



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1527

**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?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	796,706
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>796,706</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	796,706	35%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,500,000	65%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>2,296,706</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	1,500,000	500,000	366	No

**9. Is future funding likely to be requested?**

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

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

The project is funded entirely by federal block grant and discretionary grant funds. 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.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

11. 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: Other</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.	796,706
<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>796,706</b>

12. Program Performance

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

In response to the opioid epidemic, the COVID-19 pandemic, 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 funding provides for substance abuse screenings/evaluations, 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?

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 state block grant matching funds, enable the program to serve 595 patients who are uninsured or under-insured and present with alcohol and/or opioid abuse and dependence problems. The requested funds would support screening, medical assessment/lab work, and extended-release injectable naltrexone medication for 316 of the total 595 patients.



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**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 60% 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 medication-assisted treatment (MAT) 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 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 the contract?**

The program has operated well throughout its 7-year history. Current penalties in the contract for failure to meet deliverables or performance measures are sufficient.

**13. 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



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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