

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1841** 

1. Project Title	Office of State Courts Administrator (OSCA) Extended-Release Injectable Naltrexone Program				
2. Senate Sponsor	Ana Maria Rodriguez				
3. Date of Request	12/05/2023				

#### 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. The 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 court-involved, criminal justice-involved, or at-risk for involvement with the court system due to prior histories or current substance use activities. Services are delivered through a statewide network of 60 providers from Pensacola to Key West.

5. State Agency to receive requested funds		State Court System
State Agency contacted?	Yes	

### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

#### 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	9%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	5,000,000	91%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	5,500,000	100%

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

Fiscal Year	Amo	Amount		Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	5,000,000	500,000	3313	No	

9. Is future funding likely to be requested?

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

500,000

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

The project is funded entirely by state 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. The target population has limited access to medication-assisted treatment, because they are uninsured or do not qualify for Medicaid or Medicare.



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

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Complete questions 11 and 12 for Fixed Capital Outlay Projects  1. 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?  2. 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.	No If yes, indicate	the amount of fu	nds received and wh	nat the fun	ds were used	for.		
a. What is the current phase of the project?  O Planning O Design O Construction O 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?  2. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the	Complete que	estions 11 aı	nd 12 for Fixed	l Capita	ıl Outlay F	Projects		
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?  2. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the								
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c. What is the estimated start date of construction?  d. What is the estimated completion date of construction?  2. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the	Planning	O Design	Construction	O N/A				
d. What is the estimated completion date of construction?  2. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the	b. Is the project	"shovel ready" (	i.e permitted)?		No			
2. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the	c. What is the es	stimated start da	e of construction?					
	d. What is the e	stimated complet	ion date of construc	ction?				
						oital outlay	funding. Inclu	ide the

Spending Category	ategory Description				
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
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 court-involved, criminal justice-involved, or at-risk of court/criminal justice involvement based on prior histories or current activities related to substance use.	500,000			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

- 14. Program Performance
  - a. What specific purpose or goal will be achieved by the funds requested?



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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?

The program funds substance abuse screening/evaluation, medical assessment, and extended-release medication injections to help individuals with alcohol and/or opioid dependence that are court-involved, criminal justice-involved, or at-risk for court/criminal justice involvement 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 211 patients who are court-involved, criminal justice-involved, or atrisk for court/criminal justice involvement 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 medication-assisted treatment (MAT) services. The OSCA/FADAA program has a database that requires outcome information for every individual discharged from extended-release injectable naltrexone services. The Algorithm includes all individuals successfully completing or still actively engaged in psychosocial treatment at time of discharge from 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 the contract?

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

5. Requester Contact	t Information			
a. First Name	Darran	Last Name	Duchene	
b. Organization	Florida Alcohol and Drug	Abuse Assoc	ciation (FADAA)	
c. E-mail Address	darran@floridabha.org			
d. Phone Number	(850)878-2196	Ext.		
6. Recipient Contact	Information			
a. Organization	Florida Alcohol and Drug (FADAA)	Abuse Assoc	ciation	
b. Municipality and	d County Statewide			
c. Organization Type				



17.

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□For Profit Entity	ntity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(c	:)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Darran	Last Name	Duchene			
e. E-mail Address	darran@floridabha.org					
f. Phone Number	(850)878-2196					
Lobbyist Contact Information						
a. Name	Tracy Hogan Mayernick					
b. Firm Name	The Mayernick Group LL	С				
c. E-mail Address	tracy@themayernickgroup.com					
d. Phone Number	(850)445-3000					