1. **Title of Project:** DCF Extended Release Naltrexone Injectable

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**
   Program funds community treatment providers for provision of substance abuse screening, medical assessments/lab work and Extended Release Naltrexone Injectable (Vivitrol) medication for individuals with alcohol and/or opioid abuse or dependence programs throughout the state.

5. **State Agency to receive requested funds:** Department of Children and Families
   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>1,021,726</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>1,021,726</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,021,726</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>1,021,726</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>1,500,000</td>
<td>1,021,726</td>
<td>371</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. **If yes, indicate non-recurring amount per year.** $1,021,726

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |             |        |
### Operational Costs:

- **Salary and Benefits**
- **Expense/Equipment/Travel/Supplies/Other**
- **Consultants/Contracted Services/Study**

#### Payment to community-based treatment providers for provision of screening, medical assessment, and Extended Release Naltrexone Injectable (Vivitrol) for alcohol and/or opioid dependent individuals.

1,021,726

### Fixed Capital Construction/Major Renovation:

- **Construction/Renovation/Land/Planning Engineering**

**Total State Funds Requested (must equal total from question #6)**

1,021,726

### Program Performance:

**a. What is the specific purpose or goal that 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 and high-cost healthcare utilization.

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

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

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

Substance abuse screenings, medical assessments, and administration of extended-release Naltrexone Injectable medication (Vivitrol).

**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 1,600 patients who are low-income/indigent individuals with alcohol and/or opioid abuse and dependence problems.

**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. The primary expected benefit is that patients will achieve stability and recovery through 1) completion of medication assisted treatment, 2) completion of psychosocial treatment, and 3) elimination of cravings to use substances (primary reason for relapse). The methodology is the number of patients that achieve criteria 1, 2,
and/or 3, divided by all patients discharged from the program. The goal is 73% success for patients for this measure.

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 4-year history. Current penalties in the contract for failure to meet deliverables or performance measures are sufficient.

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. E-mail Address: 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. Lobbyist Contact Information
   a. Name: Frank Mayernick
   b. Firm Name: The Mayernick Group, Inc.
   c. E-mail Address: frank@themayernickgroup.com
   d. Phone Number: (850)251-8898