



# **Statewide Council on Opioid Abatement 2024 Annual Report**

December 1, 2024

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## Acknowledgements

### Council Members

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Chairperson, Governor Appointee

Secretary Shevaun L. Harris  
Vice Chairperson, Governor Appointee

Sheriff Dennis M. Lemma<sup>1</sup>  
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Sheriff Robert A. Hardwick  
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Commissioner Lee Constantine  
General Board Member

Commissioner Chris Dougherty  
General Board Member

Commissioner Kathleen Peters  
General Board Member

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<sup>1</sup> As of December 2023, Sheriff Dennis Lemma has served as the Delegated Chair designated by Attorney General Ashley Moody.

## Message from the Chair and Delegated Chair

December 1, 2024

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

Senate President Ben Albritton  
Florida Senate  
409 The Capitol  
Tallahassee, Florida 32399

Speaker of the House Daniel Perez  
Florida House of Representatives  
420 The Capitol  
Tallahassee, Florida 32399

Dear Governor Ron DeSantis, Senate President Albritton, and House Speaker Perez:

On behalf of the Florida Opioid Abatement Council, we are pleased to present our 2024 Annual Report. This report reflects our ongoing commitment to addressing the opioid and fentanyl epidemic that continues to impact individuals, families, and communities across our counties and state. Through the dedicated work of the Council and our partners, Florida is seeing promising results in the fight against opioid use disorder, overdoses, and poisonings. This report outlines strategies and programs implemented over the past year and highlights measurable successes and ongoing challenges.

Under your leadership, the Florida Opioid Abatement Council has prioritized evidence-based prevention, treatment, and recovery approaches. This year, we focused our efforts on expanding access to substance use disorder treatment, increasing the availability of overdose reversal medications, and enhancing prevention education across all age groups, demographics, and socioeconomic statuses. The Council has also continued to closely collaborate with local governments and community organizations to ensure that resources are allocated effectively and that our initiatives are tailored to the needs of Florida's diverse communities.

This report outlines several data-driven insights and recommendations for the coming year. It is worth noting that while we have made meaningful progress, much work remains to be done. Our state continues to face troubling trends surrounding opioid use disorder, particularly with the significant presence of synthetic opioids such as fentanyl. The Council recognizes that our communities must remain vigilant in our collective efforts and ensure we closely adopt these recommended strategies to address these ongoing and emerging challenges effectively.

As Chair and the Delegated Chair of the Florida Opioid Abatement Council, we thank you for your commitment, dedication, and prioritization of this critically important work. Under your steadfast leadership, we are confident that we can build upon our successes and further our mission to create a healthier, safer Florida for all. We look forward to and welcome your feedback and further collaboration on this report, your expectations of the Council, and to our continued partnership in addressing the opioid epidemic in our state.

Sincerely,

Handwritten signature of Ashley Moody in blue ink.

Attorney General Ashley Moody  
Chair

Handwritten signature of Dennis M. Lemma in blue ink.

Sheriff Dennis M. Lemma  
Delegated Chair

## Executive Summary

The State of Florida is taking significant and positive steps toward addressing and combating the opioid epidemic. The State's proactive approach reflects a growing commitment to creating a healthier and safer future for all Floridians.

Recent mortality data gives reason to be optimistic that Florida is heading in the right direction in addressing deaths caused by opioids. In 2022, Florida saw a four percent decrease in the number of opioid-caused deaths.<sup>2</sup> Additionally, interim data for the first six months of 2023 shows a seven percent decrease in opioid-caused deaths when compared to the same timeframe in 2022.<sup>3</sup>

Florida is currently in various phases of implementation in the use of Opioid Settlement funds. Many cities, counties, and municipalities are in the planning phase of implementation and are conducting gap analyses to understand the local landscape to support the development of community-specific approaches to abate the epidemic. Opioid settlement funds are allocated for expenditures over the next 18 years, and Florida is committed to ensuring that these resources are used in a thoughtful, measurable, and purposeful manner.

Investments have been made in treatment and recovery to develop a comprehensive service array that includes but is not limited to assessments, interventions, case management, residential treatment, outpatient treatment, care coordination, and Medication-Assisted Treatment. Service providers reported delivering over 36,000 service events addressing a range of behavioral health needs.

The Coordinated Opioid Recovery (CORE) Network, a coordinated care system for opioid use disorder treatment expanded in Fiscal Year (FY) 2023-2024 to 30 counties, covering 87 percent of the state's population. From July 2022 to June 2024, CORE served 10,594 individuals, with 5,132 (48 percent) receiving Medication-Assisted Treatment (MAT), significantly surpassing the national average of 19 percent.

In FY 2023-2024, the Legislature appropriated \$13,000,000 for hiring new peers, onboarding new Recovery Community Organizations (RCOs), and expanding the footprint of existing RCOs. Funds were successfully deployed establishing five new RCOs and increasing the number of Peer Specialists in the workforce by 106. Additionally, 14 existing RCOs expanded their services or sites. This is particularly noteworthy as peer support services improve treatment engagement, quality of life, and relationships while reducing recidivism and symptoms of anxiety or depression.

Overall, a total of 17 organizations providing direct client services have submitted a total of 22,218 unique services. The total services submitted represent a range of services provided to 1,966 total unique patients including assessments, case management, counseling, and MAT predominantly methadone and buprenorphine.

Many Florida counties are adhering to the opioid settlement agreement by establishing task forces or councils to guide their efforts. While most counties, like Brevard and Collier, had already established these bodies before the settlement, others, such as Duval,

Seminole and Osceola, formed theirs in 2023. Counties such as Broward, Duval, and Orange have made substantial progress, with Broward leading by spending over \$3.9 million. Conversely, others, including Palm Beach and Seminole are in the preliminary stages and prioritize community and stakeholder participation in their planning efforts before allocation. While most counties have submitted their implementation plans for fiscal year 2024-2025, there are others awaiting plan approval. Counties are navigating challenges, including contracting delays, understanding legal restrictions, and obtaining Board of County Commissioners' approval for fund disbursement. Despite these obstacles, significant progress is being made toward full compliance with the opioid settlement agreement.

The Council has developed the Opioid Data Management System (ODMS) to store data required to be submitted by counties, municipalities, service providers, and any other entity receiving Opioid Settlement funding. The data system receives provider electronic data and serves as a platform to upload implementation plans, financial information, and other required documentation. The system is provided at no additional cost to users and is designed to minimize administrative burden. The Council also provides technical assistance to users upon request.

The Council has developed and put forward the following 11 comprehensive recommendations to guide funding to optimize the use of the opioid settlement trust fund dollars, build community engagement and collaboration through outreach and technical assistance, and enhance data collection and management processes:

1. Use existing resources before allocating settlement funds to support existing programs unless the intent is to expand programs by providing additional funding.
2. Align law enforcement settlement fund use to focus on decreasing the oversupply of licit and illicit opioids through approved activities.
3. Align the use of opioid settlement funds with evidence-based clinical practices that promote maintenance medications for long-term recovery.
4. Increase access to quality recovery housing through Florida Association of Recovery Residences (FARR) certification for all recovery residences.
5. Update and enhance the Florida Association of Recovery Residences' "Suggested Practices for Medication Assisted Therapy."
6. Expand the use of interagency data sharing agreements to support comprehensive, real-time surveillance and evaluation.
7. Increase funding available to counties for initiatives involving justice system-involved individuals and medication-assisted treatment.
8. Use funding to clear waitlists for treatment and recovery support services.
9. Increase access to peer support & recovery community organizations.
10. Increase resource sharing and collaboration related to research, training/education, and technology.
11. Ensure that problem-solving courts collaborate with treatment providers that offer methadone and buprenorphine.

## Introduction

### The Opioid Settlement Trust Fund

The purpose of the Opioid Settlement Trust Fund is to abate the opioid epidemic in accordance with settlement agreements reached by the state in opioid-related litigation or bankruptcy proceedings, namely the Florida Opioid Allocation and Statewide Response Agreement between the State of Florida (Department of Legal Affairs) and Certain Local Governments. Opioid settlement funds may only be used for approved purposes, which include, but are not limited to, prevention, treatment, and recovery support services and opioid abatement strategies listed in Schedule A (Core Strategies) and Schedule B (Approved Uses) from the Florida Opioid Allocation and Statewide Response Agreement.

### The Statewide Council on Opioid Abatement

The Statewide Council on Opioid Abatement (Council) is responsible for enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims and families of the crisis. The duties of the Council include: (1) advising state and local governments on abating the opioid epidemic and reviewing how settlement funds are being expended and the outcomes from use of funds, (2) collaborating with the Statewide Drug Policy Advisory Council to ensure alignment of efforts, (3) reviewing local, state, and national data on a regional and statewide basis, to advise on the stage of the opioid epidemic, and (4) reviewing data from local governments, other states, and national agencies pertaining to how funds are spent and the effectiveness of programs and metrics.

The Council is composed of 10 members, including the Florida Attorney General, Ashley Moody, who serves as chair and the Secretary of the Florida Department of Children and Families (Department), Secretary Shevaun L. Harris, who serves as vice chair. In December 2023, Attorney General Moody appointed Sheriff Dennis Lemma of the Seminole County Sheriff's Office to serve as her designee on the Council. The Council meets quarterly or upon the call of the chair via teleconference or in-person.

Beginning on December 1 of each year, the Council presents an annual report on how the Opioid Settlement funds were spent during the previous year by the state, Managing Entities, counties, and municipalities. The report must also contain recommendations to the Governor, the Legislature, and local governments on how Opioid Settlement funds should be prioritized and spent in the coming year.

By June 30 of each year, each county, municipality, Managing Entity, or state agency that receives funds from the opioid settlement must provide information to the Council stating how it plans to use settlement funds and how it plans to collect data related to its use of funds, pursuant to section (s.) 397.335(4)(e), Florida Statutes (F.S.).

By August 31 of each year, each county, municipality, Managing Entity, or state agency that receives funds from the opioid settlement must provide information to the Council



stating how the funds were spent and the results related to how those funds were spent, pursuant to s. 397.335(4)(f), F.S.

