served. Case management and evaluation followed closely, reaching 1,561 individuals, representing 28 percent of those served. Medical and clinical services were delivered to 701 individuals, representing 24 percent, while self-help and peer services were documented for 1,015 individuals, representing 18 percent.

Given the complexity of substance use, which often includes a co-occurring mental health condition, ODMS records show significant rates of co-occurring diagnoses among individuals with opioid-related diagnoses. Specifically, 2,669 individuals, or 48 percent, also had a mental health diagnosis; 1,251 individuals, or 22 percent, had a stimulant-related diagnosis; 937 individuals, or 17 percent, had another type of psychoactive drug diagnosis; 853 individuals, or 15 percent, had an alcohol-related diagnosis; and 628 individuals, or 11 percent, had a cannabis-related diagnosis.

Note: These categories are not mutually exclusive – individuals may appear in more than one group. 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 reliably.

Co-Occurring Conditions Among Individuals with Opioid-Related Diagnoses



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, 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.

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City/County Fund

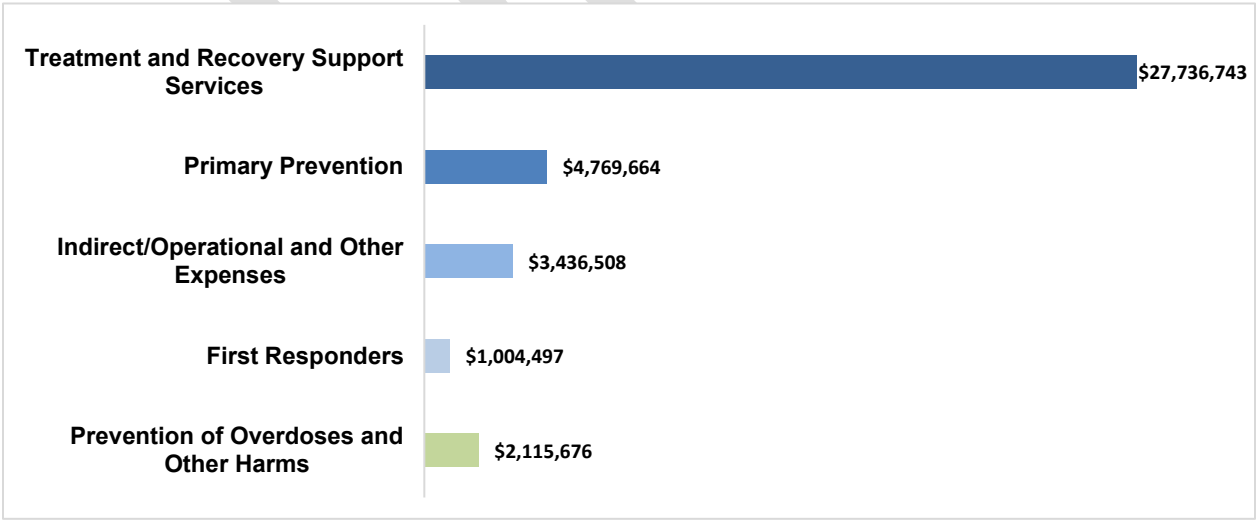
The City/County Funds account for 15 percent of the total opioid settlement amount. These funds are disbursed directly to 247 eligible cities and counties and do not pass through the Department. Local jurisdictions are responsible for determining how their allocated funds are utilized, in accordance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

City/County Fund Expenditure Data

The Department conducted a preliminary analysis of expenditure data submitted through the ODMS for FY 2025-2026. Among expenditures aligned with Schedule A: Core Strategies, the largest portion of funds, approximately $28 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.

