

Pinellas County First Responder Comprehensive Addiction and Recovery Act Program

Program Year 3, Quarter 4 Evaluation Update

With funding through the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Pinellas County provided programming aimed at reducing opioid-related deaths across the county. The First Responder Comprehensive Addiction and Recovery Act (FR-CARA) program enhanced the current first responder's Naloxone program throughout Pinellas County by creating additional training opportunities, increasing community access to Naloxone, and expanding the Quick Response Team (QRT) pilot program.

The QRT was a program led by Gulf Coast JFCS in partnership with Pinellas County Human Services Department and Pinellas County Safety and Emergency Services. The QRT comprised both case managers and peer specialists who responded to referred individuals who were recently treated with naloxone or who were at risk of overdose. Services included risk assessment, safety planning, peer support, community stabilization, and a Naloxone Education and Leave Behind. The QRT contacted consenting individuals revived from a drug overdose or poisoning or otherwise referred by law enforcement officers to conduct wellness checks and engage individuals in recovery support services and/or substance use treatment.

The FR-CARA program had two primary goals:

Goal 1: Reduce opioid-related deaths

- Objective 1.1: Increase the availability of drug overdose reversal treatment kits.
- Objective 1.2: Promote awareness of universal prescription for naloxone.
- Objective 1.3: Provide naloxone administration and supporting addiction/safety training to first responders/community organizations.

Goal 2: Provide connection to effective treatment.

- Objective 2.1: Establish meaningful connections with individuals who have overdosed or their family members.

This Evaluation Update highlights the FR-CARA program's outcomes regarding the two primary goals and the four objectives across all grant years.

Table 1 shows an At-a-Glance Summary of outcomes regarding key grant program activities as of December 2025. The FR-CARA program successfully met its grant goals regarding the distribution of overdose reversal kits throughout the county and training individuals on naloxone administration and addiction support. Across all grant years, the program distributed 7,437 kits, exceeding the 4,000 grant target by nearly 86%. Additionally, the program trained 1,962 first responders and community organization members, exceeding the 500 grant target by over 300%. Meanwhile, the program provided meaningful engagement including treatment conversations with 48% of consenting overdose individuals and/or family members referred to the QRT, just shy of its 50% target. Lack of valid contact information, especially for transient clients, was a constant barrier to establishing meaningful engagement. To address this, the QRT implemented recurring reports for partnering agencies to increase buy-in and conducted multiple training sessions for the agencies to enhance alignment with referral reporting requirements, despite staff turnover.

Table 1. At-a-Glance Summary

Key Activities	FY 22-23 Total	FY23-24 Total	FY 24-25 Total	FY 25-26 NCE Total	Grant Total	Grant Targets	Status
Overdose Reversal Kits Delivered	1,529	2,467	1,773	219	7,437	4000	Met
Individuals Trained	494	976	382	110	1,962	500	Met
Treatment Conversations	42%	50%	54%	56%	48%	50%	Not Met

The following sections summarize the cumulative outcomes across each objective, organized by the two primary goals.

Goal 1. Reduce Opioid-Related Deaths.

Objective 1.1: Increase the availability of drug overdose reversal treatment kits. By 12/29/25, increase the availability of drug overdose reversal treatment kits throughout the county by distributing 4000 naloxone kits.

Outcomes: Between October and December 2025, 219 drug overdose reversal treatment kits were distributed. Cumulatively, 7,437 kits have been distributed by the Fire Department/EMS, the trainer, and Pinellas County Emergency Management during the grant period, representing an 86% increase over the original target of 4,000.

Objective 1.2: Promote awareness of universal prescription for naloxone. By the end of the four-year grant, increase promotion/awareness of universal prescription for naloxone, especially for friends and family of those who have overdosed.

Objective 1.3: Provide naloxone administration and supporting addiction/safety training to first responders/community organizations. By the end of the four-year grant, train 500 first responders or individuals in community organizations on naloxone administration and supporting addiction/safety.

Outcomes: Between October and December 2025, 110 individuals from law enforcement, transit authority, public works, community providers, and healthcare organizations were trained.

Across the entire grant period, 1,962 first responders and community organization members have been trained on naloxone administration and addiction support, exceeding the 500 grant target by over 300%. **Table 2** shows the total number of training sessions conducted across the grant years by employer type and the total number of participants trained. Training components included naloxone administration, supporting addiction/safety, and the Florida Statute regarding universal prescription.

Table 2. Naloxone Narcan Awareness Training Sessions by Employer

Employer	FY 22-23 Total (n=32)	FY 23-24 Total (n=48)	FY 24-25 Total (n=24)	FY25-26 NCE Total (n=11)	Grant Total
Fire	0	3	0	0	4
Law Enforcement	2	4	1	0	6
Paramedics	0	0	0	0	0
Community Providers	27	18	10	0	52
Healthcare Providers	1	11	2	0	13
Other (i.e., housing, transit, public works, church)	2	12	10	11	32
Total Number of Trainings	32	48	24	11	115
	FY 22-23 Total	FY 23-24 Total	FY 24-25 Total	FY 25-26 NCE Total	Grant Total
Total Number of Training Participants	494	976	382	110	1962

Goal 2. Connect to Effective Treatment.

Objective 2.1: Establish meaningful connections with individuals who have overdosed or their family members. By 12/29/25, establish meaningful connections with 50% of consenting overdose individuals and/or family members within 72 hours of the response event.

