**Project Abstract Summary:** Florida's State Opioid Response (SOR) Grant will implement a comprehensive approach to addressing opioid and stimulant misuse, disorders, and overdoses. The populations of focus for this project are uninsured and underinsured individuals who misuse stimulants (including cocaine, methamphetamine, and prescription stimulants) or opioids, and individuals diagnosed with an opioid or stimulant use disorder. This includes individuals with co-occurring mental health conditions. SOR-funded providers will serve individuals reentering communities from criminal justice settings, parents in the child welfare system, and all others who meet eligibility. The overarching goal of the project is to reduce numbers and rates of opioid-caused deaths. A major objective of the program is to increase access to the most effective treatments for opioid and stimulant use disorders, including increased admissions to buprenorphine or methadone maintenance treatment. The total number of unduplicated individuals targeted to receive treatment services per year is 10,000. The SOR-funded service array for opioid and stimulant misuse and disorders is comprehensive and covers the entire spectrum of care across primary prevention, harm reduction, treatment, and recovery support domains. Covered services include outreach, assessment, crisis support, intervention, medical services, day care, day treatment, case management, incidental expenses, in-home/on-site, outpatient (including intensive outpatient), recovery support, supported employment, supportive housing, and aftercare. Hospital bridge programs, which initiate services in the Emergency Department and link individuals to longer-term care through a community-based network service provider, will be maintained and expanded. Naloxone nasal spray distribution, and associated overdose recognition and response training, will increase through a Naloxone Saturation Plan implemented by the Department's Overdose Prevention Program (OPP). SOR funds will be used to provide overdose prevention and response training to at least 10,000 individuals per year. The Department will partner with the Florida Harm Reduction Collective to implement a mail-based naloxone distribution service for the hardest to reach populations. To prevent opioid and stimulant misuse among young people, SOR funds will be used to implement evidence-based prevention programs such as Life Skills Training and multifaceted media campaigns, among others. Recovery support services include increased access to recovery housing, with a goal to establish 44 additional Oxford Houses per year. Training for judges and court staff will be provided through a partnership with the Office of State Courts Administrator. Mobile and telemedicine-based low-barrier buprenorphine clinic program development training/TA will be provided through a partnership with the University of Miami Miller School of Medicine. Additionally, the project will expand the MAT Prescriber Peer Mentoring Project, which uses expert mentors to advise and guide prescribers through both formal instructional sessions and real-time consultations. Additionally, SOR funds will be used to implement Recovery Community Organizations with training and technical assistance by Faces and Voices of Recovery. The program will deploy Recovery Quality Improvement Specialists to conduct quality assurance reviews around recovery-oriented practices and manage activities related to the development of recovery-oriented systems of care. Behavioral Health Consultants will use their clinical expertise to collaborate with child protective investigators and dependency case managers to build knowledge within front line staff for identifying substance use disorders, improving engagement with families, and improving access to treatment.

**A-1: Identify your population(s) of focus and the geographic catchment area where services will be delivered that align with the intended population of focus of this program. Provide a demographic profile of the population of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status. Discuss whether funding will be used to address stimulant misuse.**

The populations of focus for this project are indigent, uninsured, and underinsured individuals who misuse stimulants (including cocaine, methamphetamine, and prescription stimulants) or opioids (including prescription opioids, heroin, and illicit fentanyl), as well as individuals diagnosed with an opioid or stimulant use disorder. This also includes individuals with co-occurring mental health conditions. The catchment area is the entire state of Florida. There are two tribes in Florida: the Miccosukee and the Seminole Tribes. Tribal members who meet SOR eligibility receive services through network service providers, many of whom have long-established relationships and referral arrangements with the tribes and, to date, over 200 Native Americans have been served through Florida's SOR grants. The following demographic profiles of the populations of focus come from the most recently published Florida-specific estimates from the National Survey on Drug Use and Health (NSDUH), a general household survey of individuals ages 12 and older. The demographic profile of Floridians that misused a stimulant in the past year is 68.1% White, 4.6% Black, and 2.8% other or multiple races; 24.5% Hispanic; 47.6% female; 6.8% ages 12-17, 27.8% ages 18-25, and 65.5% ages 26 and older; 38.6% with a total income of less than $20,000; and 28.3% not covered by health insurance.[1] The demographic profile of Floridians that misused an opioid in the past year is 54.7% White, 16.0% Black, and 1.4% other or multiple races; 27.9% Hispanic; 46.8% female; 3.7% ages 12-17, 12.5% ages 18-25, and 83.7% ages 26 and older; 42.2% with a total income of less than $20,000; and 19.1% not covered by health insurance.[2] The demographic profile of Floridians with an opioid use disorder in the past year, is 78.1% White, 2.3% Black, and 2.7% other or multiple races; 16.9% Hispanic; 31.9% female; 2.7% ages 12-17, 12.4% ages 18-25, and 84.9% ages 26 and older; 47.0% with a total income of less than $20,000; and 24.7% not covered by health insurance.[3]

**A-2. Based on your Needs Assessment, describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the populations of focus identified in your response to A-1. Identify the source of the data.**

According to the most recently published estimates from the NSDUH, the past-year prevalence of stimulant misuse is 1.6%, and the past-year prevalence of opioid misuse is 3.4%, among Floridians ages 12 and older.[4] According to the most recently published estimates from the NSDUH, the past-year prevalence of Opioid Use Disorders (OUD) is 0.7% among individuals ages 12 and older in Florida.[5] Using a multiplier approach based on capture-recapture and meta-analysis to improve accuracy,[6] which entails multiplying OUD prevalence estimates from NSDUH by 4.5 to improve accuracy, the adjusted prevalence of OUD among Floridians ages 12 and older was approximately 3.1% in 2019-2020 (equivalent to about 562,500 Floridians). NSDUH estimates for adults in Florida indicate the misuse of opioid pain relievers, cocaine, and methamphetamine is highest in the most rural portions of the state, namely the northwest portion of the state within the catchment area of Northwest Florida Health Network (NWFHN), formerly

called Big Bend Community Based Care, and the northeast portion of the state within the catchment area of Lutheran Service Florida Health Systems (LSFHS).[7] While experiencing greater needs, rural communities are also burdened with fewer resources. There are no Syringe Service Programs based in any rural counties, and there are no buprenorphine practitioners in rural Glades, Liberty, and Wakulla counties. Furthermore, there are no SOR-funded buprenorphine practitioners located in, or serving residents of, 17 counties, 16 of which are rural counties.

There were 6,089 deaths caused by at least one opioid and 21,277 opioid-related Emergency Department visits in Florida in 2020.[8] During the first half of 2021, there were 3,235 deaths caused opioids, a 4% increase compared to the first half of 2020. The drug that caused the most deaths (2,920) was fentanyl, increasing 11% compared to the first half of 2020. There were 962 deaths caused by methamphetamine, compared to 659 during the first half of 2020, representing a 46% increase.[9]

**B-1. Describe the goals and measurable objectives (see Appendix D) of the proposed project and align them with the Statement of Need described in A.2., as well as your Strategic Plan. In Attachment 9, provide your Strategic Plan. It must address the required elements outlined in Section I-1.3 Required Activities.**

| Number of Unduplicated Individuals to be Served with Grant Funds | | | |
|---|---|---|---|
| | **Year 1** | **Year 2** | **Total** |
| **Treatment Services** | 10,000 | 10,000 | 20,000 |
| **Recovery Support Services** | 3,000 | 3,000 | 6,000 |
| **Prevention Services (Indicated, Selective, Universal Direct)** | 25,000 | 25,000 | 50,000 |
| **GPRA/SPARS Target** | 80% | 80% | 80% |

Goal 1: Reduce numbers and rates of opioid-caused deaths.

- Objective 1a: Distribute 220,000 naloxone kits per year.
- Objective 1b: Train at least 10,000 individuals on overdose prevention per year.
- Objective 1c: Increase the number of enrolled naloxone distributors by 25 each year.

Goal 2: Prevent opioid and stimulant misuse.

- Objective 2a. Serve at least 25,000 youth per year through primary prevention programs.
- Objective 2b. Generate at least 3,500,000 impressions per year through universal indirect media campaigns.

Goal 3: Increase access to the most effective treatment and recovery support services for opioid and stimulant use disorders.

- Objective 3a. Increase new admissions to buprenorphine or methadone maintenance treatment by 3,000 per year.
- Objective 3b. Implement a Contingency Management pilot program in year 2.
- Objective 3c. Establish 44 additional Oxford Houses each year (at least 10 of which will be in rural counties).
- Objective 3d. Develop and distribute a tribal contact resource guide for network service providers during year 1 and host a tribal outreach and contact webinar during year 2.