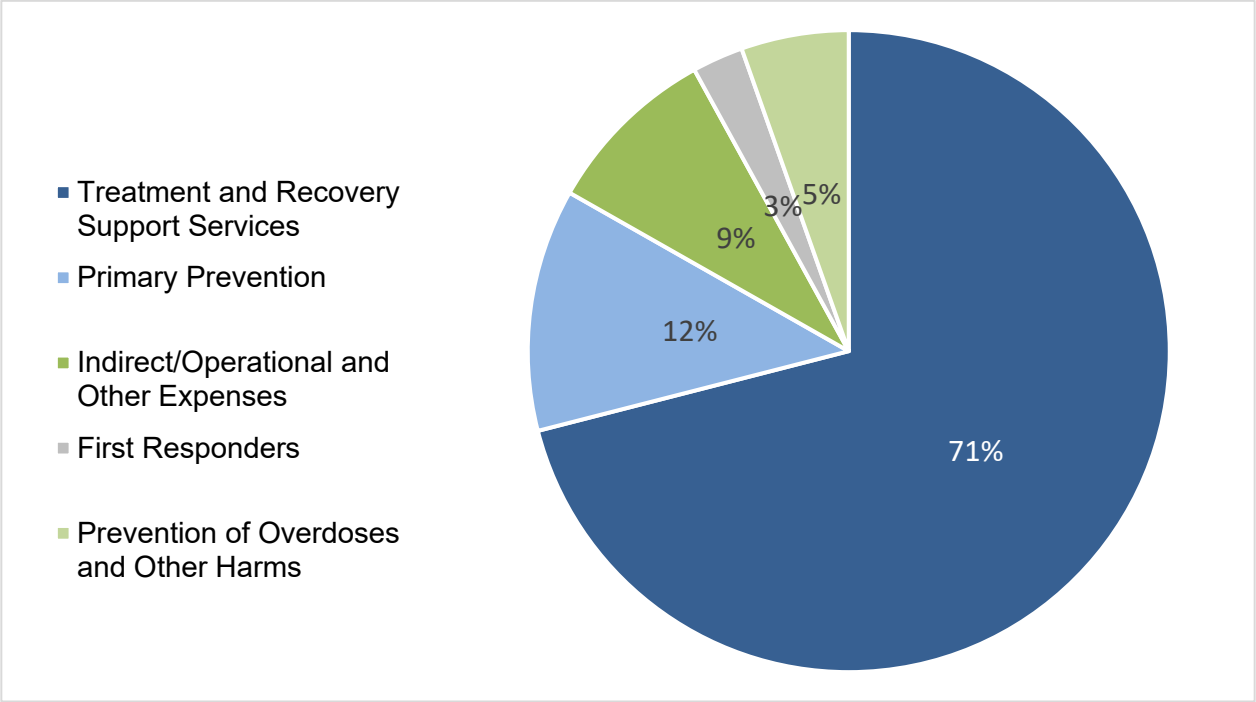
Expenditures related to Primary Prevention, which totaled approximately $4.8 million, focus on reducing the initiation and misuse of opioids through community education, media campaigns, and initiatives promoting safe prescribing, storage, and disposal of opioid medications. Indirect and operational 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 2025-2026



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Figure 10: Percentage of Expenditures by Core Strategies and Approved Uses, FY 2025-2026