### Collaboration with the Statewide Drug Policy Advisory Council

The Statewide Drug Policy Advisory Council (DPAC) features 19 members, including appointed members with expertise in drug enforcement, prevention, treatment, and faith-based services. Chaired by the State Surgeon General, Joseph A. Ladapo, DPAC is responsible for conducting a comprehensive review and analysis of all drug problems and making recommendations on funding and strategies. They are specifically directed to look at topics which overlap with other ongoing Department initiatives related to public information campaigns, interagency coordination and communication, common outcome measures, and drug courts.

The Council is required to work with, provide information to, and receive information from DPAC and ensure that its recommendations and actions are consistent with DPAC recommendations to the extent possible, pursuant to s. 397.335(4)(b), F.S. The Department is currently using Opioid Settlement funds to implement a variety of DPAC recommendations, including funding for residency slots in Addiction Medicine, prevention media campaigns, data dashboards, hospital bridge programs with screening and brief intervention components, and Recovery Community Organizations.

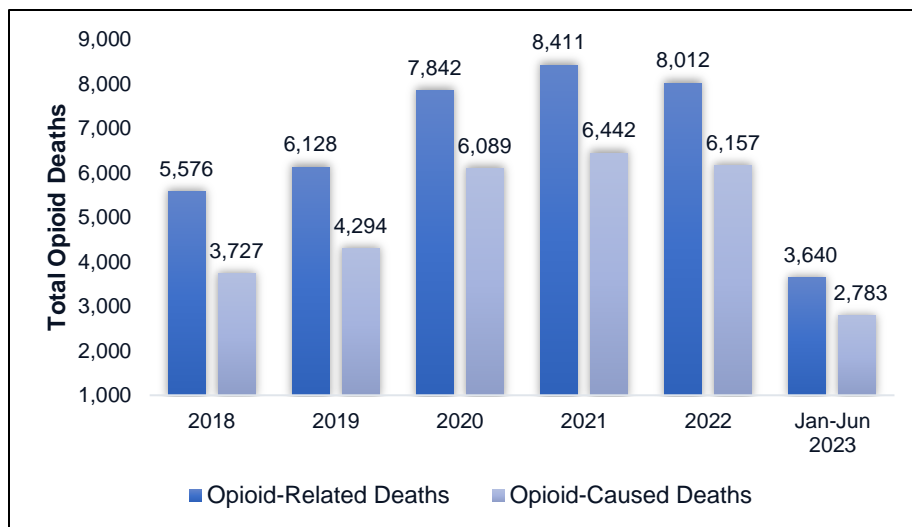
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## The Status of the Opioid Epidemic in Florida

### Opioid Overdose Data

Every year, the Florida Medical Examiners Commission publishes an annual and interim Drugs Identified in Deceased Persons report which provides data on deaths investigated by Florida’s medical examiners and the drugs present at the time of death for those individuals. When investigating a death, the medical examiner will assess what drugs were the cause of death or present at the time of death. An opioid-related death means that opioids were present at the time of death. An opioid-caused death means that the medical examiner determined the drug played primary role in the cause of death. According to the 2022 Medical Examiners Commission, there were 8,012 opioid-related deaths reported in Florida which is a five percent decrease from the previous year.<sup>2</sup> More specifically, there were 6,157 opioid-caused deaths which marks a four percent decrease from the previous year.

Based on the Interim 2023 Medical Examiners Commission Drug Report, there were 3,640 opioid-related deaths reported in Florida between January 2023 and June 2023 which is an eight percent decrease from the previous timeframe in 2022.<sup>3</sup> More specifically, there were 2,783 opioid-caused deaths for the first six months of 2023 which marks a seven percent decrease from the previous timeframe in 2022.



**Source:** Florida Department of Law Enforcement

<sup>2</sup> Florida Department of Law Enforcement. (2024). *Drugs Identified in Deceased Persons by Florida Medical Examiners - 2022 Annual Report*. Retrieved from [https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2022-Annual-Drug-Report-FINAL-\(1\).aspx](https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2022-Annual-Drug-Report-FINAL-(1).aspx).

<sup>3</sup> Florida Department of Law Enforcement. (2024). *Drugs Identified in Deceased Persons by Florida Medical Examiners - 2023 Interim Report*. Retrieved from <https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2023-Interim-Drug-Report-FINAL.aspx>.

Researchers have observed four waves of the United States overdose crisis. The first wave began in the early 2000s with the rise in prescription opioid overdose deaths, followed by the second wave around 2010 featuring a shift to heroin.<sup>4</sup> A third wave in 2013 reflected a shift toward illicitly manufactured fentanyl and fentanyl analogs. In Florida, the number of lethal occurrences of fentanyl increased by 651 percent between 2013 and 2016 (from 185 up to 1,390). This was followed by a fourth wave in 2014 dominated by illicit fentanyl and fentanyl analogs in combination with stimulants. Florida began reporting lethal occurrences of fentanyl analogs in 2016, and between 2016 and 2017 observed the largest year-over-year increase ever recorded (from 965 lethal occurrences up to 1,588). In 2022, over half (55 percent) of deaths caused by opioids in Florida also had a stimulant identified as a cause of death.

### Naloxone Distribution and Administration

Naloxone is a drug that rapidly reverses an overdose by blocking the effects of opioids. Ensuring access to this life-saving treatment is one of the core abatement strategies approved by the Opioid Settlement. The Department’s Overdose Prevention Program distributed 405,392 naloxone kits distributed in 2023. This is a 112 percent increase in the number of kits distributed compared to the previous year.

Based on data reported for naloxone reversals through the Department, there were 16,352 incidents where an overdose was reversed by a naloxone kit in 2023 across the state. This is a 47 percent increase compared to the previous year. Additionally, based on provisional data reported to the Florida Department of Health (DOH) for 2023, naloxone was administered 47,410 times by Emergency Medical Services (EMS) or prior to EMS arrival.

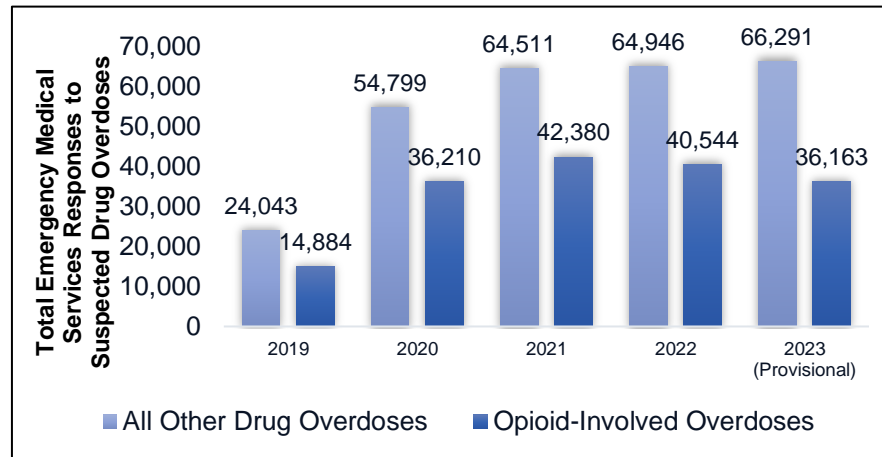
Naloxone Distribution and Administration through the Department		
Year	# of Naloxone Kits Distributed in the Community	# of Overdose Reversals
2018	18,898	1,466
2019	36,703	1,592
2020	69,557	4,434
2021	132,269	7,860
2022	191,225	11,132
2023	405,392	16,352

*Source: Florida Department of Children and Families*

<sup>4</sup> Friedman, J. & Shover, C. L. (2023). Charting the Fourth Wave: Geographic, Temporal, Race/Ethnicity and Demographic Trends in Polysubstance Fentanyl Overdose Deaths in the United States, 2010-2021. *Addiction*, 12(118), 2477-2485.

## Emergency Medical Service Responses for Suspected Opioid Overdoses

Based on provisional data from DOH for 2023, there were 102,454 EMS responses to a suspected drug overdose where 36,163 (35 percent) of those responses were for suspected opioid-involved overdoses. This is a three percent decrease in the total number of EMS responses to suspected drug overdoses and an 11 percent decrease in the number of EMS responses for suspected opioid-involved overdoses.

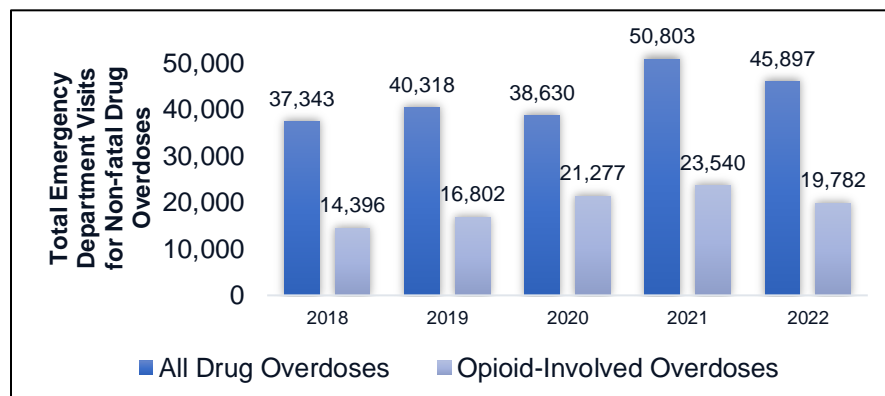


Source: Florida Department of Health

## Emergency Department Visits for Non-Fatal Opioid Overdoses

In 2022, there were 45,897 emergency department (ED) visits for all non-fatal drug overdoses where 19,782 or 43 percent of those visits were for opioid-involved non-fatal overdoses, according to the Agency for Health Care Administration. This is a 10 percent decrease in the total non-fatal drug overdose ED visits and a 16 percent decrease in the total non-fatal opioid-involved ED visits compared to the previous year.

Based on provisional data for January 2023 to March 2023, there were 10,186 ED visits for all non-fatal drug overdoses where 3,902 (38 percent) of those visits were for opioid-involved non-fatal overdoses. This is a 15 percent decrease in the total non-fatal drug overdose ED visits and a 26 percent decrease in the total non-fatal opioid-involved ED visits compared to the same timeframe in 2022.