**B-2. Describe how you will implement all of the Required Activities in Section I. If you plan to use grant funds for infrastructure development, you must describe how the funds will be used.**

Project implementation will begin by the third month of the grant. The SOR III Project Director will be on the job during the first day of the project period. The evidence-based service delivery model that improves engagement and retention in care and reduces deaths is the Medication First model.[10] Medication First practices will logically expand access (particularly to buprenorphine products and methadone), as well as improve engagement and retention by dismantling the barriers such as, requirements for assessments or treatment planning sessions prior to prescribing, arbitrary counseling or AA/NA participation requirements, low limits on dosages, and arbitrary tapering or time limits). Treatment providers will use SOR funds to make all types of buprenorphine products available, including single-entity buprenorphine products, buprenorphine/ naloxone tablets, films, buccal preparations, and long-acting injectable buprenorphine. Since there are currently no FDA-approved medications to treat stimulant use disorders, the Medication First model exclusively applies to Opioid Use Disorders, specifically to methadone- or buprenorphine-based maintenance. The SOR-funded service array for opioid and stimulant misuse and disorders is comprehensive and covers the entire spectrum of care across prevention (including programs for universal, selective, and indicated populations), treatment, and recovery support domains. Covered services include outreach, assessment, crisis support, intervention, medical services, medication-assisted treatment, day care, day treatment, case management, incidental expenses, in-home/on-site, outpatient (including intensive outpatient), recovery support, supported employment, supportive housing, and aftercare. Residential services (including residential detoxification) are also permissible, though individuals with Opioid Use Disorders must also be inducted and maintained on methadone, buprenorphine, or Vivitrol during and after these episodes of care. If an individual declines medication after an explanation of the benefits and risks, the medical record must contain documentation of this education and the declination. The Department will provide harm reduction services through the Department's Overdose Prevention Program (OPP), which implements overdose education and naloxone nasal spray distribution, and through the Florida Harm Reduction Collective. SOR funds will be utilized to purchase any FDA-approved naloxone nasal spray products that require no assembly prior to use. The Department will purchase naloxone nasal spray products in bulk and ship to state-licensed pharmacies that partner with 271 organizations currently enrolled in the Department's OPP. Enrolled organizations include Syringe Service Programs, treatment providers, hospitals, jails, community coalitions, paramedicine programs, and Federally Qualified Health Centers (FQHCs), among others. SOR funds will be used to increase the number of enrolled providers distributing a minimum of 2 kits to each individual in order to expand secondary distribution across Florida through recruitment efforts targeting hospitals, FQHCs, Comprehensive Community Behavioral Health Clinics, probation officers, re-entry programs, and problem-solving courts. The Department will partner with the Florida Harm Reduction Collective (FLHRC) for a statewide mail-based naloxone distribution program, to deliver this lifesaving medication to the doorsteps of Florida's hardest-to-reach populations, along with localized educational materials and referral resources for overdose and infectious disease prevention, treatment, harm reduction, and recovery support services.

The Department's free naloxone distribution will be supported by an awareness campaign using ISAVEFL.com. As explained in more detail in the naloxone saturation plan, SOR funds will be used to support the purchase 220,000 kits per year. The use of telehealth is encouraged to expand services to rural and underserved areas. The on-demand mobile buprenorphine induction and maintenance mobile clinic model, established by the University of Miami, will expand under this SOR cohort, with respect to the number of individuals served at the Miami clinic, as well as the number of operational sites throughout other areas of the state. Hospital bridge programs implemented under the current SOR grant will be maintained and expanded. Individuals with opioid use disorders should be offered a chance to be inducted on buprenorphine before discharging from the hospital, with a buprenorphine prescription and peer engagement serving as the bridge to the other side of the model, a community-based provider offering long-term, integrated, medication-assisted treatment.

Behavioral Health Consultants (BHCs) will support child welfare professionals using their clinical expertise, collaborating with child protective investigators and dependency case managers to build knowledge within front line staff for identifying substance use disorders, improving engagement with families, and improving access to treatment.

SOR funds will be used to serve individuals who are in jail and preparing to reenter society. All licensed treatment facilities are required to implement universal infection control practices, including risk assessment and screening for high-risk behaviors and symptoms of communicable diseases, including HIV and hepatitis, and testing (either onsite or through referral), while hepatitis vaccines are provided through referrals to County Health Departments.

Funds will be allocated to each of the Managing Entities, who will select evidence-based prevention services that are responsive to local needs and conditions from the following list of individual-level programs: Botvin LifeSkills Training; Strengthening Families Program (for Parents and Youth 10-14); Caring School Community; Guiding Good Choices; InShape Prevention Plus Wellness; PAX Good Behavior Game; Positive Action; Project SUCCESS; Project Towards No Drug Abuse; SPORT Prevention Plus Wellness; and Teen Intervene. Additionally, with respect to population-level services, SOR funds will be used to implement media campaigns targeting *prescription* opioid or stimulant misuse with messages about safe use, safe storage, and safe disposal, disseminated through various mediums (e.g., websites, television, radio, billboards, social media, direct mail, etc.), which may be coupled with prescription drug take-back boxes and events, the distribution of drug deactivation pouches, and naloxone nasal spray. These campaigns may address the risks associated with pressed, counterfeit pills that are now commonly adulterated with synthetic opioids like fentanyl.

Treatment providers that receive funds from this grant are required to ensure that eligible practitioners have obtained a waiver to prescribe buprenorphine, though no SOR funds will be used for waiver training. Training regarding the provision of treatment services for opioid use disorders is provided by SAMHSA at no cost to grantees via SOR/Tribal Opioid Response Technical Assistance/Training resources and pcssnow.org. However, other training needs must still be addressed, and SOR funds will be used to support the following required activities: overdose prevention and response training through the Overdose Prevention Program; Recovery Community Organization (RCO) training/TA through Faces and Voices of Recovery, in a partnership with Latino Recovery Advocacy (LARA) on tailored topics for Hispanic populations; mobile and telemedicine-based low-barrier buprenorphine clinic program

development training/TA in partnership University of Miami Miller School of Medicine; training for judges and court staff through a partnership with the Office of the State Courts Administrator; and the MAT Prescriber Peer Mentoring Project, which uses expert mentors to advise and guide prescribers through both formal instructional sessions and real-time consultations, and to develop protocols for initiating treatment in settings like Emergency Departments and linking patients to community treatment programs. Mentors are advised to utilize Providers Clinical Support System (PCSS) for ongoing training and to provide referrals for inquiries which may be managed through PCSS. Otherwise, the mentors will guide potential prescribers and help them develop MAT programs and protocols, with expert consultation and technical assistance delivered by phone and through web-based teleconferencing. Under this initiative, the Florida Alcohol and Drug Abuse Association (FADAA) recruits, engages, trains, and maintains a cohort of physicians with the appropriate credentials and experience to provide prescriber mentoring and training to medical and behavioral health providers and other stakeholders providing treatment and recovery related services to individuals with opioid use disorders.

SOR funds will be used to implement community recovery supports such as peer support services, recovery housing, and RCOs. Recovery support services are inclusive of the support, coaching, coordination, and skills training typically associated with this domain, as well as incidental expenses that address vocational services, transportation, childcare, housing assistance, housing subsidies, medical care, educational services, and legal assistance. Providers and Managing Entities must ensure that recovery housing supported under this grant is through houses that are certified by the Florida Association of Recovery Residences, unless the house is operated by an entity under contract with a Managing Entity or by Oxford House, Inc. SOR funds will also support expansion of Oxford Houses throughout Florida. An RCO is an independent organization led and governed by individuals in recovery and their allies. They organize recovery-focused policy advocacy activities, community education and outreach programs, and provide peer-based recovery support. RCOs will work closely with community treatment providers and other stakeholders to provide outreach services, information and referral, wellness recovery centers, harm reduction services, and recovery support services. Funds will be allocated to the Managing Entities to either subcontract with existing RCOs for recovery services or to work with community partners to establish new ones. SOR funds will also be used to support training and technical assistance provided by Faces and Voices of Recovery, which includes assistance in developing by-laws, standards of care, and sustainable infrastructure, with a specialized focus on Hispanic populations, through a partnership with Latino Recovery Advocates (LARA). Funds will be used to deploy Recovery Quality Improvement Specialists to conduct recovery-oriented quality improvement reviews around recovery-oriented practice delivery, and report and manage activities related to the development of recovery-oriented systems of care, among other things. They will provide regional cross-systems training and TA on accessing and integrating sustainable recovery supports to the Departments of Juvenile Justice, Corrections, Health, and Education, as well as the Office of Child Welfare.