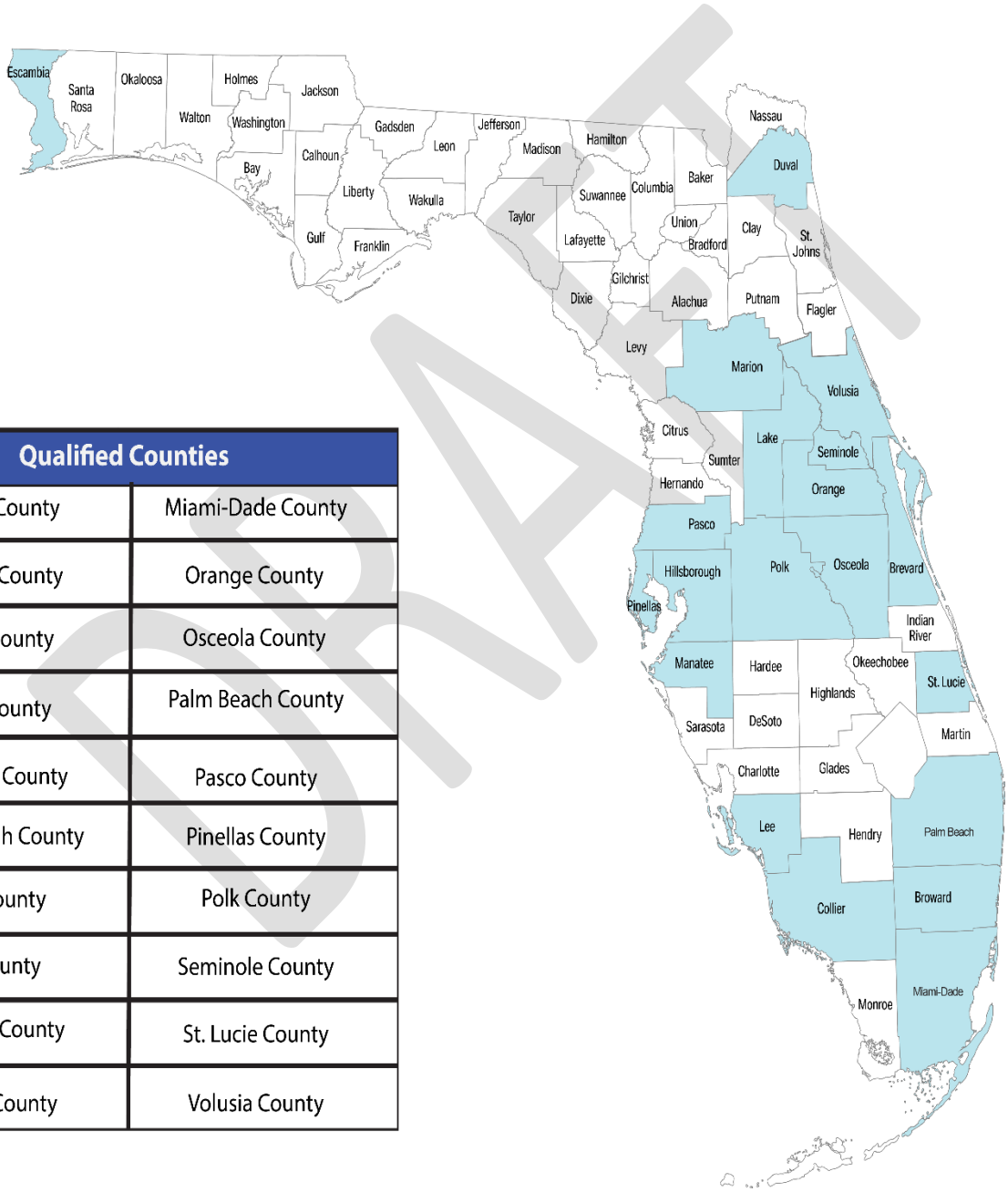


Note: The Opioid Data Management System is not an official accounting system; Florida's official system is the Florida Accounting Information Resource (FLAIR) system, which will soon be replaced by the Florida Planning, Accounting, and Ledger Management (PALM) system. Expenditure data reported in ODMS 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.

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Regional Fund

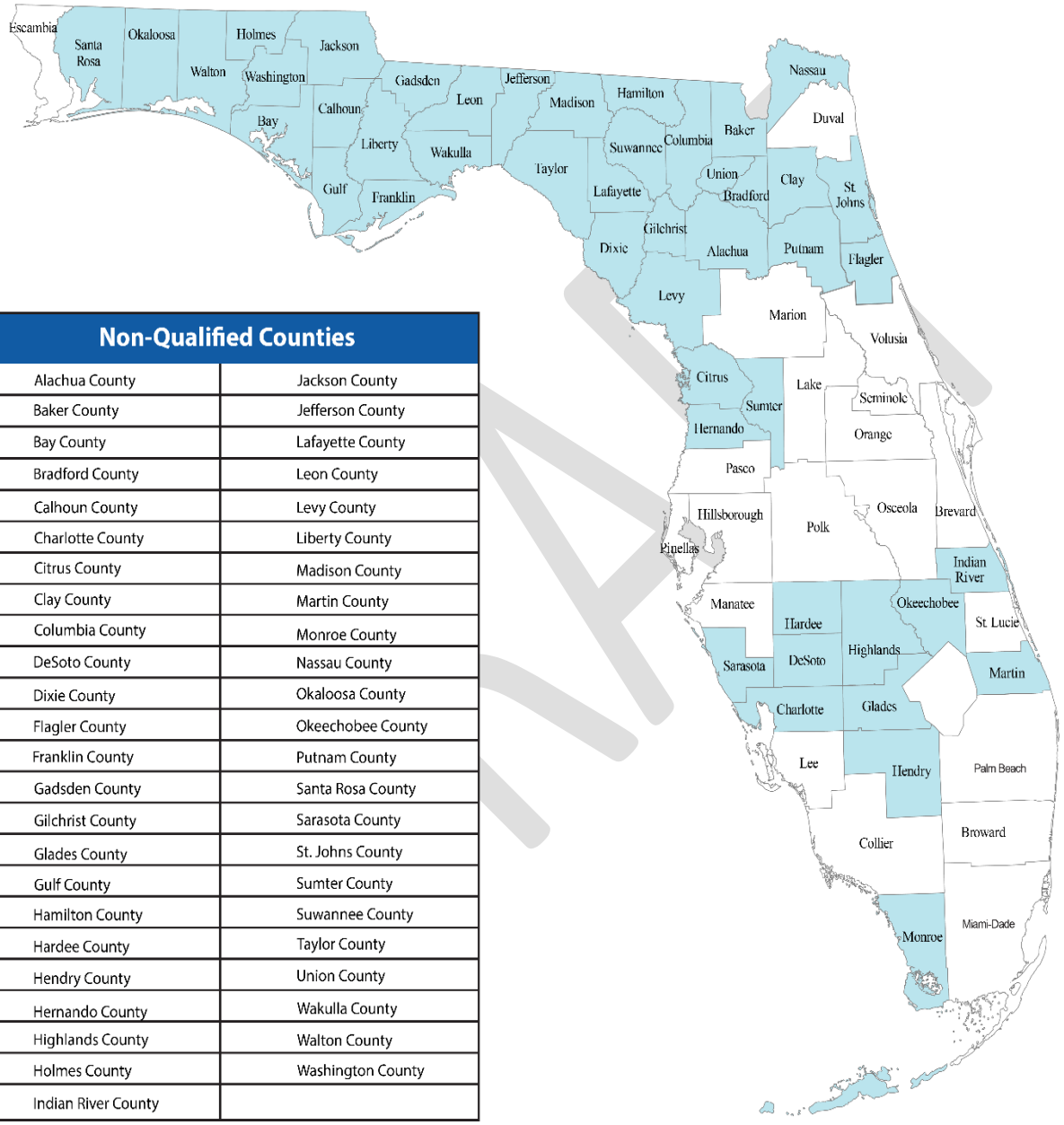
The Regional Fund is subdivided into two separate streams: one for qualified counties and the other for non-qualified counties. **Qualified counties** are defined as having a population of at least 300,000 individuals, an opioid task force or similar entity, and an opioid abatement plan. There are 20 qualified counties. For FY 2025-2026, qualified counties were allocated $70,865,922. 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 or the MEs.