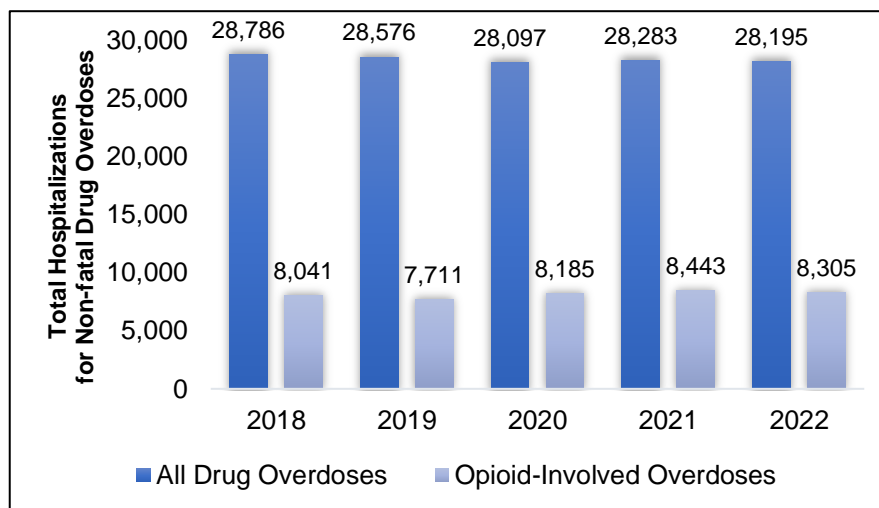


Source: Florida Agency for Health Care Administration

## Hospitalizations for Non-Fatal Opioid Overdoses

There were 28,195 hospitalizations for all non-fatal drug overdoses where 8,305 (29 percent) of those hospitalizations were for opioid-involved non-fatal overdoses in 2022. This is a 0.3 percent decrease in the total non-fatal drug overdose hospitalizations and a two percent decrease in the total non-fatal opioid-involved hospitalizations compared to the previous year.

Based on provisional data for January 2023 to March 2023, there were 7,012 hospitalizations for all non-fatal drug overdoses where 1,969 (28 percent) of those hospitalizations were for opioid-involved non-fatal overdoses. This is a one percent increase in the total non-fatal drug overdose hospitalizations and a one percent increase in the total non-fatal opioid-involved hospitalizations compared to the same timeframe in 2022. The one percent increase can be attributed to Florida's rapidly growing population, as it was the fastest-growing state in the nation in 2022.

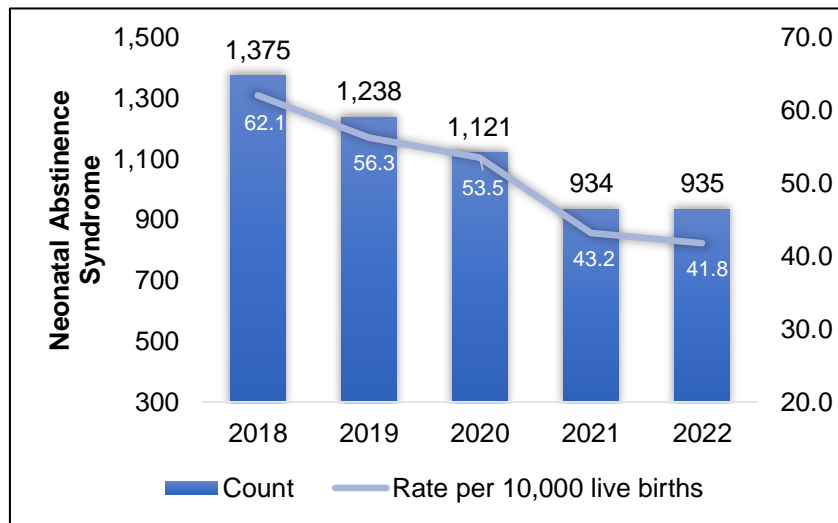


*Source: Florida Agency for Health Care Administration*

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## Incidence of Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) occurs when babies are exposed to drugs while in the womb before birth leading them to experience drug withdrawal. Since 2018, the rate of NAS has steadily decreased. In 2018 there 1,375 infants with NAS, for a rate of 62.1 per 10,000 live births. However, in 2022 the rate decreased to 41.8 per 10,000 live births and the number of infants with NAS reduced by 32 percent.

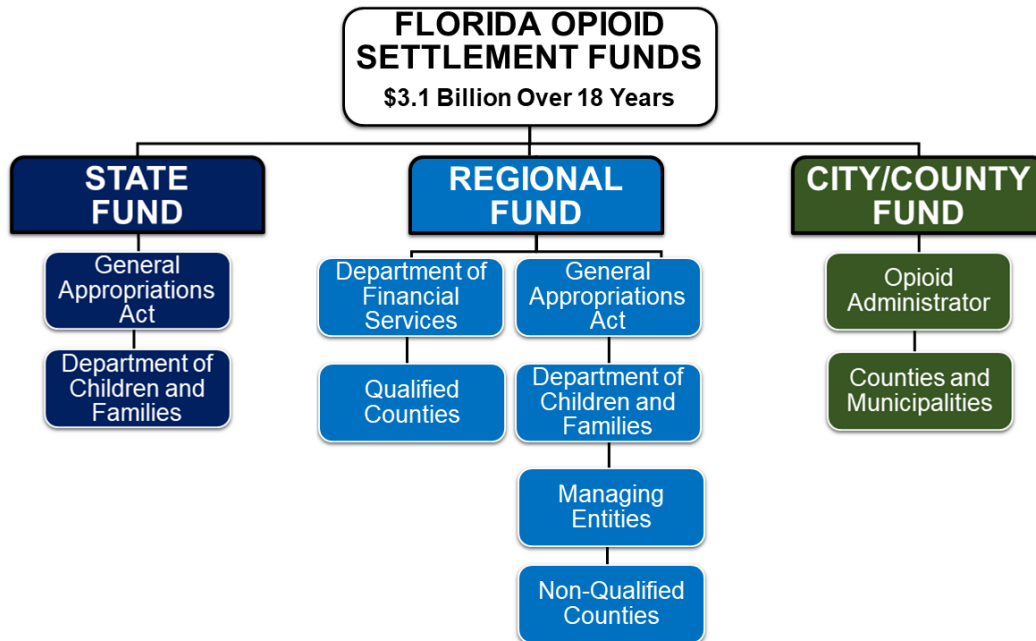


**Source:** Florida Department of Health, Birth Defects

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## Florida’s Opioid Abatement Expenditures & Priority Initiatives

The Opioid Settlement funds are distributed through the City/County Fund, the Regional Fund, and the State Fund. A county may receive funds from both the City/County Fund as well as the Regional Fund. This funding structure intends to ensure full saturation of settlement dollars within the state. The State of Florida is in various stages of implementation of Opioid Settlement funds (see Appendix A).



The table below reflects the different funding subtypes for opioid settlement funds and details the initial three years of funding by category. Although funds are distributed by funding category, cities and counties may voluntarily transfer money from their City/County Fund, the Regional Fund for Qualified Counties, or the Regional Fund for Nonqualified Counties to a Managing Entity to disperse and oversee. Counties and municipalities may transfer or pool monies with another county or municipality to disperse and oversee. The Florida Opioid Allocation and Statewide Response Agreement states that Counties and Municipalities can pool, comingle, or otherwise transfer their funding to another County or Municipality, if this is done by a written agreement.

Funding Category	Previous FY 2022-2023	Previous FY 2023-2024	Current FY 2024-2025
<b>City/County Funds</b>	\$21,340,784	\$47,974,685	\$25,160,680
<b>Regional Funds for Qualified Counties</b>	\$135,559,681	\$64,005,081	\$69,012,661
<b>Regional Funds for Non-Qualified Counties</b>	N/A	\$33,897,266	\$16,220,944
<b>State Funds</b>	N/A	\$205,721,243	\$85,053,320

## State Fund

The State Funds are dedicated to addressing the complex issue of opioid use and its associated impacts by employing a comprehensive approach that includes education, intervention, treatment, research and workforce development, and technology. By integrating these strategies, funds will offer individuals contending with opioid use disorder the most effective resources and support. This multifaceted approach is designed to improve the likelihood of positive outcomes, overcome addiction, and maintain long-term recovery and improved quality of life.

To support the work of the Statewide Council on Opioid Abatement, the Opioid Data Management System (ODMS) was designed to allow: (1) providers and recipients of settlement funds to submit data for patient-level service claims (e.g., treatment for opioid use disorder (OUD)), (2) recipients to submit reports of expenditures by quarter in effort to collect data on where, (3) reporting on how money is being spent and the approved use and core strategy categories determined as appropriate by the funds' recipients, and (4) submission of implementation plans. ODMS supports an effective, transparent, and accountable system for monitoring the management of Opioid Settlement funds.

A comprehensive array of treatment and support services is necessary to assist adults and children with an OUD to achieve the highest possible level of independent functioning, stability, independence and to facilitate recovery. The Department has enhanced infrastructure to support the provision of services such as early identification and intervention, assessment, MAT, outpatient counseling services, residential treatment for mothers and babies, case management, care coordination, and supportive housing and employment.

The Department has expanded the CORE Network, a coordinated care system for opioid use disorder treatment. CORE includes the use of specialized EMS protocols for overdose and acute withdrawal, transport to an Emergency Department-based addiction stabilization center with experts in addiction medicine willing to initiate buprenorphine treatment, and peer support specialists to help with engagement and linkage to long-term, individualized, integrated treatment. From July 2022 through June 2024, 10,594 individuals with OUD were served at CORE receiving clinics, and 5,132 (or 48 percent) received MAT, which is higher than nationwide estimates which indicate that only about 19 percent of adults with OUD receive MAT.<sup>5</sup>

The possession of a workforce that is skilled and able to respond to the complex behavioral health disorders is an essential component in combating the opioid epidemic. The Department is working to strengthen the behavioral health workforce to enhance the training of medical professionals specializing in psychiatry, pain medicine, addiction

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<sup>5</sup> Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health Detailed Tables*. Table 5.23B.



medicine, and other fields related to the treatment of individuals with OUD, co-occurring substance use disorder SUD, and other mental health conditions.

### City/County Fund

The City/County Funds represent 15 percent of the total settlement amount. Funds are disbursed directly to 247 cities and counties, and do not flow through the Department. Cities and counties determine how funds are expended in accordance with the permissible uses outlined in the Statewide Response Agreement provided by the Office of the Attorney General.