Outcomes: Gulf Coast JFCS QRT received referrals for a total of 1,141 individuals throughout the grant period. Of these individuals 48% engaged in meaningful conversation that included the current state of substance use (active and using, active and not using, sober, denial) and treatment options. This almost met the goal of 50%. Incomplete or inaccurate contact information in referral forms was a significant and persistent barrier to client engagement. To address this challenge, the QRT implemented several measures, including providing recurring reports and conducting staff training at referring partner agencies to strengthen collaboration and improve the quality of information shared in referral forms.

Finally, the rate of client connection to treatment showed an upward trend throughout the grant period, while the average number of days between initial outreach and client connection to treatment decreased. The QRT was also successful in maintaining long-term client engagement. Additional details regarding referral data trends throughout the grant period can be found in the Summary of Findings from a Learning Summit with the QRT, included at the end of this report.

Table 3. Meaningful Engagement Rate

	FY 22-23 Total	FY23-24 Total	FY 24-25 Total	FY 25-26 NCE Total	Grant Total
Total Referred individuals	432	345	319	45	1,141
Meaningful Engagement Rate	42%	50%	54%	56%	48%

Summary of Findings from Learning Summit with QRT

In September 2025, a learning summit was held with the QRT to collaboratively reflect on the QRT's referral data from September 2022 to July 2025. The objectives of the learning summit were to review and interpret data trends observed throughout the grant years and discuss how the data can inform future programmatic decisions for the QRT. Leadership staff, Peer Specialists, and Case Managers from the QRT reviewed data related to referral sources, meaningful engagement, client demographics, and client outcomes. Each set of findings was followed by structured reflection and discussion.

Incoming Referral Trends

The total number of referrals received by the QRT decreased over time. The QRT staff perceived the downward trend as not indicative of a change in community need or access, but rather a result of leadership transitions and staff turnover at partner referring agencies, which may have reduced accountability or follow-through in collaboration. Additionally, staff reported that increasing motivation or buy-in from referring agencies would help improve referral rates and ensure individuals in need receive services. They also noted that referring agencies are less likely to submit repeat referrals to the QRT for individuals they have previously referred who continue to experience overdoses or other related issues.

Referral patterns also shifted over the three-year grant period. The percentage of clients referred to QRT for accidental overdoses decreased from 86% in Year 1 to 28% in Year 3, while at-risk referrals increased from 14% in Year 1 to 64% in Year 3. QRT staff explained that this shift reflects them receiving referrals for mental health issues in addition to overdoses which contributed to the increase in at-risk referrals. While past referrals in Years

1 and 2 were primarily for overdoses, the QRT began receiving more alcohol-related and mental health referrals in Year 3, particularly from Emergency Medical Services (EMS). The QRT also noted that referring agencies sometimes use the "at-risk" category as a default when they are unsure of the reason. To address this data ambiguity, QRT recommended implementing a standardized referral form across all partner agencies to ensure consistent data collection and terminology.

Meaningful Engagement with Clients

The QRT has been successful in increasing the rate of meaningful engagement with clients throughout the project years. The rate of meaningful engagement has increased from 42% in Year 1 to 56% during the grant extension period. Peer Specialists and Case Managers shared that building rapport with clients has been the most effective strategy in achieving the increase in meaningful engagement. They shared that they tailor their conversations with each client and become the people that their clients want to talk to.

The QRT identified several barriers to increasing engagement rates, primarily related to incomplete contact information from referring agencies. Staff face challenges reaching referred clients when they receive insufficient contact details. They emphasized that standardizing the referral process across all partner agencies would help address these information gaps.

Client Demographics

The QRT tracked the health insurance and housing statuses of their clients. Only 6% of the clients had private insurance and another 6% were insured through Medicaid. The staff identified insurance as a major barrier to clients receiving treatment services, noting that only those with private insurance can access treatment programs. Meanwhile, the QRT saw an increase in clients referred with stable housing and a decrease in those with unstable housing over the project years. Additionally, the staff noted that much of the demographic data comes directly from clients rather than referring agencies, meaning this information is often unavailable at the time of referral.

Client Outcomes

The rate of client connection to treatment showed an upward trend across the project years while the average number of days between initial outreach and client receiving treatment decreased. The staff emphasized that while early data appears low, it reflects the reality that very few clients have private insurance and are eligible for treatment programs. Moreover, they noted that the data may be underreported because there is not a standardized way for confirming client's treatment connection. They also shared that client connection to treatment is not the only marker of success for their program. They considered continued long-term engagement with clients as another indicator of success.

Staff identified a need to better define "successful program completion." Peer Specialists and Case Managers shared that they rarely use this category in their data system because the definition remains unclear. Leadership agreed that defining success is challenging since QRT often lacks feedback from treatment facilities and other agencies about whether clients successfully completed their programs.

Conclusion

The learning summit provided an opportunity for the QRT to reflect on their progress throughout the project and discuss successes and challenges that may impact future programmatic decisions. Key themes that emerged included the need for standardized referral processes across partner agencies, clearer definitions of program completion, and strategies to address insurance barriers that limit access to treatment. The slide deck containing the data presented during the summit was shared with the QRT, who were encouraged to discuss internally what other data-informed decisions could be made to enhance their processes.