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

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Conversely, Regional Funds for **non-qualified counties** are allocated through the General Appropriations Act and disbursed by the Department through the seven MEs. 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 MEs. For FY 2025-2026, non-qualified counties were allocated $17,808,850.



Non-Qualified Counties	
Alachua County	Jackson County
Baker County	Jefferson County
Bay County	Lafayette County
Bradford County	Leon County
Calhoun County	Levy County
Charlotte County	Liberty County
Citrus County	Madison County
Clay County	Martin County
Columbia County	Monroe County
DeSoto County	Nassau County
Dixie County	Okaloosa County
Flagler County	Okeechobee County
Franklin County	Putnam County
Gadsden County	Santa Rosa County
Gilchrist County	Sarasota County
Glades County	St. Johns County
Gulf County	Sumter County
Hamilton County	Suwannee County
Hardee County	Taylor County
Hendry County	Union County
Hernando County	Wakulla County
Highlands County	Walton County
Holmes County	Washington County
Indian River County	

Community Highlights: Leveraging Opioid Abatement Funds for Positive Change

Crisis Center of Tampa Bay

To address the impact of the opioid epidemic, the Crisis Center of Tampa Bay's Mobile MAT program brings care directly to individuals who may face barriers to traditional treatment. Since 2024, the program has deployed mobile medical units staffed by specialized clinicians and peer recovery specialists to provide services in a variety of settings, including private residences, county jails, and community locations throughout the Tampa Bay region. This approach helps reduce barriers related to transportation, cost, and access to clinic-based services.

Operating in coordination with Florida's CORE Network, the mobile program provides FDA-approved medications such as buprenorphine, behavioral health services, crisis counseling, and connections to ongoing healthcare and social supports. The program also emphasizes continuity of care through case management and peer-led follow-up, helping individuals remain engaged in treatment and connected to longer-term recovery resources.

Between January and June 2026, the program medically served 141 unique patients and distributed 423 naloxone kits. During the same period, 97.9 percent of individuals who remained in care for 90 days or longer were retained in treatment. By combining mobile treatment, peer support, and coordinated follow-up, the Crisis Center of Tampa Bay's model expands access to opioid use disorder treatment and strengthens the regional continuum of care.

Specialized Treatment Education and Prevention Services, Inc. (STEPS)

STEPS is a nonprofit behavioral health provider serving Brevard, Orange, Osceola, and Seminole counties. The organization uses a low-barrier, harm-reduction approach to reach individuals who may face barriers to traditional clinic-based care, including uninsured and underinsured individuals, justice-involved populations, pregnant and parenting women, and individuals with limited access to transportation or other resources. Opioid settlement funding has supported a connected continuum of care that includes mobile outreach, medications for opioid use disorder, residential treatment, crisis diversion, and justice-based treatment services. Through its Mobile Outreach program, STEPS provides substance use and mental health screening, HIV and hepatitis testing, referrals, telehealth-based medication services, peer support, and transportation in trusted community settings. The program has served more than 500 Central Florida residents who may otherwise have had limited access to treatment.

In Orange County, STEPS operates a medication-assisted treatment clinic in partnership with Orange County Health Services, providing buprenorphine and naltrexone alongside counseling and behavioral health services for uninsured and underinsured residents. The clinic has provided no-cost treatment and behavioral health services to more than 400 residents and receives referrals from emergency departments and the Orange County jail

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to help support continuity of care. STEPS also provides residential treatment for pregnant and parenting women, allowing mothers to remain with their children while receiving care, as well as Drug Court treatment in Brevard County and the Living Room Program, a 24-hour, walk-in, no-cost crisis respite program offering peer support, crisis intervention, medication access, and connections to care as an alternative to hospitalization or incarceration.

Kimmie's Recovery Zone (KRZ)

Kimmie's Recovery Zone (KRZ) is a non-profit Recovery Community Organization in Lee County, Florida. KRZ plays an integral role in initiatives aimed at addressing the opioid crisis. Al and Debbie Kinkle established KRZ in memory of their daughter, Kimmie, who passed away from an accidental fentanyl overdose in 2015. Distinct from clinical treatment centers, KRZ is governed by individuals in recovery and those directly affected by addiction, underscoring the significance of peer-to-peer support and the promotion of long-term wellness. The primary objective of KRZ is to support individuals impacted by substance use through peer-led, recovery-oriented services that foster empowerment, community connection, and enduring well-being. The organization is committed to cultivating safe, stigma-free environments in which individuals can access health-promoting resources, receive guidance from trained peer specialists, and develop the skills and support networks necessary for sustainable recovery.