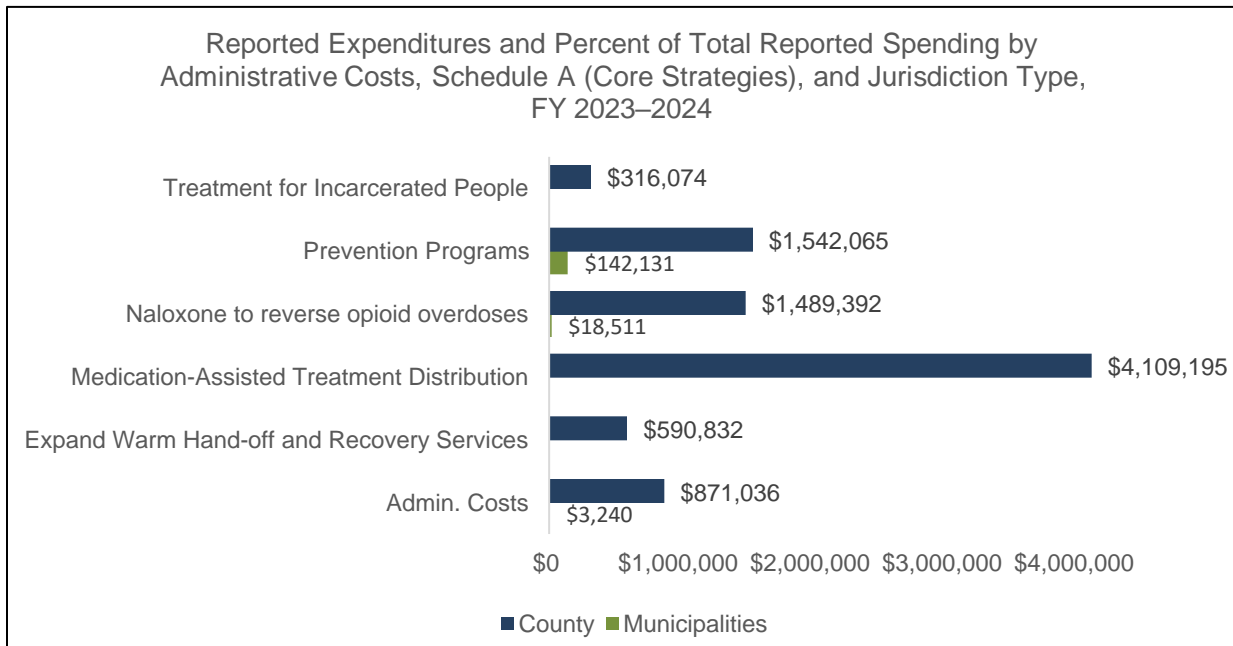
During FY 2023-2024, \$47,978,238 was appropriated to the city/county fund. Of the municipalities with submitted implementation plans, 91 percent of plans indicated prevention as one of their focuses, followed by treatment and recovery services (55 percent), and naloxone distribution (45 percent).

	Treatment & Recovery Support Services	Medication-Assisted Treatment	Justice- System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Municipalities	55%	9%	9%	45%	91%	18%

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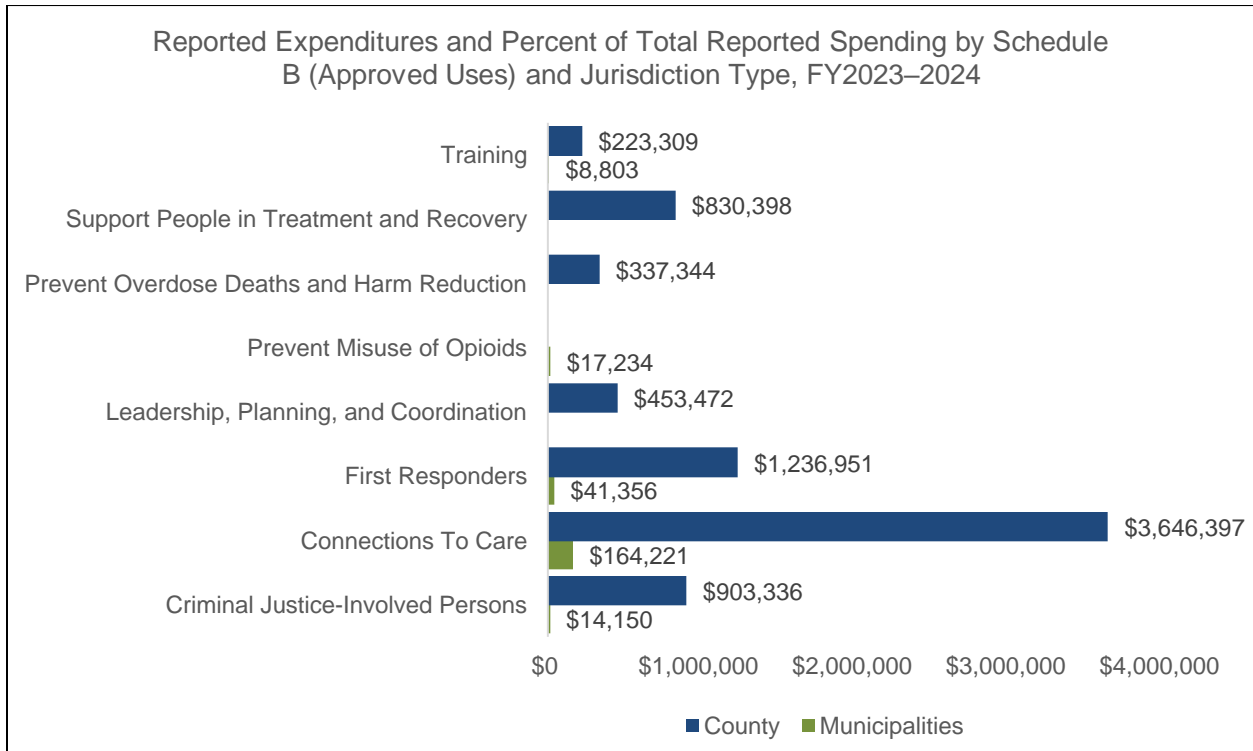
The Department performed preliminary analyses on the expenditure data retrieved from the Opioid Data Management System for the 2022-2023 and 2023-2024 fiscal years. A total of 219 non-zero expenditures were submitted. The sum of expenditures reported is \$211,248 for FY 2022-2023 and \$16,038,059 for FY 2023-2024, for a combined total of \$16,249,307.

The majority of expended funds according to Schedule A (Core Strategies) by counties were used to support the distribution of Medication Assisted Treatment (\$4.1 million), followed by prevention programs (\$1.5 million), and naloxone to reverse opioid overdoses (\$1.4 million). Although fewer funds have been expended, municipalities also prioritize prevention programs and naloxone distribution.



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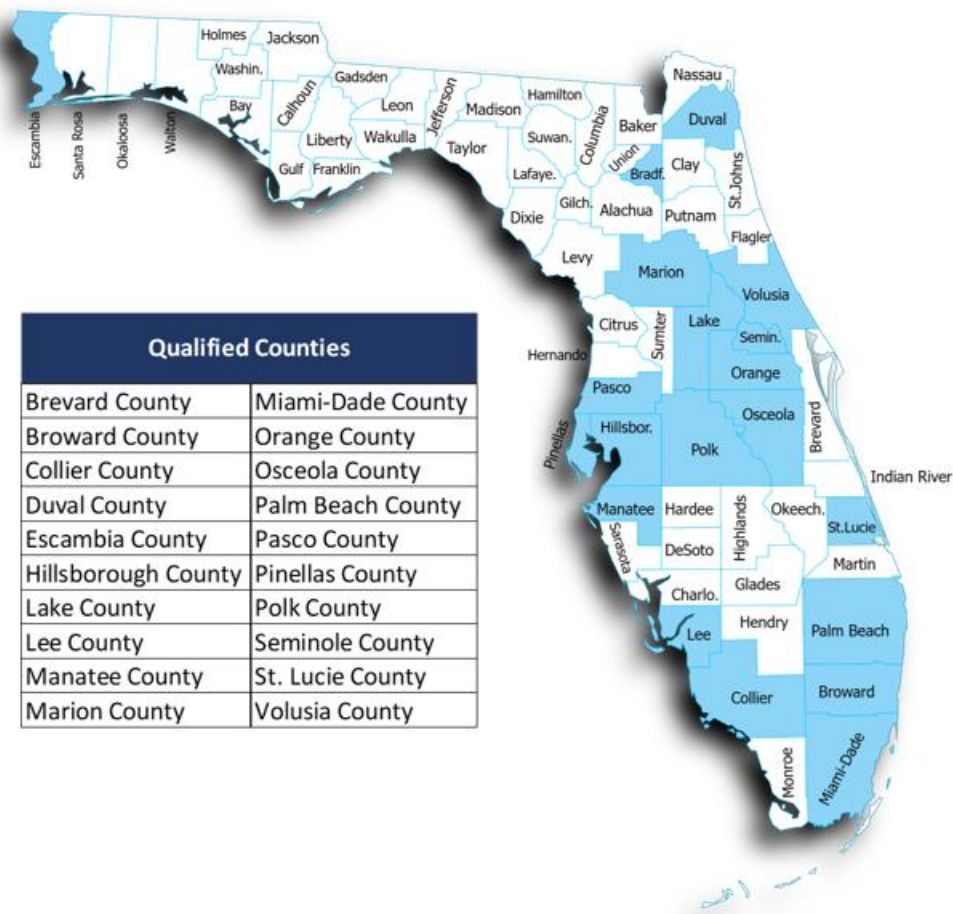
When evaluating reported expenditures by Schedule B (Approved Uses), the majority of county funds were expended on connections to care (\$3.6 million), followed by first responders (\$1.2 million), and criminal justice-involved persons (\$903,336). Similar prioritization can be seen with expenditures by municipalities for connections to care and first responders. Municipalities, however, are placing greater emphasis on directing funds towards preventing the misuse of opioids.



