

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Department of Children and Families Extended-release Injectable

LFIR # 1283

•	Naİtrexone (Vivitrol) Pro	ogram	
2. Senate Sponsor	Debbie Mayfield		
3. Date of Request	02/07/2023		
4. Project/Program D	escription		
and the Centers for practice approach to providers for provisi medication injection	Disease Control (CDC) strong serve individuals with alcount of substance abuse scross for individuals with alcoholds.	alth Services Administration (SAMHSA), Food and D congly advocate for the use of medication-assisted tre cohol and opioid use disorders. The program funds co reening, medical assessments/lab work and extended col and/or opioid abuse or dependence throughout the ered through a statewide network of 44 providers from	eatment as a best mmunity treatment d-release naltrexone e state that are

Department of Children and Families

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

5. State Agency to receive requested funds

State Agency contacted?

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	57%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	1,500,000	43%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	3,500,000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2022-23	1,500,000	796,706	371	No

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

2,000,000

b. Describe the source of funding that can be used in lieu of state funding.



No

Salary and Benefits

Services/Study

Consultants/Contracted

Planning Engineering

Construction/Renovation/Land/

Other

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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0

2,000,000

The project is funded entirely by Federal block grant state matching funds and discretionary grant dollars. The requested funds would enable the program to avoid waiting lists for services, provide valuable treatment, and avoid overdoses and deaths among the target population. There is very limited coverage of medication-assisted treatment available through Medicaid, Medicare, or insurance to sufficiently care for this target population.

If yes, indicate the amount of funds received and what the funds were used for.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

omplete questions 11 ar	nd 12 for Fixed Capi	ital Outlay Proj	ects	
. Status of Construction				
a. What is the current phase of the	he project?			
OPlanning ODesign (Construction			
b. Is the project "shovel ready" (i.e permitted)?			
c. What is the estimated start date	te of construction?			
d \M/bet is the setimeted complet]	
d. What is the estimated completec. List the owners of the facility to	receive, directly or indirec		│ outlay funding. In	clude the
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2. List the owners of the facility to relationship between the owner. Details on how the requested states.	o receive, directly or indirec rs of the facility and the enti		outlay funding. In	clude the
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2. List the owners of the facility to relationship between the owner. Details on how the requested statement of the facility to relationship between the owner. Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits	o receive, directly or indirec rs of the facility and the enti	itý.	outlay funding. In	

that are uninsured or under-insured.

Payment to community-based treatment providers for provision of

clinical screening, medical assessment, and extended release naltrexone injections for alcohol and/or opioid dependent individuals



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Total State Funds Requested (must equal total from question #6	5)	2,000,000
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14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

In response to the opioid epidemic and the ongoing problem of alcohol abuse/dependence among Florida's citizens, the program facilitates recovery from substance abuse, lower rates of opioid overdose, and reduced costs to society for employment issues, high-cost healthcare utilization, and criminal justice/court involvement related to opioid and alcohol use disorders.

b. What activities and services will be provided to meet the intended purpose of these funds?

Program funds substance abuse screening/evaluation, medical assessment, and extended-release medication injections to help individuals that are uninsured or under-insured with alcohol and/or opioid dependence achieve recovery through enhanced retention/completion rates for outpatient, residential, and other forms of psychosocial treatment.

c. What direct services will be provided to citizens by the appropriation project?

Substance abuse clinical screenings, medical assessments, and administration of extended-release injectable naltrexone medication.

d. Who is the target population served by this project? How many individuals are expected to be served?

The requested funds, in conjunction with state block grant match funds, enable the program to serve 672 patients who are uninsured or under-insured and present with alcohol and/or opioid abuse and dependence problems. The requested funds would support screening, medical assessment/lab work, and extended-release injectable naltrexone medication for 384 of the total 672 patients.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The use of medication in substance abuse treatment supports improved retention in traditional treatment. At least 60% of individuals receiving extended-release injectable naltrexone services will successfully complete or remain actively engaged in psychosocial treatment for addiction problems with alcohol and/or opioids at time of discharge from medication-assisted treatment (MAT) services. Algorithm includes all individuals successfully completing MAT or psychosocial treatment, or still actively engaged in psychosocial treatment at time of discharge from MAT services divided by all individuals discharged from MAT services.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

The program has operated well throughout its 8-year history. Current penalties in the contract for failure to meet deliverables or performance measures are sufficient.

15. Requester Contact	Information		
a. First Name	Darran	Last Name	Duchene
b. Organization	Florida Alcohol and Drug	Abuse Assoc	ciation (FADAA)
c. E-mail Address	darran@floridabha.org		
d. Phone Number	(850)878-2196	Ext.	
16. Recipient Contact	Information		
a. Organization	Florida Alcohol and Drug (FADAA)	Abuse Assoc	iation

b. Municipality and County | Statewide



17.

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c. Organization Typ	96			
□For Profit Entity				
☑Non Profit 501(c	:)(3)			
□Non Profit 501(c	()(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Darran	Last Name	Duchene	
e. E-mail Address	darran@floridabha.org	J .		
e. E-mail Address	darran@floridabha.org (850)878-2196			
[(850)878-2196			
f. Phone Number	(850)878-2196			
f. Phone Number	(850)878-2196 nformation	C		
f. Phone Number Lobbyist Contact I a. Name	(850)878-2196 nformation Frank P. Mayernick Jr. The Mayernick Group LL			