Through outreach, education, and collaboration with community partners, Kimmie's Recovery Zone seeks to enhance recovery pathways, diminish barriers to care, and improve the overall well-being of individuals and families within Lee County. KRZ contributes to the county's recovery infrastructure by expanding access to peer support specialists, distributing life-saving naloxone, and implementing targeted public education campaigns. The organization conducts weekly group sessions that include the Wellness Recovery Action Plan and the iTHRIVE programs. KRZ is currently in the third year of a contractual services agreement with Lee County.

In 2025, KRZ made notable contributions in Lee County through various initiatives. The organization successfully connected 176 individuals to treatment services and distributed 41,464 doses of naloxone throughout the county. KRZ hosted 143 peer recovery programs with 1,290 participants and organized 683 educational events attended by 15,512 individuals.

Party in the Park serves as Kimmie’s Recovery Zone’s flagship annual gathering held during National Recovery Month to foster community, reduce stigma, and celebrate long-term recovery across Southwest Florida. The event offers a compassionate, family-friendly environment that bridges vital public health resources with public support, featuring a dedicated health and wellness vendor fair, peer support connections, and addresses from local civic leaders and advocates. Anchored by the Circle of Remembrance – a tribute that honors and remembers individuals lost to substance use – Party in the Park unites families, service providers, and community members in a shared mission to destigmatize behavioral health challenges and demonstrate that sustainable recovery is attainable.

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Recommendations

The Council's recommendations focus on improving best practices and directing opioid abatement funds where they can have the greatest impact. Together, they support a coordinated approach to preventing opioid misuse and overdose, expanding access to treatment, and sustaining recovery across Florida.

Recommended Priorities

Recommendation 1: **Encourage MOUD programs to adopt flexible, individualized dosing protocols for sublingual buprenorphine products that effectively suppress withdrawal and improve retention in alignment with current evidence.**

As highlighted by expert Peer Prescriber Mentors, prescribers may need technical assistance to address buprenorphine underdosing resulting in poor retention and inadequate protection against overdose. Buprenorphine is extremely safe due to its ceiling effect on inducing respiratory depression, and it provides protection against overdose toxicity from opioids like fentanyl because its high affinity for opioid receptors acts as a functional shield against the full, lethal effects of fentanyl.[3] According to the latest ASAM guidelines on buprenorphine treatment for individuals using high-potency synthetic opioids, high-quality studies demonstrate improved retention, reduced opioid use, and lack of adverse events at doses of buprenorphine up to 32 mg per day, and the need for doses up to 32 mg per day for some patients has been recognized since 2004.

The FDA is encouraging manufacturers to change buprenorphine product labels, so patients and prescribers are not confused by references to 16 mg daily targets or 24 mg daily maximums.[4] The Council recommends conveying guidance and clarification to MOUD programs with overly restrictive dosing policies and providing education through Peer Prescriber Mentors and others on the safety and efficacy of individualized dosing protocols that exceed label targets when clinically indicated to optimize patient outcomes.

Recommendation 2: Modernize state funding allocations to expand patient choice by including the full suite of FDA-approved long-acting injectable buprenorphine formulations alongside XR naltrexone.

Historically, XR naltrexone, also known by the brand name Vivitrol, was the sole long-acting injectable option for OUD. Approved in 2010, naltrexone is an opioid antagonist used to prevent relapse to opioid dependence. While Vivitrol was perceived to be advantageous in correctional settings due to its lack of potential for abuse or diversion, and because monthly administration is less burdensome on jail staff than medications that need to be administered daily, the emergence of two FDA-approved XR buprenorphine formulations has changed the landscape.

Individuals with OUD can now choose recovery through two additional long-acting, injectable, FDA-approved medications. Sublocade is an XR buprenorphine injection that became commercially available in the U.S. in 2017. Additionally,

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Brixadi, which comes in weekly and monthly formulations, has been commercially available since 2023. These are frontline, agonist medications that should be offered before Vivitrol, according to ASAM guidelines. They are not administered daily and cannot be diverted, so they now have the same advantages in jail settings as Vivitrol. These new medications also have more flexible options regarding the injection site. Whereas Vivitrol is an intramuscular injection in alternating buttocks, Sublocade is subcutaneously administered in the abdomen; Brixadi is also subcutaneously administered in either the abdomen, thigh, upper arm, or buttock. Currently, there is no generic version of Vivitrol available. Medication and administration costs for Vivitrol and Brixadi are comparable (about $1,700 per month). Sublocade is slightly more expensive, costing about $1,900 per month.