**B-3.** See Attachment 4.

**C-1. Identify the Evidence-Based Practices (EBPs), evidence-informed, and/or culturally promising practices that will be used. Discuss how each intervention chosen is appropriate**

**for your populations of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBPs and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.**

Agonist-based maintenance treatment for populations with Opioid Use Disorders is the evidence-based service that will be implemented for that population, which will retain individuals in care, reduce opioid misuse, and reduce overdose deaths. Additionally, naloxone training and distribution to populations at risk of experiencing an overdose (and their peers and family members that may witness an overdose) is the evidence-based strategy selected for reducing opioid overdose deaths.[11] Currently, there are no FDA-approved medications to treat stimulant use disorders, so relevant information regarding evidence of effectiveness is limited to psychosocial interventions. For stimulant use disorders, evidence-based services are identified within SAMHSA's evidence-based resource guide titled, *Treatment of Stimulant Use Disorders*. To be consider for inclusion in this guide, eligible practices had to be currently in use, clearly defined, and replicable, with both evidence of effectiveness and accessible resources for implementation and fidelity. Based on this guidance from SAMHSA, the Department identifies the following programs as evidence-based (either alone or in combination) and approved for stimulant use disorders: Motivational Interviewing, Cognitive Behavioral Therapy, the Community Reinforcement Approach, and Contingency Management. Modifications to SAMHSA's contingency caps are forthcoming, presumably to increase them to amounts demonstrated to achieve the largest reductions in substance use. Methadone- or buprenorphine-assisted maintenance treatment (including psychosocial support as needed and if desired) is the evidence-based standard of care used to treat opioid use disorders. These medications are superior to all other interventions at retaining individuals in care, reducing opioid misuse, and reducing opioid-related mortality, particularly overdose fatalities.[12] According to a recently published network meta-analysis of 72 randomized controlled trials of medications for opioid use disorders, the average percentage of treatment retention across all studies was 64% for methadone, 54% for buprenorphine, 41% for naltrexone (Vivitrol), and 30% for nonpharmacological control groups (includes standard of care, usual care, treatment as usual, behavioral counseling, and placebo).[13] With respect to primary prevention services, the Department's list of approved evidence-based programs have experimental or quasi-experimental evidence of effectiveness at preventing opioid misuse, stimulant misuse, *or other illicit drug use* (i.e., statistically significant reductions relative to comparison or control groups, as documented in peer-reviewed publications).[14]

**C-2. Describe how you will monitor and ensure fidelity of EBPs, evidence-informed and/or promising practices that will be implemented.**

Recovery Oriented Quality Improvement Specialists will submit a biannual report outlining Network Service Providers' identified opportunities for improvements combined with a summary of their action plans for improvement, and a description of the TA provided by ROQIS and the MEs and documentation of any progress. They will identify and create opportunities for individuals with lived experience, family members, and allies to have meaningful inclusion in the evaluation and improvement of outcomes and develop strategies to gather feedback from persons served. The Department's Overdose Prevention Program will incorporate expert consensus-based best practices identified in the Harm Reduction Journal in 2022 into program expansion plans and enrollment packages.[15] These features include, among other things, needs-

based training which can be completed within five minutes and follows the participant's needs, educators trained in providing a variety of referrals, adequate naloxone inventory, naloxone saturation through needs-based distribution, choice of naloxone modality or formulation based on participant preferences, not requiring participants to provide personal information or identification to receive naloxone, collecting only essential information from participants for program improvement, etc. The Department will request technical assistance with Contingency Management fidelity standards and monitoring tools, as required in Appendix J.

**D-1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project.**

The Department's Office of Substance Abuse and Mental Health, as the Single State Agency for substance use prevention, treatment and recovery services, has considerable experience gained by administering the Substance Abuse Prevention and Treatment Block Grant and a variety of discretionary grants from SAMHSA, most recently including the Opioid State Targeted Response grant, the Partnerships For Success grant, and the State Opioid Response grants. With respect to new partnerships for this third round of SOR funding, the Florida Harm Reduction Collective (FLHRC) is the only Florida-based non-profit with experience operating a mail-based naloxone distribution service. FLHRC began operations in 2019 and received 501(c)(3) designation in 2021. FLHRC's Board of Directors includes a diverse representation of people with lived experience in substance use and professionals working at harm reduction and recovery programs across the state. The Board is majority women; 40% people of color; 40% LGBTQ; and includes people with lived experience related to homelessness and incarceration.

**D-2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director, Project Coordinator, and Data Coordinator) and other significant personnel. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the populations of focus and familiarity with their cultures and languages.**

The Project Director, Crystal Lilly (100% level of effort), provides overall project oversight and management. Ms. Lilly meets the qualifications with a bachelor's degree in Psychology as well as a master's degree in Criminal Justice with over 5 years of project management experience. The State Opioid Coordinator (100% level of effort) provides coordination of various funding streams and reviews deliverables for training, treatment, and capacity building activities. This position is currently vacant. The Report Analyst (100% level of effort) performs a wide range of administrative tasks in support of the Project Director, including maintaining grant records, deliverables, reports, and resource materials for grant activities. This position is currently vacant. The Data Coordinator (100% level of effort) develops grant deliverables and assists with database management, ad-hoc analyses, reports, resource allocation methodologies, and other projects as assigned. This position is currently vacant. The Fiscal Coordinator (100% level of effort) provides oversight of the grant budget, works with Finance and Accounting to resolve issues that impact encumbrances and expenditure errors, and provides updates and status reports to the project director. This position is currently vacant. The Pharmacy Tech (100% level of effort) processes purchase requisitions for naloxone, inputs orders into the State Inventory

Management System, submit orders to MMCAP Infuse to Cardinal Health to be drop-shipped to pharmacies that receive for enrolled distributors, compiles reports, and maintains records of pharmacy licenses and signature authorizations. The individual hired for this position must be a registered pharmacy technician. This position is currently vacant. The Overdose Prevention Specialist, Danielle Rice (100% level of effort), assists with overdose prevention and harm reduction trainings, conducts outreach to enroll new overdose prevention providers, provides technical assistance, submits naloxone orders, tracks data, develops and implements processes and policies that facilitate access to treatment, among other duties. Ms. Rice meets the qualifications by having worked in the recovery community for over four years through technical assistance, quality improvement and overdose prevention. In addition to Ms. Rice, there is currently one other vacant Overdose Prevention Specialist position and SOR 3 funding will support two more, totaling four Overdose Prevention Specialists. The Data Analyst (50% to 100% level of effort, to be determined) assists the Data Coordinator and program staff with reviewing, analyzing, interpreting, and reporting grant deliverables. This position is currently vacant.

**E-1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.**

The Department will contract with Collaborative Planning Group Systems, Inc. (CPGS) to complete modifications to the Department's Performance Based Prevention System to ensure that prevention service data is captured and reported. CPGS will provide quarterly data quality checks for each provider account to identify data input errors and provide written recommendations for improvement and one-on-one, virtual technical assistance. The Managing Entities will be responsible for ensuring that the provider subcontracts contain all necessary data collection and reporting requirements. All participating providers will be required to report client-level data into the Web Infrastructure for Treatment Services (WITS), including diagnosis, demographic characteristics, substances used, services received (including specific medications used), length of stay in treatment, employment status, criminal justice involvement, overdoses, and housing. Additional data elements that are identified upon award will also be contractually required from participating providers. Data entered into WITS, which is managed by FEi Systems, will be uploaded to SAMHSA's Performance Accountability and Reporting System (SPARS). FEi will provide training for new users. All participating providers will be contractually required to collect GPRA data at intake to services, six months post-intake, and at discharge. Participating providers will achieve a six-month follow-up rate of 80%. The Project Director, Data Coordinator, and the Fiscal Coordinator will be responsible for tracking the measurable objectives. The Project Director will review and analyze the performance data on a quarterly basis and work with the providers, MEs, and other SOR staff on quality improvement initiatives based on the findings.

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[2] SAMHSA. (2022). NSDUH: 2-Year RDAS (2019 to 2020). Row: RACE4, IRSEX, CATAG2, IRPINC1, IRINSUR4; Column: OPINMYR (Recoded Opioids Past Year Misuse); Control: STNAME (Florida).
[3] SAMHSA. (2022). NSDUH: 2-Year RDAS (2018 to 2019). Row: RACE4, IRSEX, CATAG2, IRPINC1, IRINSUR4; Column: UDPYOPI (Recoded Opioid Dependence or Abuse Past Year); Control: STNAME (Florida).
[4] SAMHSA. (2022). NSDUH: 2-Year RDAS (2019 to 2020). Row: STMNMYR and UDPYOPI; Column: STNAME (Florida).

