



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Statewide Opioid Addiction Training and Community Prevention Education Program

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

This comprehensive and statewide program is highly responsive to several important recommendations made by a multidisciplinary panel of eight experts appearing before the Senate Health Policy Committee Workshop on the Opioid Addiction (October 10, 2017). It is designed to support Florida's efforts to curb the fast-growing rates of opioid-related addiction and deaths by: 1. Increasing the capacity of Florida's healthcare workforce and delivery system to appropriately prevent and treat opioid misuse and addiction, and; 2. Increase community awareness (particularly among youth) of the risks associated with opioid misuse and addiction.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
5,200,000		5,200,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,200,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

- a. If yes, indicate non-recurring amount per year.

Yes, request funding for a total of five years at approximately \$5.0 million per year.

### 11. Program Performance:

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

1. Increase the capacity of Florida's healthcare workforce and delivery system to appropriately prevent and treat opioid misuse and addiction, and 2. Increase community awareness (particularly among youth) of the risks associated with opioid misuse and addiction.

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

Training health care professionals from a wide range of disciplines to manage and reduce opioid overuse and addiction• Training county emergency management personnel and first responders, including paramedics and police, to appropriately intervene in emergency situations involving opioid overdose• Introducing specialized curriculum on opioid addiction into health professions training programs at universities and colleges, as well as medical residencies throughout the state• Incorporating evidence-based opioid addiction case management strategies at primary care facilities, including the federally qualified health centers and county health departments, located in many of Florida's underserved areas where resources for treatment are currently limited or non-existent• Enhancing the capability of mental health and substance abuse facilities in underserved and rural communities to deliver evidence-based opioid addiction treatment services• Increasing community awareness.

- c. How will the funds be expended?

Spending Category	Description	Amount
-------------------	-------------	--------



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Position responsible for overseeing and coordinating statewide effort, executing sub-agreements with AHEC programs and centers, and serve as main liaison to state agency.	52,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Part-time (60%FTE) administrative support	23,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	General miscellaneous costs (office supplies, travel, equipment, and indirect administrative costs of 7.5%) to support program related activities, including statewide meetings and conferences.	30,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Content expert(s) fees and expenses to serve on statewide program advisory panel for program development, implementation, evaluation.	15,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Includes 15 new full-time funded positions to provide oversight of regional programming, 30 half-time positions for project support and coordination, 10 part-time content experts/program advisors.	2,375,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Includes office supplies, printing of training materials, travel costs, equipment, phone/postage, and other	680,000



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

	miscellaneous direct and indirect expenses (indirect costs not to exceed 7.5% of total expenses)	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Includes special content experts, contracts with behavioral health/addiction treatment specialists as well as with community-based clinical and behavioral health sites.	2,025,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		5,200,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Professional training, community educational services, and technical support services to clinical facilities to increase awareness, practice skills, and the capacity of primary and behavioral health facilities, particularly in rural and inner-city underserved communities to prevent and treat opioid addiction and abuse.

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

General public, health professionals, persons with mental and/or physical health needs, economically disadvantaged individuals, at-risk youth, homeless, schoolchildren, college students, persons in the criminal justice system. It is estimated that over 8,000 individuals will be impacted yearly.

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

Reductions in the state's opioid-related addiction, overdose, and mortality rates. Reductions in the state's economic burden arising from opioid abuse related treatment and emergency department visit costs. Epidemiological data measuring substance abuse rates and behaviors, overdoses, and deaths will be collected and compared annually by the state.

**g. 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?**

Reduction in funding per unmet deliverable(s)

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

N/A



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

### 13. Requestor Contact Information:

- a. **Name:** Gustavo Saldias M.P.H.
- b. **Organization:** Florida Alliance for Healthy Communities, Inc.
- c. **Email:** gsaldias@nova.edu
- d. **Phone Number:** (954)262-1588

### 14. Recipient Contact Information:

- a. **Organization:** Florida Alliance for Healthy Communities, Inc.
- b. **County:** Statewide
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (Please specify) The Florida Alliance for Healthy Communities is a 501(c) (6) not-for-profit organization.
- d. **Contact Name:** Gustavo Saldias M.P.H.
- e. **E-mail Address:** gsaldias@nova.edu
- f. **Phone Number:** (954)262-1588

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Amanda Stewart
- b. **Firm:** Corcoran and Johnston
- c. **Email:** amanda@corcoranfirm.com
- d. **Phone Number:** (813)527-0172