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## Regional Fund

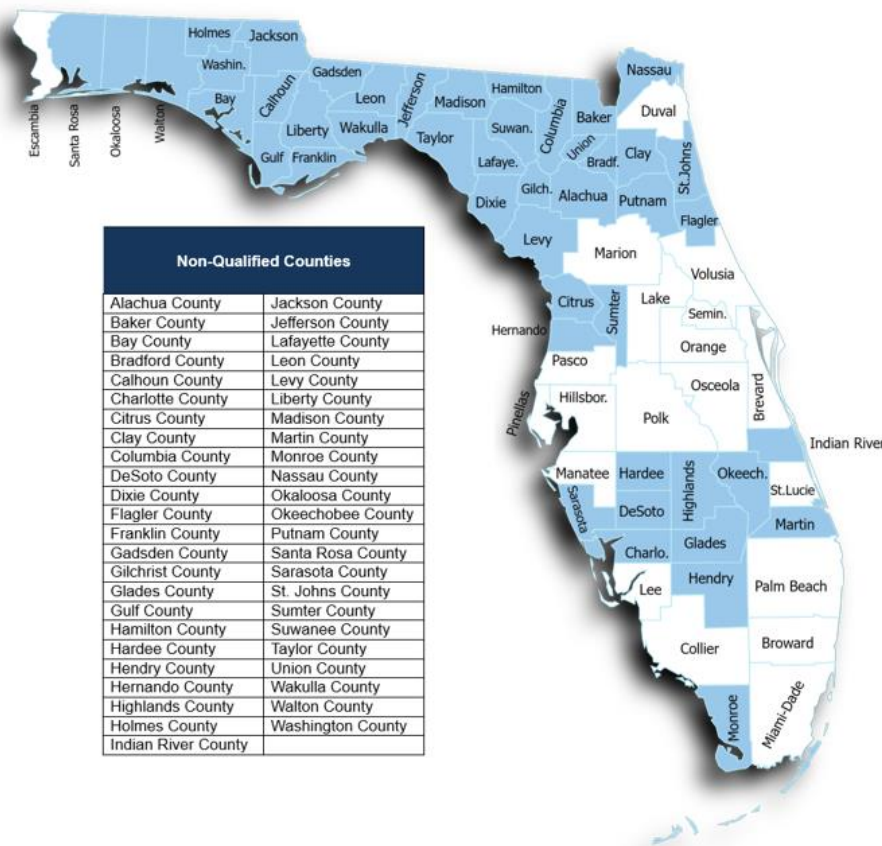
The Regional Fund is subdivided into two separate streams: one for qualified counties and the other for non-qualified counties. **Qualified counties** are defined as having a population of at least 300,000 individuals, an opioid task force (or similar entity), and an opioid abatement plan. There are 20 qualified counties. Regional Funds for qualified counties are disbursed from the Department of Financial Services annually in September. The Regional Funds for the qualified counties do not flow through the Department of Children and Families or the Managing Entities.



During FY 2023-2024, \$64,005,081 was allocated to the qualified counties. Of the qualified counties with submitted implementation plans, 88 percent of plans indicated treatment and recovery as one of their focuses, followed by prevention (75 percent), Medication Assisted Treatment (50 percent), peer support and recovery support organizations (50 percent), and naloxone distribution (50 percent).

	Treatment & Recovery Support Services	Medication-Assisted Treatment	Justice-System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Qualified Counties	88%	50%	38%	50%	75%	50%

Conversely, Regional Funds for **non-qualified counties** are allocated through the General Appropriations Act then disbursed from the Department through the seven Managing Entities. Non-qualified counties are defined as counties that do not meet the definition of a qualified county. There are 47 non-qualified counties that receive funding through the Managing Entities.



During FY 2023-2024, \$33,897,266 was allocated to the non-qualified counties. Of the non-qualified counties with submitted implementation plans, 65 percent of plans indicated justice-involved persons as one of their focuses, followed by treatment and recovery (61 percent), and Medication Assisted Treatment (58 percent).

	Treatment & Recovery Support Services	Medication-Assisted Treatment	Justice-System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Non-Qualified Counties	61%	58%	65%	32%	45%	39%

### Future Funding Initiatives

In FY 2024-2025, Florida is witnessing an increased prioritization of treatment and recovery support services as well as prevention efforts among counties and only a slight decrease among municipalities. While there were decreases in the prioritization of peer supports and Recovery Community Organizations among counties, municipalities showcased a large increase in prioritization of these strategies. Submitted FY 2024-2025 implementation plans reflect the priorities of counties and municipalities in the table below.

	Treatment & Recovery Support Services	Medication Assisted Treatment	Justice-System Involved	Naloxone Distribution	Prevention	Peer Support & Recovery Community Organizations
Qualified Counties	94%	60%	40%	20%	94%	40%
Non-Qualified Counties	80%	52%	52%	20%	52%	24%
Municipalities	52%	17%	6%	43%	66%	40%

The State plan involves continuing support for priority initiatives slated in FY 2023-2024 which was the first year the State Fund received a disbursement from the Opioid Settlement. A summary of the initiatives included in the 2024-2025 State Plan as decided through the General Appropriations Act are listed in the table below.

Initiative from State Fund	FY 2024-2025 Allocation
Primary Prevention and Media Campaigns	\$18,000,000

<b>Overdose Prevention Through Naloxone Saturation</b>	\$6,502,352
<b>Treatment and Recovery Support Services</b>	\$24,677,391
<b>Court Diversion</b>	\$7,000,000
<b>On-Demand, Mobile MAT</b>	\$6,000,000
<b>Jail-Based MAT</b>	\$2,000,000
<b>Hospital Bridge Programs</b>	\$4,000,000
<b>CORE Network</b>	\$31,804,964
<b>Initiative from State Fund</b>	<b>FY 2024-2025 Allocation</b>
<b>Peer Supports and Recovery Community Organizations</b>	\$8,250,000
<b>Recovery Housing</b>	\$17,820,560
<b>Office of Opioid Recovery</b>	\$4,404,410
<b>Specialized Training in Graduate Medical Education</b>	\$4,036,031
<b>Applied Research</b>	\$2,000,000
<b>Statewide Integrated Data System</b>	\$5,000,000
<b>Online Bed Availability System</b>	\$1,000,000
<b>Local Projects</b>	\$7,567,872

### Fixed Capital Outlays

The Legislature approved nine Fixed Capital Outlay projects for FY 2024-2025 using Opioid Settlement funds, totaling \$13,163,276, as described in the table below.

<b>Fixed Capital Outlays-Nonrecurring FY 2024-2025</b>		
<b>Description</b>	<b>County of Service</b>	<b>Appropriation Budgeted</b>
<b>Agency for Community Treatment Services - Outpatient Clinic</b>	Hillsborough	\$2,000,000
<b>Charlotte Behavioral Health Care-Substance Abuse Facility</b>	Charlotte	\$2,816,891
<b>DISC Village - Opioid Residential Treatment Expansion</b>	Leon	\$850,000
<b>EPIC Community Services -Sober Living Transitional Housing Project</b>	St Johns	\$2,896,385
<b>Gateway Community Services - North Florida Addiction Stabilization and Detoxification Building</b>	Duval	\$1,000,000
<b>Open Door Re-Entry and Recovery Program</b>	Flagler	\$750,000

<b>Operation PAR Integrated Care Project</b>	Pinellas	\$850,000
<b>Osceola Mental Health - Long Term Residential Substance Use Disorder Treatment Facility</b>	Osceola	\$650,000
<b>Sulzbacher Center - Enterprise Village</b>	Duval	\$1,350,000
<b>Total</b>		<b>\$13,163,276</b>

Ten local projects were included in the FY 2024-2025 State Plan, totaling \$7,567,872. The local projects are detailed in the table below:

<b>Proviso-Nonrecurring FY 2024-2025</b>			
<b>Provider</b>	<b>Service Description</b>	<b>County of Service</b>	<b>Appropriation Budgeted</b>
<b>DISC Village</b>	Residential Treatment	Leon	\$1,150,000
<b>SMA Healthcare</b>	Residential Re-Entry Program	Putnam	\$1,500,000
<b>Recovery Connections of Central Florida</b>	Mobile Recovery Support Services	Orange	\$525,000
<b>Tri-County Human Services</b>	Detoxification Beds	Polk	\$1,667,872
<b>Specialized Treatment Education &amp; Prevention (STEPS)</b>	Women's Residential Treatment	Orange	\$500,000
<b>EPIC Community Services</b>	Women's Residential Treatment	St Johns	\$750,000
<b>Here's Help</b>	Residential Treatment	Miami	\$50,000
<b>Broward County</b>	Medication-Assisted Treatment	Broward	\$275,000
<b>Florida Alliance for Healthy Communities</b>	Opioid Addiction Training and Education	Statewide	\$1,000,000
<b>The Pearl Project</b>	Children's Outpatient	Marion	\$150,000
<b>Total</b>			<b>\$7,567,872</b>



## Recommendations

The Council is statutorily mandated to propose recommendations regarding how moneys should be prioritized and spent in the coming FY 2025-2026 to respond to the opioid epidemic. The Council's recommendations can be categorized into three overarching themes:

- Optimizing the Use of the Opioid Settlement Trust Fund Dollars.
- Building Community Engagement and Collaboration through Outreach and Technical Assistance.
- Enhancing Data Collection and Management Processes.

### Optimizing the Use of the Opioid Settlement Trust Fund Dollars

#### **Recommendation 1: Use Existing Resources Before Allocating Settlement Funds to Support Existing Programs Unless the Intent is to Expand Programs by Providing Additional Funding.**

Presently, First Responders can obtain free naloxone kits from the Florida Department of Health using an annual \$5 million appropriation or from a Walmart Pharmacy through the Attorney General's Helping Heroes program. The Council recommends that cities and counties look to these sources of free naloxone before committing opioid settlement funds for these purchases. According to information submitted to the Opioid Data Management System, approximately \$1.4 million in Opioid Settlement funding (from FY 2022-2023 and 2023-2024) has been used to purchase naloxone. By relying on these other sources of naloxone that are exclusively for First Responders, funding budgeted for this could be used for other evidence-based services.

This recommendation has no known fiscal impact.

#### **Recommendation 2: Align Law Enforcement Settlement Fund Use to Focus on Decreasing the Oversupply of Licit and Illicit Opioids through Approved Activities.**

The Council recommends aligning law enforcement settlement fund use with core strategies and approved uses. Opioid settlement funds can be allocated to support various law enforcement initiatives: including (1) education and training of law enforcement to identify substance abuse disorders and methods to refer individuals to appropriate services (2) drug disposal programs, and (3) campaigns designed to reduce social access (e.g., by encouraging individuals to safely secure their medications and never share them).