A recently published network meta-analysis of 98 randomized controlled trials and real-world studies demonstrated that XR buprenorphine, also known by the brand name Sublocade, achieved the highest probability of treatment retention at three, six, 12, and 18 months compared with sublingual buprenorphine, matching retention rates observed with methadone. The monthly XR buprenorphine formulation was also the most effective formulation for reducing illicit opioid use, compared with sublingual buprenorphine and methadone. It was also associated with higher recovery scores than sublingual formulations, while the risk of adverse events was comparable across all medications.[5]

The latest ASAM guidelines on OUD treatment for individuals using high-potency synthetic opioids indicate that Vivitrol should only be considered for individuals in highly structured, medically managed, inpatient environments:

“Typically considered a second-line treatment for OUD, initiation is challenging for individuals with extensive high potency synthetic opioid use due to its prolonged elimination. In a multisite clinical trial, individuals who tested positive for fentanyl were 11 times less likely to initiate XR naltrexone than buprenorphine or methadone. This evidence, along with the higher risk of overdose off MOUD, makes XR naltrexone a dangerous alternative for treatment outside of a controlled setting. If a patient is highly motivated for starting XR naltrexone, a rapid conversion may be considered in a controlled environment. Overdose prevention education and informed consent are vital due to the high risk of overdose while awaiting initiation of treatment and at discontinuation of XR naltrexone.”6

In 2014, the Florida Legislature established a recurring General Revenue appropriation carved out exclusively for Vivitrol. While participation in this exclusive allocation peaked at 1,427 individuals in FY 2018-2019, utilization has declined to about 850 individuals per year on average. The Council recommends updating the legislative proviso language to transition from a single-product carve-out to a comprehensive long-acting injectable MOUD allocation that grants patients and providers more choice through the flexibility to use Sublocade and Brixadi in alignment with clinical evidence.

Recommendation 3: Problem-solving courts should establish streamlined vetting processes to expand partnerships with community MOUD providers that offer the full spectrum of FDA-approved medications, including

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methadone and buprenorphine, and accept Medicaid or sliding-scale fees.

Prior research summarized by the Council indicated that some courts provide only limited access to the most effective medications for OUD, with a survey of criminal problem-solving and dependency court staff in Florida finding that only 38 percent collaborate with treatment providers that encourage methadone, and only 49 percent collaborate with treatment providers that encourage buprenorphine.[7] Recently published experimental research with 53 problem-solving court staff across 15 states, including Florida, found that court staff are more than twice as likely to prohibit MOUD if the individual is taking methadone rather than buprenorphine. Problem-solving court staff are also significantly less likely to allow MOUD for hypothetical clients who sought medication from a provider that does not partner with the court.[8]

These findings are echoed by a study of factors affecting problem-solving court team decisions about MOUD, based on focus groups and interviews with 54 staff from 33 problem solving courts. Most of the staff, 93 percent, were from Florida courts, with the remainder from Georgia, Missouri, and Nevada. Problem-solving court staff are least comfortable with court clients using methadone to recover. Court staff indicated that they allow clients to use MOUD when they access it through a provider that is already partnering with the court and regarded as trustworthy, and when deciding whether to permit MOUD from non-partnering providers, they use a vetting process. Court staff prefer that individuals obtain MOUD from providers that regularly and reliably communicate with court staff, conduct frequent drug testing, and accept Medicaid or sliding scale payments. Court staff said they worried that MOUD providers who do not accept Medicaid or sliding scale payments would terminate clients after the court program ended, potentially contributing to relapses. Researchers suggested that court staff carefully consider the minimum amount of information necessary to obtain from MOUD providers and noted that detailed results from drug screens may be unnecessary since courts already frequently conduct their own drug tests.[9]

Recommendation 4: **Establish a recurring base allocation to sustain Florida's community-based naloxone distribution program, increasing funding dynamically based on statewide naloxone saturation metrics and targeted coverage gaps among high-risk populations.**

Naloxone saturation refers to the level of distribution needed to achieve the maximum possible reduction in overdose mortality. Stated another way, saturation is the point at which providing additional naloxone fails to further reduce opioid overdose mortality rates. Statewide opioid overdose deaths peaked in 2021, with 6,442 deaths, and declined by approximately 61 percent by 2025, with 2,494 deaths. This decline occurred during a period of expanded naloxone distribution through the Department's Overdose Prevention Program.

In 2025, OPP enrollment reached a program record of 768 distributors and achieved a peak of 790,559 kits distributed. In 2025 alone, 9,383 reversals were reported directly to the Department, and EMS recorded 4,967 incidents where naloxone was administered prior to EMS arrival. These numbers reflect an average

of 39 overdose reversals per day, a testament to the lifesaving impact community members have in real-world environments outside of healthcare settings.

Naloxone saturation – the point at which additional distribution no longer results in reduced mortality – has yet to be achieved as, in Florida, deaths continue to decrease as naloxone distribution increases, as depicted in Table 2.