[5] SAMHSA. (2022). NSDUH: 2-Year RDAS (2019-2020). Row: UDPYOPI; Column: STNAME (Florida).
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**Attachment 8: Needs Assessment: This attachment is in response to Section I-1.3, Required Activities of this NOFO, and will be scored by reviewers (see Section V, A.2 of this NOFO). The Needs Assessment must include a Naloxone Distribution and Saturation Plan. The needs assessment should identify:**

- **The scope of OUD and substance use disorders and overdose mortality in recent years.**
- **The strengths, unmet service needs, and critical gaps in your service system across diverse racial, ethnic, geographic, and other demographic groups.**
- **Areas where opioid and stimulant misuse, substance use disorder, use of emergency medical resources for substance use such as hospitalization, and overdose are the most prevalent.**
- **The number and location of opioid treatment providers in the state, including Opioid Treatment Programs (OTPs) as well as DATA-waivered office-based opioid treatment providers.**
- **All existing activities and their funding sources in the state that address opioid and stimulant use prevention, harm reduction, treatment, and recovery activities and remaining gaps in these activities.**

According to the National Survey on Drug Use and Health (NSDUH), the adjusted prevalence of opioid use disorders (OUD) among Floridians ages 12 and older was approximately 3.1% in 2019-2020 (equivalent to about 562,500 Floridians).[1] Looking beyond opioids, the past-year prevalence of substance use disorders among adults in Florida was 14.8% in 2019-2020, and the prevalence of needing but not receiving treatment for substance use was 7.5%.[2] According to the Florida Association of Managing Entities, 5,117 adults were added to a waitlist for substance use services in FY 20-21. During this same time period, there were 38,480 requests for substance use services received by the sixteen 2-1-1 call centers throughout Florida.[3] The Florida Department of Health provides county-level maps and tables through data dashboards[4] depicting Emergency Medical Service (EMS) responses to suspected overdoses, including those involving-opioids, non-fatal overdose Emergency Department visits and hospitalizations for opioids or stimulants, and age-adjusted death rates from drug poisoning. In 2020, opioids killed 6,089 Floridians.[5] The counties with the highest 2020 (crude) drug poisoning death rates are: (1) Volusia (60.0 per 100,000), (2) Brevard (59.1 per 100,000), (3) Franklin (57.2 per 100,000), (4) Pasco (54.7 per 100,000), and Duval (52.5 per 100,000).[6] Among the general household population of Floridians ages 18 and older, the misuse of opioid pain relievers, cocaine, and methamphetamine is highest in the most rural portions of the state, namely the northwest portion of the state within the catchment area of Northwest Florida Health Network (NWFHN), formerly called Big Bend Community Based Care, and the northeast portion of the state within the catchment area of Lutheran Service Florida Health Systems (LSFHS).[7] The same pattern of higher rates in rural regions is observed with respect to other NSDUH measures, like the prevalence of substance use disorders and needing but not receiving treatment for substance use disorders, among both adults and children.[8]

According to an analysis of over 7 million Emergency Department visits by Florida residents during quarters two and three of 2019 and quarters two and three of 2020 (to compare visits before and during COVID-19), the proportion of ED visits involving drug overdoses nearly doubled during COVID, and this increase was not specific to any particular racial or ethnic group. The non-Hispanic White population had the highest rate of overdoses. Overdoses were

*less likely* to involve females, Hispanic patients, African American patients, patients of other races, and people under age 18 or over 65. The largest proportional changes in ED visits involving overdoses were seen among Medicaid and uninsured patients, demonstrating that socioeconomic disadvantage and limited access to treatment services are responsible for health disparities.[9] Using SOR funds to expand access to treatment among underinsured/uninsured populations is the centerpiece of Florida's approach to addressing disparities related to drug overdose and exacerbated by the pandemic. Additionally, according to another peer-reviewed analysis (published in 2021) of over eight years of Emergency Department data, non-Hispanic Whites have the highest opioid-related ED visit rate, followed by non-Hispanic Black and Hispanic individuals. Rates rose over time in all three groups.[10]

According to an analysis of justice-involved youth (n = 65,248) using data from the Florida Department of Juvenile Justice, 2.3% meet criteria for past 30-day opioid misuse.[11] The odds of past 30-day opioid misuse among justice involved children in Florida is 2.5 times higher among those with an Adverse Childhood Experience (ACE) score of at least four, compared to those with lower ACE scores.[12] According to estimates from the 2022 Florida Youth Substance Abuse Survey (FYSAS), among High Schoolers the lifetime prevalence is 2.8% for opioid misuse, 4.1% for stimulant misuse, and 5.7% for opioid and/or stimulant misuse. The current (past 30 day) prevalence is 1.0% for opioid misuse, 1.5% for stimulant misuse, and 2.2% for opioid and/or stimulant misuse. It is estimated that about 79% of High Schoolers did not talk with a parent or guardian in the past year about the dangers of taking prescription drugs not prescribed to them.[13] According to a recently published analysis of a panel of young adults in 24 rural communities across 7 states, opioid misuse shares significant variance with general substance use, reflecting a general tendency toward the use of many substances. Opioid-specific risk factors play only a small independent role. The authors concluded that, "young adult opioid misuse must be understood in the broader context of general substance use and risk for substance-using behavior." Their findings "argue against the widespread focus on opioid misuse as a unique phenomenon requiring new strategies for prevention."[14] According to an analysis of the 2021 FYSAS, among the High Schoolers that ever misused opioids, the use of other substances was common, with 72% ever using (lifetime) alcohol, 66% ever using tobacco/nicotine, 62% ever using marijuana, 23% ever using inhalants, and 35% ever using stimulants (defined to include methamphetamine, amphetamines w/o doctor's orders, and cocaine/crack). Among High Schoolers that misused stimulants, the use of other substances was common, with 88% ever using (lifetime) alcohol, 82% ever using tobacco/nicotine, 82% ever using marijuana, 24% ever using inhalants, and 22% ever misusing opioids (defined to include heroin and prescription pain relievers).[15]

SAMHSA publishes a list of doctors in Florida who are waivered per the Drug Addiction Treatment Act of 2000 (DATA 2000) to treat opioid use disorders with buprenorphine and who have opted to be publicly listed, now called the Buprenorphine Practitioner Locator.[16] The number of DATA 2000 waivered and publicly listed practitioners in Florida in 2016 was 314 (including 213 prescribers capped at 30 patients and 101 prescribers capped at 100 patients).[17] Note that this was about half the number physicians listed on the Suboxone manufacturer's (Indivior) website at the time. According to the records downloaded from SAMHSA's Buprenorphine Practitioner Locator in June 2022, there are 2,523 sites offering buprenorphine throughout Florida, reflecting 2,200 unduplicated prescribers, though only 62 are not at capacity. Most prescribers – about 94% – are physicians (MD/DOs), about 3% are Nurse Practitioners and

3% are Physician Assistants (among practitioners with their professional subtype identified). There are 1,193 practitioners authorized to prescribe to up to 100 patients, though only 32 of these are not at capacity.[18] The unduplicated number of prescribers on SAMHSA's Buprenorphine Practitioner Locator is about seven times higher than the number on Indivior's site. Indivior's site identifies 367 offices throughout Florida offering buprenorphine, reflecting only about 308 practitioners (59 duplicate entries reflecting multiple office sites for the same prescriber were removed).[19] There are no buprenorphine practitioners (identified on any list) in rural Glades, Liberty, and Wakulla counties. With respect to SOR-funded buprenorphine practitioners, there are currently none located in, or serving residents of, the following 17 counties: Baker, Bradford, Columbia, Dixie, Franklin, Gadsden, Gilchrist, Glades, Jefferson, Lafayette, Liberty, Madison, Nassau, Suwannee, Taylor, Union, and Wakulla. All of these counties are rural, except for Nassau. Currently, there are about 115 buprenorphine practitioners in the Department's SOR-funded network, which are collectively serving only about 33% of their maximum capacity. They could increase collective capacity by 67%, or roughly 9,800 new patients, before reaching regulatory patient caps.