This recommendation has no known fiscal impact.

#### **Recommendation 3: Align the Use of Opioid Settlement Funds with Evidence-Based Clinical Practices that Promote the Use of Maintenance Medications for Long-Term Recovery.**

While Schedule B lists, "Support evidence-based withdrawal management services" among the approved uses, it is important to clarify that withdrawal management alone does not constitute treatment for opioid use disorder and therefore does not adhere to the

American Society of Addiction Medicine (ASAM) standards of care for opioid use disorder. According to the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder (2020 Focused Update), “Opioid withdrawal management (i.e., detoxification) on its own, without ongoing treatment for opioid use disorder, is not a treatment method for opioid use disorder and is not recommended. Patients should be advised about the risk of relapse and other safety concerns, including increased risk of overdose and overdose death. Ongoing maintenance medication, in combination with psychosocial treatment appropriate for the patient’s needs, is the standard of care for treating opioid use disorder.” More specifically, the ASAM Guideline states that, “Using methadone or buprenorphine for opioid withdrawal management is recommended over abrupt cessation of opioids.”

This recommendation has no known fiscal impact.

### **Building Community Engagement and Collaboration through Outreach and Technical Assistance**

#### **Recommendation 4: Increase Access to Quality Recovery Housing through Florida Association of Recovery Residences (FARR) Certification for all Recovery Residences.**

Most drug treatment providers cannot make referrals to, or accept referrals from, non-certified recovery residences, according to s. 397.4876, Florida Statutes. This makes it challenging to discharge patients into a supportive environment conducive to recovery.

To protect individuals who reside in recovery residences, and the communities in which they are embedded, the Legislature established a voluntary certification program for recovery residences. The approved credentialing organization overseeing certification is the Florida Association of Recovery Residences (FARR). FARR promotes quality recovery housing through compliance with national standards and the FARR Code of Ethics.

Certification is a valuable way to encourage ethical practices and ensure that recovery residences operate in ways that effectively support and sustain individuals' recovery journeys. Therefore, it is recommended that all recovery residences receive FARR certification.

#### **Recommendation 5: Update and Enhance the Florida Association of Recovery Residences’ “Suggested Practices for Medication Assisted Therapy”.**

Effective January 1, 2025, section 397.487(13), F.S., prohibits certified recovery residences from denying individuals access to housing solely because they are prescribed medications that treat substance use disorders. This statutory change codifies the minimum expectation that recovery residences (certified by FARR) accept individuals that choose to recover with MAT.

It is recommended that the Florida Association of Recovery Residences revise their suggested practices to encourage and sustain the use of MAT for as long as it is beneficial and to remove any requirements for MAT stop dates or taper plans. The Florida

Association of Recovery Residences is the credentialing entity that administers a voluntary certification program for recovery residences in Florida. Their mission is to promote quality recovery housing through compliance with national standards in domains related to administrative operations, the physical environment, recovery support, and being a good neighbor. According to a 2022 secret shopper study of FARR-certified recovery residences in South Florida, 53 percent prohibit admission of individuals taking buprenorphine at any dose and 31 percent accepted individuals taking buprenorphine only under certain conditions. Of the recovery residences with conditional admission policies, about 26 percent require individuals to completely taper off, 39 percent allowed a maximum dosage of 8 mg daily, 13 percent allowed a maximum dosage of 12 mg daily, 7 percent allowed a maximum dosage of 16 mg daily, and 7 percent required a letter from the prescriber.<sup>6</sup>

This recommendation has no known fiscal impact.

### **Enhancing Data Collection and Management Processes**

#### **Recommendation 6: Expand the Use of Interagency Data Sharing Agreements to Support Comprehensive, Real-Time Surveillance and Evaluation.**

Statewide outcomes data is collected from various State Agencies' publicly available data. While the Florida Opioid Allocation and Statewide Response Agreement requires that the Department and Local Governments receive and report service utilization data for any provider receiving opioid funds, service utilization data currently collected by State Agencies other than the Department are not required to be submitted for the purposes outlined in the settlement agreement. Access to real-time data will allow the Department and other stakeholders to make data driven decisions at the state and local level. However, the Council only has access to publicly available data and these datasets are lagged by two calendar years leading to gaps in access to real-time data on hospitalizations, arrests, incarcerations, fentanyl contamination, and justice-involved juvenile assessments, for example. This recommendation has no known fiscal impact.

#### **Additional Recommendations Derived from Submitted Implementation Plans**

Florida is currently in the second year of State Fund implementation, and the third year of City/County and Regional Qualified Fund implementation. Several initiatives implemented in the first and second year are multi-year phase projects that will need additional funding support to ensure full state funding saturation and support. The following recommendations were carefully considered after review of submitted local government plans, expenditures, and national trends for opioid settlement expenditures. Local government implementation plans were reviewed to determine areas of need for

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<sup>6</sup> Guido, M. R., et al. (2024). Limited Acceptance of Buprenorphine in Recovery Residences in South Florida: A Secret Shopper Survey. *Journal of Substance Use and Addiction Treatment*. doi: 10.1016/j.josat.2024.209535.

localities and compared to expenditure patterns to ascertain where additional funding support may be needed. The recommendations are as follows:

**Recommendation 7: Increase Funding Available to Counties for Initiatives Involving Justice System-Involved Individuals and Medication-Assisted Treatment.**

More than half of the initiatives composed by the non-qualified counties encompass prevention programs aimed at reducing opioid use disorder and overdoses in the community and justice-involved population. Justice-involved individuals include those awaiting trial or sentencing, serving sentences in jail or prison, or under community supervision, such as probation. The opioid abatement plans involve distributing education on opioids, addiction, and overdose at various community locations. Additionally, the community prevention component describes educating individuals on the proper use of naloxone, provide information on available services, and facilitate linkages to medication-assisted treatment for those in need.

Research demonstrates that treatment with either methadone or buprenorphine is associated with lower rates of illicit opioid use, decreased mortality, improved social functioning, and decreased engagement in criminal activity.<sup>7</sup> Over 50 percent of both the qualified and non-qualified counties have reported that they plan to prioritize a large sum of their opioid settlement funding for MAT, making linkages to treatment services for those incarcerated, and for the expansion of warm hand-off programs and recovery services. The MAT distribution aims to support individuals in treatment and recovery, while the warm hand-off programs target the diversion needs of justice system-involved persons. Counties also plan to implement post overdose response teams whose responsibility will be to treat patients and provide them with behavioral resources.

This recommendation may have a fiscal impact, although the amount is indeterminate at the time of this report.

**Recommendation 8: Use Funding to Clear Waitlists for Treatment and Recovery Support Services.**

Approximately 94 percent of the qualified counties, 80 percent of the non-qualified counties, and 52 percent of the municipalities that submitted implementation plans, intend to fund treatment and recovery support services. All plans that reference treatment and recovery intend to create linkages to treatment services, recovery housing, workforce re-entry, and provide additional assistance for those in need of support. According to figures from the Managing Entities, 1,082 individuals were placed on a waitlist for drug treatment in FY 2023-2024, presenting a clear indication that more capacity building needs to be done before treatment is available on demand. Increasing funding enables service providers to expand their services and resources, effectively reducing waitlists and providing timely access to care for those in need.

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<sup>7</sup> The National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press.

This recommendation may have a fiscal impact, although the amount is indeterminate at the time of this report.

**Recommendation 9: Increase Access to Peer Support & Recovery Community Organizations.**

Peer Support & Recovery Community Organizations (RCO) work collaboratively to achieve increased positive outcomes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery who have direct lived experience with substance use and recovery. RCOs provide certified peer recovery support services, in addition to recovery-focused community education and outreach. RCOs work closely with community treatment providers and other stakeholders to provide outreach, information and referrals, wellness recovery centers, and other recovery support services. While reviewing submitted implementation plans, several remarks were made by the qualified counties, non-qualified counties and municipalities that indicated that they were linking the work completed by both areas together and that they planned to create access to services for community residents and justice system involved individuals. Peer-based recovery support can increase treatment engagement, reduce substance use, and help address the workforce shortages in behavioral health.<sup>8</sup> Peer support services can also help improve relationships and quality of life, while reducing symptoms of anxiety or depression.<sup>9</sup>

Researchers used a longitudinal design panel to examine the impact of housing stability and peer support on long-term recovery and recidivism reduction for individuals with justice involvement and substance use histories in Palm Beach County. This study demonstrated the importance of peer support specialists, care coordination, and building community connections as ways to significantly support long-term recovery and reduce recidivism rates. Of 97 participants, only 14 percent experienced re-arrest, while 76 percent achieved housing stability.<sup>10</sup>

This recommendation has no known fiscal impact.

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<sup>8</sup> The National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press.

<sup>9</sup> Substance Abuse and Mental Health Services Administration. (2023). *How Can a Peer Specialist Support My Recovery from Problematic Substance Use? For People Seeking or In Recovery*. Publication No. PEP23-02-01-004.

<sup>10</sup> Howard, H., et al. (2024). Evaluating Recovery Capital to Promote Long-Term Recovery for Justice-involved Persons in South Florida. *Journal of Addictions and Offender Counseling*. <https://doi.org/10.1002/jaoc.12141>.

### **Recommendation 10: Increase Resource Sharing and Collaboration Related to Research, Training/Education, and Technology.**

For FY 2024-2025, 80 percent of the qualified counties and 94 percent of the non-qualified counties have reported that they will utilize their opioid implementation funds by providing training, conducting research, promoting education, and utilizing technology in their communities. In total, 50 percent of the non-qualified counties and 25 percent of the qualified counties reported that they will complete trainings with law enforcement and first responders. Counties have purchased technology/equipment to assist in detecting opioids and other substances from entering their communities and detention centers. Two counties reported that they will use technology to enhance patient services and improve their Electronic Health Record systems. It is evident that as the work to abate opioid misuse continues, additional education, training, technology, and research will be needed to ensure Florida's communities are kept current on the most recent evidence-based best practices and trends in opioid misuse. The Council recommends that all participating providers and community sectors share strategic plans, best practices, and existing resources related to training and workforce development, opioid-related research, and new technology to effectively and efficiently abate opioid misuse.

