



# The Florida Senate

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

1. **Title of Project:** Extended Release Injectable Naltrexone (VIVITROL)

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

Provide extended-release injectable naltrexone to treat alcohol or opioid addicted offenders in community based drug treatment programs

5. **State Agency Contacted?** Yes

a. If yes, which state agency? State Court System

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

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
2,500,000		2,500,000

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)	5,000,000	66.7%
Local	0	0.0%
Other	0	0.0%
TOTAL	5,000,000	66.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 7,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

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

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:	1,000,000	2,000,000	3,000,000

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

Yes

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

2,500,000

### 11. Program Performance:

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

Provide substance use disorder medication-assisted treatment (MAT) to persons in the criminal justice system who are addicted to opioids and or alcohol.

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

Screening and education, medical assessment and laboratory tests, administration of medication.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Screening and education, medical assessment and laboratory tests, administration of XR-NTX and medication monitoring	2,500,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,500,000

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

Services will include patient screening and medication education, medical assessment and laboratory tests, and administration of extended release injectable naltrexone (VIVITROL). In early FY2016-17 it was evident that expenditures for the program would outpace the available funding. An allocation process was developed and providers were assigned allocation amounts that would ensure patients in care could complete their recommended course of MAT. The number of new patients had to be limited although the demand for VIVITROL was high. Additional funding will help address this demand especially the increasing interest requests from jails.

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

Target population is individuals addicted to alcohol and/or opioids who are involved in the criminal justice system or at high risk of involvement.

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

The ultimate goal of substance abuse treatment is to facilitate abstinence and long term recovery in individuals with alcohol and/or opioid abuse or dependence. The use of research based MAT protocols in designed to promote positive change in the health and well being of addicted individuals, and to improve retention in psychosocial treatment. FADAA was chosen by OSCA to manage this program in 2014. FADAA is collecting and analyzing data that are indicative of successful MAT participation through the following measure: At least 52% of individuals receiving VIVITROL MAT services will successfully complete or remain actively engaged in psychosocial treatment for addiction problems with alcohol and/or opioids at time of discharge from VIVITROL MAT services. The OSCA/FADAA VIVITROL program has a database that requires outcome information for every individual discharged from VIVITROL MAT services.

**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?**



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All penalties are determined by OSCA and included in the contract with FADAA.

- 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

- 13. Requestor Contact Information:**

- a. **Name:** Mark Fontaine
- b. **Organization:** Florida Alcohol and Drug Abuse Association
- c. **Email:** mfontaine@fadaa.org
- d. **Phone Number:** (850)878-2196

- 14. Recipient Contact Information:**

- a. **Organization:** Florida Alcohol and Drug Abuse Association
- 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)
- d. **Contact Name:** Mark Fontaine
- e. **E-mail Address:** mfontaine@fadaa.org
- f. **Phone Number:** (850)878-2196

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

- a. **Name:** Frank Mayernick
- b. **Firm:** The Mayernick Group
- c. **Email:** frank@themayernickgroup.com
- d. **Phone Number:** (850)251-8898