Using 2020 buprenorphine provider location data from SAMHSA, researchers estimated the percent of the population within 10 miles driving distance from a buprenorphine provider across U.S. In Florida, there are about 12 buprenorphine providers for every 100,000 persons, and only 3% of the population of Florida lives outside of ten miles from the nearest provider. They estimate that there are about 329 Floridians with opioid use disorder for every one buprenorphine provider in Florida, compared with nationwide estimate of about 240 individuals with opioid use disorder for every one buprenorphine provider. There is a positive correlation between rurality and the percentage outside distance buffers.[20]

In Florida, pharmacies in rural counties are significantly less likely than those in metropolitan counties to have buprenorphine available.[21] Researchers conducted a cross-sectional telephone audit of actively licensed community pharmacies in 11 states, including Florida, to assess the availability of buprenorphine/naloxone films and naloxone nasal spray from May 2020 through April 2021. Florida has the second lowest rate of buprenorphine availability, with only 33% of pharmacies making it available. Across all studied states, when buprenorphine was unavailable, only 64% of respondents indicated willingness to order it. Pharmacies in metropolitan Florida counties are significantly more likely than those in rural counties to have buprenorphine available. Naloxone nasal spray is only available in 69% of pharmacies in Florida.[22] Another "secret shopper" audit study obtained responses from 200 outpatient pharmacies specifically in Miami-Dade, Broward, and Palm Beach Counties, only 38% of which had buprenorphine available. Of these pharmacies that did not have any buprenorphine, only 55% would be willing to order.[23]

There are 44 Florida counties (out of 67 total counties) with at least one operational or awarded (pending) Opioid Treatment Program (OTP) licensed to provide methadone maintenance treatment for Opioid Use Disorders, as follows: Alachua (1 operational and 1 pending), Bay (1 operational), Brevard (2 operational and 1 pending), Broward (4 operational and 2 pending), Charlotte (1 operational and 1 pending), Citrus (1 pending), Clay (2 operational and 1 pending), Collier (1 operational and 1 pending), Columbia (1 operational), Duval (5 operational), Escambia (3 operational), Flagler (1 pending), Gadsden (1 pending), Hernando (1 operational and 1 pending), Highlands (1 pending), Hillsborough (3 operational and 1 pending), Indian River (1 pending), Jackson (1 pending), Lake (1 pending), Lee (3 operational), Leon (1 operational and 1

pending), Levy (1 operational), Manatee (1 operational and 1 pending), Marion (1 operational and 1 pending), Martin (1 pending), Miami-Dade (2 operational and 4 pending), Monroe (1 pending), Nassau (1 pending), Okaloosa (1 operational and 1 pending), Orange (4 operational and 1 pending), Osceola (1 operational and 1 pending), Palm Beach (3 operational and 2 pending), Pasco (1 operational and 1 pending), Pinellas (6 operational), Polk (2 operational and 1 pending), St. Johns (1 operational), St. Lucie (1 operational and 1 pending), Santa Rosa (1 operational and 1 pending), Sarasota (2 operational), Seminole (1 operational and 1 pending), Sumter (1 pending), Suwannee (1 pending), Volusia (2 operational and 1 pending), and Walton (1 pending). The remaining 23 counties do not have any OTPs, either operational or planned. These counties are as follows: Baker, Bradford, Calhoun, DeSoto, Dixie, Franklin, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Holmes, Jefferson, Lafayette, Liberty, Madison, Okeechobee, Putnam, Taylor, Union, Wakulla, Washington. All of these counties – except Putnam – are rural counties.

According to an analysis of 25,866 Florida Medicaid enrollees diagnosed with opioid use disorders (OUD), only about 28% go on to initiate medication-assisted treatment. About 56% of newly diagnosed individuals who began methadone treatment continued for 180 days, compared about 19% of newly diagnosed individuals who began treatment with buprenorphine. Very few individuals received injectable naltrexone (only 14 during this study period) and none of them received more than the initial dose. Importantly, individuals who remained on a medication for 180 days were more likely to survive, exhibiting a 2% death rate, while those who did not receive medication-assisted treatment had a death rate five times higher (10%).[24]

In Florida there are five approved and currently operational syringe services programs (SSPs): The Infectious Disease Elimination Act (IDEA) Exchange (located in Miami-Dade) operated by the University of Miami Miller School of Medicine, the SPOT (in Broward) operated by Care Resource, the FLASH Exchange (in Palm Beach) implemented by Rebel Recovery, IDEA Exchange Tampa (in Hillsborough), and IDEA Orlando (in Orange) implemented by Hope and Help. An SSP in Pinellas County will be opening their doors in August 2022. Leon County adopted an ordinance but does not have an executed letter of agreement. Pinellas and Manatee counties passed an ordinance and have executed letters of agreement. Therefore, 58 of the 67 counties do not have an ordinance to allow for a sanctioned syringe service program. In Florida, counties interested in implementing harm reduction programming through SSPs do not have the support needed to explore, prepare, implement, and sustain efforts. Apart from federal funds, grants and donations are the only authorized funding sources for SSP operations in Florida. The five participating SSPs receive funding for harm reduction supplies and services from private donations and foundations. The Department only provides the SSPs with naloxone nasal spray, as noted elsewhere. All sites report that the biggest barrier to effective implementation and operation of their program is funding for harm reduction supplies. Current funding is inadequate to support the foundational operation of the exchanges, with one site reporting continuous supply shortages that have led to the SSP closing on certain days of the week at a time when the program was experiencing rapid growth. Based on current operations, restricted sources of funding, self-reported number of injections per day by clients and the restrictive 1-for-1 exchange model, Florida SSPs report only meeting about 35% of client need for harm reduction supplies. Because the provision of harm reduction services and low-barrier access to MAT through SSPs is so essential to reducing the opioid-related death rate, expanding the number of operational SSPs throughout Florida is imperative.

With respect to currently identified strengths, there are several system improvements worth touting. About six years ago, there were a little over 300 waivered buprenorphine prescribers throughout Florida. Today, there are approximately 2,200 representing a roughly 6-fold increase, according to SAMHSA's Buprenorphine Practitioner Locator. In 2018, the Overdose Prevention Program had only 66 enrolled organizations that distributed about 18,900 kits and reported 1,466 reversals. Currently there are 271 enrolled organizations, and last year they distributed over 132,000 kits and reported 7,858 reversals. Now they are called upon to help the Department saturate Florida with at least 220,000 kits distributed per year of this grant.

The Department administers State Opioid Response grant funds ($200.3 million) which are currently being used to serve (to date) approximately 10,000 individuals, distribute over 206,915 naloxone kits, train over 14,100 individuals on overdose prevention, establish 51 Oxford Houses, provide primary drug prevention services to over 35,000 individuals, and engage Behavioral Health Consultants in over 23,000 investigations. Although it is not limited to addressing only opioids and stimulants, the Substance Abuse Prevention and Treatment Block (SAPT) Grant (approximately $111.3 million per year) supports a comprehensive array of primary drug prevention, early intervention, treatment, and recovery support services for substance use disorders. A critical gap related to SAPT Block Grant funds is the restriction on serving individuals who are incarcerated. Another important funding source is derived from successful lawsuits against opioid manufacturers and distributors, which will bring $1.9 billion to Florida, portions of which will be paid out over 18 years for a wide variety of opioid abatement activities. Additional details and dollar amounts are provided at the Attorney General's Florida Opioid Settlements Portal.[25] SAMHSA also provides Harm Reduction Grant Program funds to Pan American Behavioral Health Services of Florida in Orlando ($398,873) and Lakeview Center in Pensacola ($350,259).[26] Additionally, starting in 2018, the Florida Legislature appropriated $5 million in recurring General Revenue Funds to the Department of Health (DOH) for emergency opioid antagonists (i.e., naloxone) to be made available to emergency responders. DOH's naloxone distribution program established with these funds is called the Helping Emergency Responders Obtain Support (HEROS) Program.

**Naloxone Distribution and Saturation Plan:** According to the most recently available data,[27] there were 6,089 deaths caused by at least one opioid in Florida in 2020. The number of deaths would have been considerably higher had it not been for the Department's lifesaving naloxone distribution program, which supported 4,434 overdose reversals/rescues using the Department's donated naloxone nasal spray kits in 2020 (reversals are self-reported and undercounted, making this a conservative estimate of the number of lives saved that year). Clearly more still needs to be done to halt the exponential, fentanyl-driven growth in America's overdose death rate. In 2022, Irvine et al. published a model that generates state-level estimates of the amount of naloxone that must be distributed per year to boost the chances that naloxone will be on-hand during an overdose and save lives. They defined the "target saturation point" as the number of kits that would need to be distributed for there to be at least an 80% chance of naloxone being available at a witnessed overdose.[28] According to this model, Florida should aim to distribute at least 1,000 naloxone kits per 100,000 population, or 210,000 kits per year, through community-based programs to meet (and, in fact, exceed) the 80% threshold. Doing so through community programs (e.g., with laypersons distributing no-cost naloxone through drug treatment programs or Syringe Services Programs) would increase the probability of naloxone use to 96%. For context, the Department's Overdose Prevention Program (OPP) distributed a cumulative total of

