



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1658

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The federal Substance Abuse and Mental Health Services Administration (SAMHSA), Food and Drug Administration (FDA) and the Centers for Disease Control (CDC) strongly advocate for the use of medication-assisted treatment as a best practice approach to serve individuals with alcohol and opioid use disorders. Program funds community treatment providers for provision of substance abuse screening, medical assessments/lab work and extended-release naltrexone medication injections for individuals with alcohol and/or opioid abuse or dependence throughout the state that are uninsured or under-insured. Services are delivered through a statewide network of 48 providers from Pensacola to Key West.

5. **State Agency to receive requested funds**
- State Agency contacted?  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,021,726"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>1,021,726</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1021726"/>	<input style="width: 80%;" type="text" value="100.0 %"/>
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,021,726</b>	<b>100 %</b>

8. **Has this project previously received state funding?**  Yes  No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2018-19"/>	<input style="width: 80%;" type="text" value="1,500,000"/>	<input style="width: 80%;" type="text" value="1,021,726"/>	<input style="width: 80%;" type="text" value="371"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**  Yes  No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study	Payment to community-based treatment providers for provision of screening, medical assessment, and extended-release naltrexone injections for alcohol and/or opioid dependent individuals that are uninsured or under-insured.	1,021,726
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,021,726</b>



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## 11. 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 court involvement related to substance misuse, abuse, and dependence.

- 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 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 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 other state and federal funds enable the program to serve 841 patients who present with alcohol and/or opioid abuse and dependence problems and are uninsured or under-insured.

- 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 58% 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 services. Algorithm includes all individuals successfully completing or still actively engaged in psychosocial treatment at time of discharge from services divided by all individuals discharged from 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 in the contract?

The program has operated well throughout its 5-year history - current penalties in the contract for failure to meet deliverables or performance measures are sufficient.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.