Recent modeling studies indicate that the threshold beyond which the benefit of additional kits diminishes varies substantially from one community to another, implying that resources for naloxone distribution "should be optimized rather than simply maximized."[10] A more nuanced approach to conceptualizing naloxone saturation entails consideration of access among vulnerable subgroups according to their likelihood of experiencing or witnessing an overdose. Substantial distribution gaps persist across high-priority venues and priority populations statewide. Currently, only three state prisons, one reentry center, four transitional facilities, and four of 92 county jails are enrolled in the OPP. Furthermore, 36 out of 67 counties do not have any hospital enrolled to distribute kits from the OPP, missing a crucial intervention point for overdose patients and rural residents with limited community access points. There are only two veteran organizations enrolled and only 19 colleges and universities enrolled across more than 400 throughout the state.

To maintain current situational awareness, the Department is evaluating phone and online survey metrics, prescription and over-the-counter sales data, wastewater analysis, and surveillance reports based on reviews of medical records to inform updated distribution targets. Preliminary data obtained by the Department indicates that in 2025 only about 8,549 over-the-counter naloxone kits were sold and only 42,215 naloxone kits were dispensed from retail pharmacies. During the same year, the Department distributed nearly 19 times this amount of naloxone – 790,559 kits – through the Overdose Prevention Program. Additionally, naloxone saturation targets may need to be dynamically updated to account for the emergence of novel, potent synthetic opioids like cychlorphine, which is estimated to be significantly more potent than fentanyl.

Recommendations for Best Practice

Recommendation 5: Expand 988 crisis call center capacity by integrating mobile, telehealth-enabled Community Paramedicine protocols to provide same-day access to medications for opioid use disorder.

The Crisis Center of Tampa Bay's integrated Community Paramedicine program directly engages individuals who experience an overdose – on scene, at home, or at the hospital – and initiates immediate buprenorphine treatment. To sustain recovery, the program combines daily follow-up care, in-person or virtual, with medication management, care coordination, peer support, education, and resource navigation. Their evidence-based buprenorphine initiation protocol features flexible, individualized dosing up to 32 mg. According to preliminary 2026 outcome data:

- All participants receive naloxone and education

- Approximately 97 percent are retained in care for more than 90 days
- Approximately 98 percent experience reductions in repeat overdoses

The 988 Florida Lifeline is a vital resource for individuals in acute mental health distress or experiencing opioid withdrawal and OUD. Integrating same-day mobile and telehealth paramedicine programs into 988 operations represents a high-impact, life-saving policy. Mounting evidence demonstrates that buprenorphine treatment for individuals with OUD has a protective effect against suicide. A retrospective cohort study of nearly 30,000 veterans found that individuals not receiving buprenorphine were 4.3 times more likely to die by suicide and overdose on any given day compared to those receiving buprenorphine treatment.[11] A separate retrospective cohort study of over 60,000 veterans demonstrated that buprenorphine was associated with a more than 65 percent reduction in suicide mortality risk, whereas oral or long-acting injectable naltrexone showed no reduction in suicide risk.[12] The Council recommends increasing the number of 988 crisis call centers that can provide rapid access to MOUD for callers that have OUD through mobile and telehealth delivery models as an urgent priority.

Recommendation 6: **Encourage hospitals and emergency departments to integrate universal suicide screening alongside rapid buprenorphine initiation for individuals presenting with opioid use disorder.**

Research demonstrates that opioid use disorder and suicidality are deeply intertwined, with suicide risk scaling significantly alongside OUD severity. Even mild opioid use disorder increases the risk of suicidal thoughts and behaviors. Compared to individuals without OUD, individuals with mild OUD face 2-fold greater odds of suicidal thoughts, while those with severe OUD experience 4-fold greater odds of suicidal thoughts. Furthermore, individuals with mild OUD face nearly 3-fold greater odds of suicide attempts, while those with severe OUD experience nearly 10-fold greater odds of attempting suicide.[13]

These findings underscore the importance of ensuring that suicide screening and safety planning are fully embedded into OUD treatment workflows across settings. Memorial Healthcare System's South Broward Hospital District emergency department bridge program provides a proven blueprint for integrated care. In addition to flagging OUD and rapidly initiating buprenorphine treatment, Memorial utilizes an evidence-based screening tool called the Columbia-Suicide Severity Rating Scale (C-SSRS). A positive screen in the ED activates an automated referral, workflow, and alert, triggering the peer team to meet the patient at their bedside and engage in support services. Safety plans are created with the patient and their support system. Clinicians follow patients for daily C-SSRS assessments and convey updated information to the clinical team and the patient's support, escalating care if needed. The Council encourages hospitals to mirror this approach to integrated screening for suicidality as a natural fit for bridge programs designed to simultaneously deliver low-threshold access to lifesaving buprenorphine treatment.