This recommendation has no known fiscal impact.

### **Recommendation 11: Ensure that Problem-Solving Courts Collaborate with Treatment Providers that Offer Methadone and Buprenorphine.**

Problem-solving courts, like drug courts, help connect individuals to community-based treatment, thereby diverting them from more extensive involvement in the justice system and helping to keep families intact. Judges play a critical role by closely monitoring progress, holding participants accountable, and encouraging their success. A meta-analysis of evaluations found that participation in drug courts can reduce recidivism by about 25 percent for up to three years.<sup>11</sup> However, some courts provide only limited access to the most effective medications for OUD. According to a survey of criminal problem-solving and dependency court staff in Florida, only 38 percent collaborate with treatment providers that encourage methadone, and only 49 percent collaborate with treatment providers that encourage buprenorphine.<sup>12</sup> Another survey of judges in criminal problem-solving and civil dependency courts in Florida found that nearly two percent reported that they never allow participants to recover with methadone or buprenorphine.<sup>13</sup>

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<sup>11</sup> Mitchell, O., et al. (2012). Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts. *Journal of Criminal Justice*, 40(1), 60-71.

<sup>12</sup> Andraka-Christou, B. & Atkins, D. N. (2021). Whose Opinion Matters about Medications for Opioid Use Disorder? A Cross-Sectional Survey of Social Norms Among Court Staff. *Substance Abuse*, 42(4), 735-750.

<sup>13</sup> Andraka-Christou, B., et al. (2022). Criminal Problem-Solving and Civil Dependency Court Policies Regarding Medications for Opioid Use Disorder. *Substance Abuse*, 43(1), 425-432.

Similar restrictions on naltrexone were not reported by any judges.<sup>14</sup> To ensure that individuals involved with problem-solving courts remain connected to life-saving treatment, it is recommended that problem-solving courts collaborate with treatment providers that offer methadone and buprenorphine. To foster greater collaboration and deeper understanding of the effectiveness of MAT, participation in training on opioids and MAT developed by the Office of the State Courts Administrator is encouraged.

This recommendation has no known fiscal impact.

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<sup>14</sup> Andraka-Christou, B., et al. (2022). Criminal Problem-Solving and Civil Dependency Court Policies Regarding Medications for Opioid Use Disorder. *Substance Abuse*, 43(1), 425-432.

## Appendix A: Implementation Status of Non-Qualified Counties, Qualified Counties, and Municipalities (Sample)

### Non-qualified Counties

**Alachua County** submitted its FY 2024-2025 plan after the deadline due to a program transition from Community Support Services to Fire Rescue. They expended \$287,246.34, with challenges in hiring and equipment procurement. The county attended technical assistance meetings and has expressed interest in further assistance from the Department.

**Bradford County** submitted its FY 2024-2025 implementation plan and spent \$160,526 during FY 2023-2024. They attended a technical assistance meeting and intent to coordinate with the Department for additional assistance.

**Citrus County** submitted its FY 2024-2025 plan after the deadline due to delays in project approvals. It spent \$1,526,038.86 in FY 2023-2024 but faced limited project requests. The county participated in four webinars for technical assistance. The county does not require additional support at this time.

**Clay County** completed its FY 2024-2025 implementation plan and expended \$1,897,349 in FY 2023-2024. No direct funding is transferred by municipalities to the county, and the county has participated in technical assistance meetings, requiring no additional support at this time.

**Columbia County** submitted its FY 2024-2025 plan, with expenditures of \$173,287.80. They have requested permission from the Department for the local Managing Entity, LSF Health Systems to report on their behalf. Columbia attended all technical assistance webinars and does not currently require further technical assistance.

**DeSoto County** has submitted its FY 2024-2025 implementation plan and expended \$149,069.55 in FY 2023-2024 without reporting major issues. The county transitioned reporting responsibilities to the Central Florida Behavioral Health Network, Inc., effective October 24, 2024. They are open to further meetings to address transitional needs.

**Gilchrist County** submitted its FY 2024-2025 plan and spent \$105,086.69 in FY 2023-2024, initially experiencing confusion with reporting requirements. They participated in a technical assistance meeting and will receive additional support as requested.

**Gulf County** submitted its FY 2024-2025 plan and had no expenditures in FY 2023-2024 due to delays in receiving a necessary business agreement. They will receive additional technical assistance for reporting as requested.

**Hamilton County** expects to submit its FY 2024-2025 implementation plan by November 12, with delays due to unforeseen circumstances. The county has an Opioid Data Management System account and does not require additional assistance at this time.



**Hendry County** has not submitted its FY 2024-2025 implementation plan, although a draft plan is ready with the estimated completion being by late December or January. Barriers included personnel impacts from storm preparation. Hendry County expended \$1,058.50 in FY 2023-2024, initially facing challenges understanding settlement agreement requirements. Some municipalities within Hendry County are receiving funds directly, and county representatives have attended multiple technical assistance meetings with the Department.

**Hernando County** has had unspecified barriers due to the need for additional understanding surrounding reporting requirements. They have established an account in the Opioid Data Management System and requested technical assistance with the Department.

**Holmes County** submitted its FY 2024-2025 plan and expended \$134,157.71 in FY 2023-2024 with no barriers. The county has attended several technical assistance meetings with the Department. No additional assistance is requested.

**Indian River County** completed its FY 2024-2025 plan submission and expended \$134,329.43 in FY 2023-2024. The county attended technical assistance meetings but does not require additional support at this time.

**Leon County** submitted its FY 2024-2025 implementation plan, expending \$642,047.98 in FY 2023-2024. The county attended one technical assistance meeting, expressing no further needs at this time.

**Levy County** has not yet submitted its implementation plan for FY 2024-2025 but anticipates submission by November 2024 due to delays in receiving information and agreements. The county expended \$297,964 in FY 2023-2024 without major issues. The county has attended technical assistance meetings with the Department.

**Liberty County** submitted its FY 2024-2025 implementation plan and expended \$32,874 in FY 2023-2024 without reported challenges. They have no municipalities involved in funding transfers to their county and do not currently require technical assistance.

**Martin County** submitted its FY 2024-2025 implementation plan and reported expending \$322,973.53 in FY 2023-2024. The City of Stuart receives direct funding but does not transfer it to the county. Martin attended one technical assistance meeting and does not currently require additional support.

**Monroe County** completed and submitted its implementation plan for FY 2024-2025. While there were coordination challenges with stakeholders, the county expended \$78,000 in opioid settlement funds for FY 2023-2024. No barriers were reported. Monroe County has attended one technical assistance meeting and does not currently require additional support.

**Nassau County** has not submitted its FY 2024-2025 implementation plan, anticipating completion following approvals on November 14<sup>th</sup>, 2024. The county spent \$808,197 in FY 2023-2024. There were initial challenges due to the first-year establishment of the local opioid task force. They attended technical assistance meetings and do not require further assistance at this time.

**Okaloosa County** submitted its plan only for Regional Abatement Funds, intending to finalize its City/County Settlement Funds plan by July 2025. Minimal expenditures in FY 2023-2024 were reported. Delays stemmed from the focus on time-sensitive Regional Abatement and CORE Network funds. Fort Walton Beach transfers its funding to Okaloosa County. Technical support is desired for reporting requirements once implementation plan is finalized.

**Okeechobee County** completed its FY 2024-2025 implementation plan but reported challenges understanding the fund usage requirements. The county has partnered with its Managing Entity for clarity. They request technical assistance if further requirements arise.

**Santa Rosa County** has not submitted its implementation plan for FY 2024-2025, expecting to do so by January 1. Although funds for FY 2023-2024 are under contract, challenges have emerged around sub-granting funding to entities that will manage programs on the county's behalf. The county has reported in the Opioid Data Management System with assistance from the NWF Health Network. Santa Rosa County has attended meetings with its Managing Entity, but would like to discuss timing of funds and reporting further.

**Sarasota County** submitted its FY 2024-2025 plan without major issues, though delays occurred while finalizing a regional funds contract. North Port, Sarasota, and Venice received funding, but none are transferring their funding to the county . They participated in multiple technical assistance meetings and will request support as needed.

**St. Johns County** has completed its implementation plan. Challenges include understanding how to input funding received directly by the county rather than from the Managing Entity. The county attended technical assistance meetings and will receive additional support as requested.

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## Qualified Counties

**Brevard County** established a local opioid taskforce/council prior to 2021, and the taskforce meets every other month. Brevard noted that their implementation plan for the FY 2024-2025 prior fiscal year. The county did not spend any opioid settlement funding during FY 2023-2024 due to delays in securing contracts.

**Broward County** established a local opioid taskforce/council, the Broward County Community Response Team, and they meet quarterly. Broward County expended \$3.9 million in opioid funding in FY 2023-2024.

**Collier County's** Community Drug Response Team is adopting its Public Safety Coordinating Council to satisfy the requirement of establishing an opioid taskforce/council. These entities have met quarterly since 2018. Collier County was able to expend \$500,000 in opioid settlement funding in FY 2023-2024, and they have submitted their implementation plan for FY 2024-2025.

**Duval County/City of Jacksonville** established the Opioid and Substance Use Disorder Grants Committee to fulfill the opioid taskforce/council requirement for qualified counties. The committee began meeting in September 2023, and the committee meets at least once a month throughout the year except for November and December. The city was able to expend \$1.4 million in opioid settlement funding and has submitted plans for expenditure of additional funding in the 2024-2025 fiscal year.

**Escambia County** established an opioid taskforce/council in 2022, which meets every other month. Escambia County was able to expend \$750,467 in opioid settlement funding for the 2023-2024 fiscal year and has submitted its plan for future expenditures in the 2024-2025 fiscal year.

**Hillsborough County** has established its opioid taskforce, which began meeting in May 2018 and holds monthly meetings. The county has not yet submitted its implementation plan for FY 2024-2025, but it expects to do so in December 2024 or January 2025, pending approval by the Board of County Commissioners. No opioid settlement funding was expended in FY 2023-2024. A workshop is scheduled with the Board of County Commissioners on December 3, where the county will present the taskforce's progress and discuss options moving forward. Because this is a workshop, an official vote on the implementation plan is anticipated in late December or at a January meeting. The county has obtained extensive input for the plan from their Behavioral Health Task Force, Opioid Summit, and a multitude of stakeholders throughout the community.