330,978 naloxone kits since the inception of the program in 2016. The OPP is rapidly expanding. Between 2020 and 2021, the number of enrolled organizations actively distributing naloxone kits increased by 40% (from 181 organizations up to 253 organizations), and the number of kits distributed increased by 90% (from 69,557 kits up to 132,273 kits). In Florida, in 2021, the Department's community-based/layperson-based Overdose Prevention Program distributed 132,273 kits, or about 63% of the annual distribution target of 210,000 kits per year (needed to reach the ideal 96% saturation point for community-based distribution programs). With respect to distribution through pharmacy-initiated programs (e.g., operating under non-patient-specific Standing Orders and dispensing to individuals requesting a kit at the pharmacy), current estimates suggest there is a long way to go. It is estimated that approximately 52,422 naloxone kits were dispensed through Florida retail pharmacies in 2018, and 44,154 were dispensed in 2019, for an average estimate of 48,288 kits dispensed per year.[29] This annual average represents only 23% of the annual distribution target through pharmacy-initiated naloxone distribution programs (which is also 210,000 kits, the same as the community-based target).[30] Furthermore, secret shopper audits find that naloxone nasal spray is only available in 69% of Florida pharmacies, and chain pharmacies are significantly more likely to have naloxone available than independent pharmacies.[31]

It is critical that we get naloxone into the hands of people who use drugs and their peers, as they are commonly the first responders at the scene of an overdose and are able to immediately administer naloxone to someone who is not breathing and save their life. Research confirms that bystander/layperson naloxone administration is a safe and effective community-based method for preventing overdose deaths and that the associated education effectively improves overdose recognition and response.[32] According to the most advanced model published to date, across all people who use opioids in the U.S., it is estimated that 19,800 deaths were averted due to layperson naloxone over the entire period from 1999 to 2020. In a counterfactual situation where fentanyl was completely absent, there would have been 59,000 fewer overdose deaths from 1999 to 2020 due to naloxone distribution.[33] Researchers analyzed the cost-effectiveness of 8 different naloxone distribution strategies among three target groups (laypeople, police and fire personnel, and EMS personnel). The top 4 most cost-effective strategies all involve high naloxone distribution to laypersons.[34] A simulation of the impact of 13 different naloxone distribution models on overdose deaths found that expanding naloxone distribution through a single Syringe Exchange Program can reduce a community's overdose deaths by 65%.[35] In order to make a larger impact in reducing overdose deaths, Florida will target naloxone distribution to people most likely to experience or witness an opioid overdose. Syringe Service Programs (SEPs) are the most effective organizations at saving lives by distributing naloxone directly to people who use drugs. Since the inception of the Overdose Prevention Program, the five operational SSPs have distributed over 30,000 naloxone kits and reported 5,602 reversals/rescues. About 29% of all reversals/rescues reported to the Department are through the SSPs. Supplying SSPs with naloxone kits will always be the top priority. As other harm reduction organizations, Recovery Community Organizations, and Peer Networks, expand and evolve in ways that engage and maintain relationships with the hardest to reach, most at risk individuals in their communities, they will also receive priority support for naloxone distribution from the OPP.

Hospitals are the next highest priority setting for naloxone distribution. On average, 20,847 individuals are discharged from Florida Emergency Departments for opioid-related diagnoses each year. Additionally, on average, approximately 23,489 individuals with opioid-related

diagnoses are admitted/hospitalized on an inpatient basis. SOR funds will be used, as needed, to support distribution through these settings, particularly as expansion plans for this sector unfold, which entails programmatic modifications that encourage the use of a broader set of diagnostic codes to identify more at-risk patients (particularly pregnant and post-partum women), the dispensing of more than one kit to each patient (to support secondary distribution through peer networks), and the dispensing of kits to the friends or family members of the patients. There is a strong foundation of 33 hospitals currently enrolled in the OPP (as of June 2022). Entire hospital systems in multiple regions are poised to begin enrolling. County Health Departments (CHDs) and Federally Qualified Health Centers (FQHCs) can also help distribute naloxone kits to targeted at-risk populations. Florida FQHCs serve over 1.5 million individuals each year and about 10% of the visits are related to behavioral health conditions. Currently, there are only ten FQHCs enrolled in the OPP out of a total of 45 FQHCs that are members of the Florida Association of Community Health Centers. Collectively, these ten enrolled FQHCs have distributed over 4,000 naloxone kits. Care Resource, which operates a Syringe Services Program in addition to being an FQHC, distributes the most kits. According to the Florida Department of Corrections, 26,420 inmates were released from the Florida prison system in FY 20-21.[36] There are no dedicated reentry centers currently equipping inmates with naloxone nasal spray prior to discharge. Offenders on community supervision (e.g., probation or parole) are also underserved. For example, current substance use disorder treatment capacity is insufficient to meet the needs of about 61% of offenders on felony supervision with a substance use disorder,[37] making this population an important target for expanded naloxone access. To address rural barriers related to travel/transportation and the lack of naloxone at about one out of every three community pharmacies in Florida, the Department will partner with the Florida Harm Reduction Collective (FHRC) to implement and oversee the operation of a request-driven, mail-based naloxone distribution service, which provides localized resources for some of the hardest to reach individuals in need of treatment, recovery support, or additional harm reduction services.

Many public and private partners support the interagency goal of cutting Florida's opioid death rate in half by the end of 2026, as articulated in the most recently adopted State Health Improvement Plan. Without prior authorization, the Florida Medicaid health plans administered through the Agency for Health Care Administration will reimburse for up to two naloxone nasal spray kits (containing four total doses). With prior authorization, health plan members can receive an unlimited number of kits. Under the Medicaid Fee-For-Service program, 344 Narcan kits (or 688 doses) were provided to 291 unique recipients, according to totals from quarterly Drug Utilization Reports for 2021.[38] In 2018, the Florida Legislature appropriated $5 million in recurring General Revenue Funds to the Department of Health "for the purchase of emergency opioid antagonists to be made available to emergency responders."[39] The naloxone distribution program established with these funds is called the Helping Emergency Responders Obtain Support (HEROS) Program and it provides kits at no cost for EMS, Fire and Rescue, law enforcement, correctional officers, and probation officers. Except for the correctional and probation officers, these entities can now leave naloxone kits behind with friends and family of overdose survivors. There are currently 352 organizations enrolled in DOH's HEROS Program throughout the state. OPP staff collaborate with HEROS Program staff to ensure that new organizations interested in enrolling are directed to the most appropriate program. Additionally, the company that manufactures Narcan provides two to four kits at no cost to schools, universities, and YMCAs, along with educational and training materials.

Through SOR funding, the Department will allocate $15 million per year for naloxone nasal spray distribution through the OPP. Additionally, the Department will use $1.6 million per year to further develop and implement a statewide outreach campaign connecting high-risk target audiences and communities to the ISAVEFL.com campaign messages, free naloxone kits, and recovery support resources. Activities related to development include audience research, video production and QR functionality. Campaign delivery will occur through digital media/advertising, broadcast television and radio, as well as billboards and posters in high traffic areas. It will be guided by zip code level data and real-time feedback from distributors in the community. The previous campaign resulted in over 59 million impressions, over 15 million completed video views, 71,979 website visits, and 28,799 individuals finding treatment and resources. The OPP owns the associated materials, and the website is still active and in use. Any organization in Florida that provides free naloxone can elect to be listed on ISAVEFL.com, for anyone to locate and obtain free naloxone by walk-in or delivery. However, being listed is not a requirement for the OPP. If there is not a distributor in the area, the link for FHRC is available to request naloxone by mail. Prevention, treatment, harm reduction, and recovery support resources are all a part of ISAVEFL.com. Since the campaign ended, traffic to the page has shown a steady decline. The campaign's revival entails recycling and refreshing applicable materials that target underserved populations based on zip code level data on fatal and non-fatal overdoses. Messaging will be disseminated by local radio stations, news channels, billboards, strategically placed counter placards in convenience stores and local establishments, digital free and paid advertising methods, and videos. This website is currently being utilized but the full campaign will launch within 3 months of the project start date. The Department has reached out to the Opioid Response Network and will be utilizing the resources provided to assist in developing these materials. The technology transfer centers are a great resource and the OPP team will be utilizing their assistance and knowledge to engage tribal communities and minority communities to develop the most culturally responsive materials for use in the efforts supporting this campaign and program.

The OPP procures naloxone through purchase orders with the state hospital pharmacy. The first naloxone purchases made through this SOR grant are contingent on receipt of Budget Authority from the Legislature and are estimated to start in October 2022. Last year, the Department transitioned to a new process using MMCAP Infuse that creates a "Bill To/Ship To" account with Cardinal Health. Orders go through a two-step approval process through the OPP staff and pharmacy. The Department's OPP currently purchases Narcan Nasal Spray (2 doses per kit). The OPP is currently implemented by the Overdose Prevention Coordinator, Overdose Prevention Specialist, and the pharmacy personnel at the state hospital pharmacy. The Pharmacy Technician places orders, creates MMCAP Infuse accounts, ensures the accuracy of documentation, and provides technical, pharmacy-related assistance. Three new Overdose Prevention Specialists are proposed for this SOR grant, which are needed to ensure that the expanding number of enrolled organizations can receive targeted technical assistance and support on how to maintain fidelity to best practices. ROQIS will be leveraged to assist with recruiting and enrolling new distributors prioritized in this saturation plan. Historical funding sources for the OPP include prior SAMHSA STR and SOR grants, state General Revenue, and, in the future, opioid lawsuit settlement funds. SOR funds were previously used to exclusively purchase Narcan nasal spray but going forward they may be deployed to purchase any FDA-approved intranasal formulation, according to the

needs and preferences of enrolled organizations and the communities they serve, with both cost and commercial availability in consideration as well.