Recommendation 7: **Strengthen treatment provider preparedness to respond to high-potency opioids, including 7-hydroxymitragynine (7-OH) and its synthetic analogs, through rapid, telehealth-enabled access to medications for opioid use disorder and ready access to opioid overdose reversal kits.**

On June 16, 2026, the Florida Department of Health issued a public health warning identifying concentrated 7-hydroxymitragynine products as ultra-potent opioids. The warning urged parents, educators, health care professionals, and community leaders to recognize the risk of overdose and addiction, remain vigilant against deceptive marketing practices, and to call 911 or Florida Poison Control Centers for anyone experiencing adverse effects or overdose. On June 22, 2026, Florida Attorney General James Uthmeier signed a temporary emergency rule classifying 7-hydroxymitragynine and related compounds as Schedule I controlled substances. On August 26, 2026, the Drug Enforcement Administration (DEA) published a two-year temporary emergency scheduling order placing three potent synthetic 7-OH analogs, mitragynine pseudoindoxyl, MGM-15, and MGM-16, into Schedule I. On October 14, 2026, the DEA issued a notice of intent to publish a temporary scheduling order to place concentrated 7-OH into Schedule I. The DEA intends to publish the scheduling order as soon as November 13, 2026.

As the commercial availability of concentrated kratom extracts and synthetic analogs fluctuates amid evolving federal and state bans, individuals addicted to 7-OH will face heightened risk of severe withdrawal and potential transition to other dangerous opioids like fentanyl or cychlorphine. To mitigate the threat of a new wave of fatal overdoses, the Council recommends supporting treatment providers in offering rapid, telehealth-enabled access to MOUD for individuals struggling with 7-OH withdrawal or addiction and sustaining low-threshold access to opioid overdose reversal kits.

Recommendation 8: **Encourage community pharmacies to reliably stock and dispense buprenorphine for legitimate prescriptions – including those issued via telehealth – and expand home delivery options to improve retention in care.**

Expert Peer Prescriber Mentors have advised the Council about challenges Florida patients have filling buprenorphine prescriptions when physician visits are conducted via telemedicine. A study of individuals receiving telemedicine treatment for opioid use disorder across Florida and four other states also revealed widespread retail pharmacy barriers:

- Overall, 32 percent of patients were unable to obtain their prescribed buprenorphine due to pharmacy-level fill issues.
- Florida exhibited the highest rate of pharmacy fulfillment barriers among all states studied, with 46 percent of patients experiencing obstacles filling their prescriptions, compared to 22 percent in Ohio.
- Rural patients faced three primary roadblocks: pharmacies not keeping buprenorphine in stock, outright refusals to stock the medication, and pharmacist hesitancy to fill telehealth-issued prescriptions.
- While 60 percent of rural patients expressed interest in home delivery, only two percent reported having buprenorphine shipped to them.[14]

Community pharmacies have a critical role to play in saving lives by stocking and dispensing MOUD for legitimate prescriptions, which is essential to ensure that expanded prescribing capacity translates into continuous, real-world access to life-saving treatment. Preliminary research using a sample of adults in a telemedicine clinic found higher 6-month retention rates among individuals using home delivery, about 79 percent, compared to those not using home delivery, about 46 percent.[15]

Recommendation 9: Strengthen strategic partnerships between Peer Prescriber Mentors, the Florida Sheriffs Association, and the Florida Department of Corrections, to Support Targeted and Coordinated MOUD training, technical assistance, and protocol development support for prisons and jails that do not initiate MOUD.

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 correctional facilities and community-based treatment services, and working with special populations such as pregnant women. Peer Prescriber Mentors can assist in the development of protocols, policies and procedures, and guidelines to help build sustainable treatment programs, including hospital and jail bridge programs, and can assist in a wide array of technical assistance needs. The Peer Prescriber Mentors developed MOUD protocols for individuals involved in the criminal justice system and have developed and delivered training to 673 probation officers, 74 Department of Corrections professionals, and over 1,000 county jail staff.

Conclusion

Florida is achieving measurable reductions in opioid mortality through targeted investments in mobile treatment models, peer recovery services, hospital and jail bridge programs, and widespread naloxone distribution. Looking ahead, sustaining this momentum requires advancing flexible care and optimizing resources to reach high-risk populations. By prioritizing individualized dosing, expanding access to long-acting buprenorphine products with same-day initiation protocols, embedding suicide screenings within MOUD programs, and enhancing partnerships between MOUD providers and problem-solving courts, Florida can further bridge gaps in care.

As new synthetic and high-potency opioid threats emerge, the Statewide Council on Opioid Abatement remains committed to guiding settlement funds toward strategies based on the latest evidence and expert guidelines. In alignment with the Florida Opioid Allocation and Statewide Response Agreement, these settlement dollars will continue to supplement and expand existing state and local investments in prevention, treatment, and recovery support services. As states across the country adopt varying strategies to prevent opioid settlement funds from supplanting or replacing existing funding for programs and services addressing the opioid crisis, the Council reaffirms that opioid settlement funds are specifically intended to increase and expand the amount of funding spent on opioid abatement activities.

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