**Lake County** has established an opioid taskforce, which began meeting in January 2021. The county completed and submitted its implementation plan for FY 2024-2025. However, no opioid settlement funding was expended in FY 2023-2024 due to the taskforce's inability to develop a spending plan for the Board of County Commissioners' approval. Additionally, the taskforce is currently undergoing membership re-organization.

**Lee County** has established an opioid taskforce through the Public Safety Coordinating Council, which began meeting on June 8, 2021, and meets quarterly. The county completed and submitted its FY 2024-2025 implementation plan. In FY 2023-2024, the county expended \$615,982.12 in opioid settlement funds, encountering no barriers to fund utilization.

**Manatee County's** opioid response taskforce, the Addiction Crisis Taskforce, was established and began meeting in early 2024. This taskforce meets quarterly and collaborates with local entities and stakeholders. Manatee County submitted its FY 2024-2025 implementation plan. The county expended \$94,998.52 in opioid settlement funding in FY 2023-2024, with no reported barriers.

**Marion County** established its opioid taskforce in March 2023 and meets quarterly. While the county did not expend opioid settlement funds in FY 2023-2024, it is in the process of finalizing agreements with local partners and has set a priority spending plan, which includes \$500,000 for facilities and \$750,000 for paramedicine teams. The Hospital District will assist in fund oversight. Barriers encountered included initial misunderstandings of state expectations, but peer support and communication with other counties, particularly Seminole, have improved their process.

**Orange County** established its opioid taskforce, which started meeting in 2023 and currently meets quarterly. The county completed and submitted its implementation plan for FY 2024-2025. In FY 2023-2024, the county expended \$790,532.63 in opioid settlement funding, with delays in the contracting process due to county procurement procedures.

**Osceola County** established its opioid taskforce, which began meeting in November 2023. Meetings were initially monthly and will transition to a quarterly schedule starting in January 2025. The county has not yet submitted its FY 2024-2025 implementation plan due to program procurement requirements preceding plan approval. No opioid settlement funds were expended in FY 2023-2024, as the county focused on planning.

**Palm Beach County's** opioid taskforce started meeting in January 2023, following a previous steering committee that began in January 2019. The taskforce meets bi-monthly, with subcommittees meeting every other month. While the county completed and submitted its FY 2024-2025 implementation plan, it did not expend opioid settlement funds in FY 2023-2024. The county has been deliberate in planning and receiving community input, and the expenditure plan was presented to the Board of County Commissioners on October 22, 2024.

**Pinellas County** established its opioid taskforce in June 2017. The taskforce, supported by the Opioid Abatement Funding Advisory Board, meets quarterly to review opioid epidemic data and abatement programming. Pinellas County submitted its FY 2024-2025 implementation plan on June 13, 2024. In FY 2023-2024, the county expended \$242,804.93 in opioid settlement funds. Spending limitations included prohibitions on

syringe services programs under Florida law and a lack of clarity regarding required data reporting.

**Polk County** established its opioid coalition, which began meeting in June 2024 and currently meets quarterly, with more frequent meetings based on project timelines. The county submitted its FY 2024-2025 implementation plan and expended \$149,340.47 in FY 2023-2024. Initial spending was delayed, but the county is now moving forward with plans to increase local service provider capacity.

**Seminole County's** opioid taskforce, Seminole County Opioid Council (SCOC), was established in 2016 under the leadership of the Seminole County Department of Health, later transitioning to the Sheriff's Office. The SCOC is comprised of community providers from a variety of agencies including law enforcement and agencies involved in substance use disorder and behavioral health services. The Seminole County Opioid Response team was formed from recommendations from the SCOC around 2019. The Seminole County Opioid Response team responds to fatal and non-fatal overdose incidents in Seminole County and is one component of the SCOC. SCOC meetings are held every other month and include information from the Seminole County Opioid Response team, Advent Health's Hope and Health Center, the Florida Legislature, Seminole County, and Seminole County Sheriff's Office. Additionally, the SCOC Medical Subcommittee was charged with reviewing local needs assessment, including input from stakeholders and the community and other available data to make recommendations on opioid settlement funding to the Seminole County Board of County Commissioners. The county submitted its FY 2024-2025 implementation plan. No opioid settlement funds were expended in FY 2023-2024. Any spending, including opioid settlement funding, must be approved by the Seminole County Board of County Commissioners. An initial meeting was held where recommendations were presented but the Board of County Commissioners had several questions and concerns that needed to be addressed before the final recommendations were approved in June 2024.

**St. Lucie County**, in partnership with Martin, Indian River, and Okeechobee Counties, established the Treasure Coast Opioid Task Force in 2017. In addition to the Treasure Coast Opioid Task Force, St. Lucie County formed the Opioid Abatement Funding Advisory Board in December 2021, which governs the use of St. Lucie's regional opioid settlement funds. The taskforce began meeting regularly to address regional opioid-related challenges and ensure efficient use of funds. St. Lucie County has completed and submitted its implementation plan for FY 2024-2025. However, it did not expend any opioid settlement funding in FY 2023-2024. Barriers to spending included delays in finalizing the plan for fund allocation and establishing partnership agreements. St. Lucie County and the Florida Department of Health in St. Lucie have entered into a Memorandum of Agreement to begin projects as outlined in the submitted FY 2024-2025. The first expenditures of the qualified county funds will be reported for the second quarter of FY 2024-2025.

**Volusia County** has established an opioid taskforce/council, which is an advisory board with representation from thirteen participating municipalities. The task force began

meeting in February 2024 and holds meetings quarterly. Volusia County has also submitted its FY 2024-2025 implementation plan. In FY 2023-2024, Volusia County utilized opioid settlement funds totaling \$227,075. One of the barriers identified in planning for the use of the funds was the timing of the award of funding to applicant agencies in the competitive solicitation process and the due date for the implementation plan.

## Municipalities

**Altamonte Springs** has completed and submitted its implementation plan for FY 2024-2025. Altamonte Springs experienced no barriers in submitting the implementation plan. Altamonte Springs expended \$4,011.14 of its opioid settlement funding in FY 2023-2024 and no barriers were encountered with the financial expenditure process. Altamonte Springs will not be transferring their funding to the county or comingling funds with other municipalities. Altamonte Springs has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Altamonte Springs has attended two webinars with the Department.

**Avon Park** has executed a return of funds assignment back to the state.

**Bradenton** has submitted its implementation plan for FY 2024-2025. Bradenton expended \$75,277.86 of its opioid settlement funding in FY 2023-2024. No barriers were encountered with the financial expenditure process. Bradenton will not be transferring funding to the county or comingling funds with other municipalities. Bradenton has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Bradenton has attended one webinar with the Department.

**Cocoa** has representatives in its municipality with established accounts to report data into the Opioid Data Management System.

**Coral Springs** has submitted its implementation plan for FY 2024-2025. Coral Springs expended \$37,345.00 of its opioid settlement funding in FY 2023-2024 with no barriers encountered with the financial expenditure process. Coral Springs will not be transferring funding to the county or comingling funds with other municipalities. Coral Springs has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Coral Springs has attended one webinar with the Department and one technical assistance call.

**Gulf Breeze** has submitted its implementation plan for FY 2024-2025. Gulf Breeze expended none of its opioid settlement funding in FY 2023-2024 with no barriers encountered with the financial expenditure process. Gulf Breeze will not be transferring funding to the county or comingling funds with other municipalities. Gulf Breeze has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Gulf Breeze has attended one webinar with the Department.

**Greenacres** has submitted the implementation plan for FY 2024-2025. Greenacres expended none of its opioid settlement funding in FY 2023-2024 with no barriers encountered with the financial expenditure process. Greenacres will not be transferring its funding to its county or comingling its funds with other municipalities. Greenacres has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Greenacres has attended two-three webinars with the Department.

**Jacksonville** has submitted its implementation plan for FY 2024-2025. The City of Jacksonville was able to expend \$1,407,699.94 of its opioid settlement funding in FY 2023-2024 and has submitted plans for expenditure of additional funding in the 2024 – 2025 fiscal year. No barriers were encountered with the financial expenditure process. Jacksonville will not be transferring funding to its county or comingling funds with other municipalities. Jacksonville has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Jacksonville has attended two webinars with the Department.

**Miami Lakes** has submitted its implementation plan for FY 2024-2025. Miami Lakes expended none of its opioid settlement funding in FY 2023-2024. No barriers were encountered with the financial expenditure process. Miami Lakes will not be transferring its funding to the county or comingling funds with other municipalities. Miami Lakes has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Miami Lakes has attended two webinars with the Department.

**Pensacola** has submitted its implementation plan for FY 2024-2025. Pensacola expended none of its opioid settlement funding in FY 2023-2024. No barriers were encountered with the financial expenditure process. Pensacola will not be transferring funding to the county or comingling funds with other municipalities. Pensacola has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Pensacola has attended two webinars and three technical assistance calls with the Department. Pensacola will attend a technical assistance call in the future with the Department.

**Punta Gorda** has submitted its implementation plan for FY 2024-2025. Punta Gorda has not expended none of its opioid settlement funding in FY 2023-2024. No barriers were encountered with the financial expenditure process. Punta Gorda will not be transferring funding to the county or comingling funds with other municipalities. Punta Gorda has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Punta Gorda has attended one webinar with the Department. Punta Gorda may need to set up a technical assistance call in the future to help with expending funds.

**St. Petersburg** has completed and submitted its implementation plan for FY 2024-2025. St. Petersburg expended none of its opioid settlement funding in FY 2023-2024. No barriers were encountered with the financial expenditure process. St. Petersburg will not be transferring funding to the county or comingling funds with other municipalities. St.

Petersburg has representatives in its municipality with established accounts to report data into the Opioid Data Management System. St. Petersburg has attended two webinars with the Department.

**Temple Terrace** has completed and submitted its implementation plan for FY 2024-2025. Temple Terrace expended none of its opioid settlement funding in FY 2023-2024. No barriers were encountered with the financial expenditure process. Temple Terrace will not be transferring funding to the county or comingling funds with other municipalities. Temple Terrace has representatives in its municipality with established accounts to report data into the Opioid Data Management System. Temple Terrace has attended two webinars with the Department.

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