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**Attachment 9**

## Strategic Plan

| Number of Unduplicated Individuals to be Served with Grant Funds | | | |
|---|---|---|---|
| | **Year 1** | **Year 2** | **Total** |
| **Treatment Services** | 10,000 | 10,000 | 20,000 |
| **Recovery Support Services** | 3,000 | 3,000 | 6,000 |
| **Prevention Services (Indicated, Selective, Universal Direct)** | 25,000 | 25,000 | 50,000 |
| **GPRA/SPARS Target** | 80% | 80% | 80% |

Goal 1: Reduce numbers and rates of opioid-caused deaths.

- Objective 1a: Distribute 220,000 naloxone kits per year.
- Objective 1b: Train at least 10,000 individuals on overdose prevention per year.
- Objective 1c: Increase the number of enrolled naloxone distributors by 25 each year.

Goal 2: Prevent opioid and stimulant misuse.

- Objective 2a. Serve at least 25,000 youth per year through primary prevention programs.
- Objective 2b. Generate at least 3,500,000 impressions per year through universal indirect media campaigns.

Goal 3: Increase access to the most effective treatment and recovery support services for opioid and stimulant use disorders.

- Objective 3a. Increase new admissions to buprenorphine or methadone maintenance treatment by 3,000 per year.
- Objective 3b. Implement a Contingency Management pilot program in year 2.
- Objective 3c. Establish 44 additional Oxford Houses each year (at least 10 of which will be in rural counties).
- Objective 3d. Develop and distribute a tribal contact resource guide for network service providers during year 1 and host a tribal outreach and contact webinar during year 2.

**Attachment 4**

## Project Timeline

| Project Director (PD), Project Coordinator (PC), Statewide Overdose Prevention Coordinator (SOPC), Statewide Prevention Coordinator (SPC), Data Coordinator (DC), Fiscal Coordinator (FC), Managing Entities (ME), Principal Investigator (PI) | |
|---|---|
| **Grantee Meeting in DC with PD and PC with date to be announced.* | |
| **Upon Application Submission** | **Responsible Party** |
| Complete the Required Needs Assessment | PD |
| Complete the Required Naloxone Distribution and Saturation Plan | SOPC |
| Complete the Required Strategic Plan | PD |
| **Year 1 - Quarter 1 September 30, 2022-December 31, 2022** | **Responsible Party** |
| Develop & disseminate guidance document and Chart 8s directing statewide grant activities | PD |
| Meet with SOR providers and Managing Entities to review grant expectations, EBPs, training needs | SOPC, PD, PI |
| Amend grant funds into contracts | PC, Contract Managers |
| Hire Grant Staff: Project Coordinator, Fiscal Coordinator and Data Coordinator | PI |
| Orient providers to new GPRA | PD, PC, DC |
| Meet with SOR providers and Managing Entities to review outcomes, best practices, challenges | PD, PC, DC |
| Begin Project Implementation and Full Spectrum Service Provision:<br>• Treatment<br>• Peer recovery support<br>• Prevention<br>• Harm Reduction | PD, PC, DC, SOPC, SPC, FC, ME, and Providers |
| Grant Continuation Application | PD, PC, FC, DC |
| Coordinate data compliance meetings with providers. | PD, DC |
| Develop and submit the Contingency Management Plan | PD, PC |
| **Year 1 - Quarter 2 January 1, 2023-March 31, 2023** | **Responsible Party** |
| Monitor service development and implementation | PD |
| Coordinate data compliance meetings with providers. | PD, PC, DC |
| **Year 1 - Quarter 3 April 1, 2023-June 30,2023** | **Responsible Party** |
| Monitor service development and implementation. | PD |
| Review and submit SPARS data. | PD, DC |
| Coordinate data compliance meetings with providers. | PD, PC, DC |
| Complete mid-year report and submit via eRA Commons. | PD, DC, PC |
| **Year 1 - Quarter 4 July 1, 2023-September 29, 2023** | **Responsible Party** |
| Monitor service development and implementation. | PD |
| Coordinate data compliance meetings with providers. | PD, PC, DC |
| Review and submit SPARS data. | PD, DC |
| Complete Annual Grant Report | PD, PC, FC, DC |
| **Year 2-Quarter 1 September 30, 2023-December 31, 2023** | **Responsible Party** |
| Continue monitoring implementation of plans and services | PD |
| Coordinate data compliance meetings with providers. | PD, PC, DC |

| | |
|---|---|
| Review and submit SPARS data. | PD, DC |
| **Year 2-Quarter 2 January 1, 2024-March 31, 2024** | **Responsible Party** |
| Review and submit SPARS data. | PD, DC |
| Continue monitoring implementation of plans and services | PD |
| Coordinate data compliance meetings with providers. | PD, PC, DC |
| **Year 2-Quarter 3 April 1, 2024-June 30,2024** | **Responsible Party** |
| Continue monitoring implementation of plans and services | PD |
| Coordinate data compliance meetings with providers. | PD, PC, DC |
| Review budget for state fiscal year and prepare for final grant quarter. | PD, FC |
| Review and submit SPARS data. | PD, DC |
| Develop mid-year report and submit via eRA Commons. | PD, DC, PC |
| **Year 2-Quarter 4 July 1, 2024-September 29, 2024** | **Responsible Party** |
| Continue monitoring implementation of plans and services | PD |
| Coordinate data compliance meetings with providers. | PD, PC, DC |
| Review and submit SPARS data. | PD, DC |
| Complete and Submit No Cost Extension if needed | PD, PC, FC, DC |
| **Final Reports** | **Responsible Party** |
| Submit annual report for Year 2 within 90 days upon completion of project period, December 28, 2024. | PD, DC, FC, PC |
| Review and submit final SPARS data within 30 days upon completion of project period, October 30, 2024. | PD, DC |
| Submit final performance report within 120 days upon completion of the project period, January 27, 2025. | PD |

Notice of Funding Opportunity: TI-22-005
Award Number: H70TI085766-01

**Florida's State Opioid Response III**

**Budget Narrative**

Project Period: September 30, 2022-September 29, 2024

Budget for Year 1—Total Award $101,302,478

| **Budget Summary** | |
|---|---|
| Personnel | $2,930,377 |
| Fringe Benefits | $1,178,438 |
| Travel | $126,956 |
| Managing Entities | $67,950,542 |
| Supplies | $30,184 |
| Contracts | $28,150,952 |
| Other | $366,926 |
| **Total Direct Cost** | **$100,734,375** |
| Indirect Cost | $568,103 |
| **Total** | **$101,302,478** |

## A. Personnel $2,930,377

| **Position** | **Name** | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
|---|---|---|---|---|
| **Total level of effort between SOR 2 NCE and SOR 3 will not exceed 100% level of effort.** | | | | |
| Project Director | Crystal Lilly | $70,013 | 100% | $70,013 |
| Project Coordinator | Mary Jo Hatala | $65,000 | 100% | $65,000 |
| Data Coordinator | Jeffrey Storm | $65,000 | 100% | $65,000 |
| Fiscal Coordinator | Vacant | $65,000 | 100% | $65,000 |
| Overdose Prevention Specialist | Danielle Rice | $60,000 | 100% | $60,000 |
| Overdose Prevention Specialist | Vacant | $60,000 | 100% | $60,000 |
| Overdose Prevention Specialist | Vacant/New | $60,000 | 100% | $60,000 |
| Data Analyst | Anna Sever | $60,000 | 100% | $60,000 |
| Report Analyst | Vacant | $55,000 | 100% | $55,000 |

| Position | Name | Annual Salary/Rate | LOE | Cost |
|---|---|---|---|---|
| Director of Innovation and Planning | Christi Anderson | In-Kind | 25% | $0 |
| Grant Development and Management Supervisor | Jeff Cece | In-Kind | 25% | $0 |
| Statewide Coordinator of Integration and Recovery Services | Wesley Evans | In-Kind | 25% | $0 |
| Statewide Recovery Integration Specialist | Sarah Sheppard | In-Kind | 25% | $0 |
| Statewide Prevention Specialist | Karley Papworth-McGuire | In-Kind | 20% | $0 |
| Budget Manager | Julie Mayo | In-Kind | 15% | $0 |
| Statewide Overdose Prevention Coordinator | Jennifer Williams | In-Kind | 25% | $0 |
| Epidemiologist | Alex Parodi | In-Kind | 20% | $0 |
| Accountant | Janet Holly | In-Kind | 5% | $0 |
| Total Headquarters Salaries: | | | | **$560,013** |
| Pharmacy Technician | Latasha Campbell | $50,000 | 100% | $50,000 |
| Total Florida State Hospital Salaries: | | | | **$50,000** |
| Northwest Region Behavioral Health Consultants | Joseph Cantin | $70,013 | 100% | $70,013 |
| | Tyla Helms | $70,013 | 100% | $70,013 |
| | Alexis Bolling | $70,013 | 100% | $70,013 |
| Northeast Region Behavioral Health Consultants | Cautrese Alexander | $70,013 | 100% | $70,013 |
| | Diamond Jones | $70,013 | 100% | $70,013 |

