



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2367

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 45 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 2025-2026**

Type of Funding	Amount
Operating	2,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,000,000</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		
2024-25	1,500,000	2,000,000	376/377	No

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

a. **If yes, indicate nonrecurring amount per year.**

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



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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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

### 12. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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.	2,000,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 13. Program Performance



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**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?**

Clinical screening to diagnose alcohol and/or opioid use disorders; medical assessments/lab work to determine fitness of patients to receive medication and continue with maintenance protocols; and, medication administration for dosing extended-release injectable naltrexone every 3 to 4 weeks until cessation of the medical protocol as determined by the physician.

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

The non-recurring funds enable the program to serve 361 patients who are uninsured or under-insured and present with alcohol and/or opioid abuse and dependence problems through the provision of clinical screening, medical assessment/lab work, and extended-release injectable naltrexone medication.

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

At least 60% of individuals receiving extended-release injectable naltrexone services will successfully complete or remain actively engaged in psychosocial treatment for alcohol and/or opioid use disorders at time of discharge from services. DCF/FADAA program has a database that requires outcome information for every individual discharged from extended-release injectable naltrexone services. Algorithm includes all individuals successfully completing or still actively engaged in psychosocial treatment at time of discharge from medication-assisted treatment (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 in the contract?**

Non-compliance penalties for administrative work, service provision range from 2% to 10% of the total monthly invoices submitted.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received



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- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*