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
|---|---|---|---|---|
| | Tia Wilson | $70,013 | 100% | $70,013 |
| | Vacant | $70,013 | 100% | $70,013 |
| Central Region Behavioral Health Consultants | Diana Cardona | $70,013 | 100% | $70,013 |
| | Ishmel Cerisier | $70,013 | 100% | $70,013 |
| | Corrin Casper | $70,013 | 100% | $70,013 |
| | Amber Hartman | $70,013 | 100% | $70,013 |
| Suncoast Region Behavioral Health Consultants | Chris Walsh | $70,013 | 100% | $70,013 |
| | Brittany Peters | $70,013 | 100% | $70,013 |
| | Susie Hardy | $70,013 | 100% | $70,013 |
| | Amanda Haun | $70,013 | 100% | $70,013 |
| Southeast Region Behavioral Health Consultants | Yve Lopes | $70,013 | 100% | $70,013 |
| | Ashley Scher | $70,013 | 100% | $70,013 |
| | Vacant | $70,013 | 100% | $70,013 |
| TBD | 10 additional Behavioral Health Consultants (some are pending new hires) | $700,130 | 100% | $700,130 |
| Northwest Region Recovery Quality Improvement Specialist | Emily Day | $60,000 | 100% | $60,000 |
| Central Region Recovery Quality Improvement Specialist | Carol Williams-Hayes | $60,000 | 100% | $60,000 |

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
|---|---|---|---|---|
| Northeast Region Recovery Quality Improvement Specialist | Desiree Manning | $60,000 | 100% | $60,000 |
| Southeast Region Recovery Quality Improvement Specialist | Nicole Morin | $60,000 | 100% | $60,000 |
| South Region Recovery Quality Improvement Specialist | Tanya Humphrey | $60,000 | 100% | $60,000 |
| Suncoast Region Recovery Quality Improvement Specialist | Kenneth Brown | $60,000 | 100% | $60,000 |
| **Total Regional Salaries** | | | | **$2,320,364** |
| **Total Salaries** | | | | **$2,930,377** |

**JUSTIFICATION-- Level of effort will not exceed 100% across both SOR-2 NCE and SOR-3 awards for all positions.**

State Opioid Response (SOR) Grant Project Director

1. Title of position: SOR Project Director
2. Description of duties and responsibilities:
    a. Provide overall project oversight and management.
    b. Ensure compliance with all aspects of the terms and conditions of the award.
    c. Perform data review and analysis, including tracking measurable objectives.
    d. Develop and submit all required reports that document progress, barriers, and efforts to overcome these barriers.
    e. Collaborate with all SOR-funded organizations as well as internal and external stakeholders.
    f. Implement quality improvement initiatives.
    g. Complete site visits with subcontracted providers.
    h. Performs other duties as assigned.
3. Qualifications for position: Bachelor's or master's degree in human services or a related field, and at least five years of relevant experience, including project management experience.
4. Supervisory relationships: The Project Director will be supervised by the Grant Development & Management Supervisor within the Office of Substance Abuse and Mental Health.
5. Skills and knowledge required: Project management skills are required.
6. Amount of travel and any other special conditions or requirements: Approximately 25% of time spent traveling, must have flexibility to work weekends as needed.
7. Salary range: $70,012.80
8. Hours per day or week: 40 hours/week

State Opioid Response (SOR) Grant Project Coordinator

1. Title of position: State Opioid Response Project Coordinator
2. Description of duties and responsibilities:
    a. Develop and maintain partnerships with internal and external stakeholders to advance awareness of prevention, treatment, and recovery efforts in response to opioid and stimulant misuse and disorders.
    b. Coordinate various DCF funding streams, including but not limited to state General Revenue, the Substance Abuse Prevention and Treatment Block Grant and the State Opioid Response Grants.
    c. Manage all SOR related contracts, including the review and approval of activities, invoices, and other documents sent by providers; work with contract management to ensure deliverables are being met; provide technical assistance (TA) to providers regarding challenges related to submission of grant deliverables.
    d. Assist with ensuring programmatic goals and objectives are being met; keep relevant staff informed about upcoming deadlines, thereby ensuring smooth completion of work responsibilities.
    e. Collaborate with SAMH Leadership, SOR staff and the Office of Budget to assist in the preparation of budget plans regarding SOR initiatives.
    f. Prepare monthly and bi-annual reports for submission to the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding the Department's successes, challenges, and progress of Florida's prevention, treatment, and recovery efforts; collaborate with internal staff to gather pertinent information for timely submission of reports.
    g. Collaborate with SOR data staff regarding the collection and analysis of data to provide updates to SAMHSA on an ongoing basis.
    h. Performs other duties as assigned or delegated.
3. Qualifications for position: Minimum bachelor's degree in human services or a related field, and at least three years of relevant experience with project management, contracting, interagency coordination, and/or budgeting.
4. Supervisory relationships: The State Opioid Response Project Coordinator will be supervised by the Grant Development & Management Supervisor within the Office of Substance Abuse and Mental Health.
5. Skills and knowledge required: Knowledge of contract management, enhanced research and writing skills and knowledge of Florida's behavioral health system of care are required.
6. Amount of travel and any other special conditions or requirements: Approximately 25% of time spent traveling, must have flexibility to work weekends as needed.
7. Salary range: $65,000
8. Hours per day or week: 40 hours/week

Data Coordinator

1. Title of position: Data Coordinator
2. Description of duties and responsibilities:
    a. Assist program staff with reviewing, analyzing, and reporting grant deliverables.
    b. Conduct and provide oversight for data collection and reporting related to the

opioid and stimulant misuse and disorders, including but not limited to overdose death data; non-fatal overdose data; hospital data; and Managing Entities' service provider networks' data/reports. Establish and maintain effective and efficient systems to monitor data, reporting, and surveillance systems for public health improvement; and reviewing and analyzing related local, state, federal and national reports, including, but not limited to:

i. Florida Medical Examiners Commission Drugs Identified in Deceased Persons Report
ii. Emergency Medical Services Controlled Substance Overdose Report
iii. E-FORCSE Prescription Drug Monitoring Program Annual Report
iv. International Narcotics Control Strategy Report
v. National Drug Threat Assessment
vi. National Drug Control Strategy

c. Oversee database management and monitor client services across reporting systems.
d. Produce ad-hoc data analyses, conduct literature reviews, reports, resources allocation methodologies, and other projects as assigned.
e. Gather and analyze data reported into FASAMS (Financial and Services Accountability Management System); WITS (Web Infrastructure for Treatment Services); SPARS (SAMHSA Performance and Accountability Reporting System) and other related reporting systems.
f. Produce monthly reports on SOR-funded prevention, treatment, and recovery services, including client-level data for Medication-Assisted Treatment (MAT) services and other reports as required.
g. In coordination with appropriate DCF Data Team staff, and FEI staff, conduct ongoing review, evaluation, and assessment of data systems (e.g., FASAMS and WITS) to ensure quality, timeliness, completeness, and accuracy of SOR data and related data. This includes but is not limited to ensuing errors are reviewed and corrected regularly and timely, no less than bi-weekly.
h. Establish and maintain collaborative relationships with key stakeholders, including, but not limited to the Florida Department of Health and the Agency for Health Care Administration for collection and review of related data and reviewing and/or monitoring other opioid or stimulant related public health programs.
i. Collect, analyze, and interpret health data to assist with planning targeted interventions as well as responding to and notifying community stakeholders of alerts (as directed).Collect and review special projects reports, including hospital bridge and child welfare, and develop/maintain corresponding databases for tracking and reporting.
j. Performs other duties as assigned.
k. Qualifications: A bachelor's degree from a college or university and four years of professional experience in systems analysis, management analysis, program planning, program research, program evaluation, engineering or administrative work. Or a master's degree from a college or university can substitute for one year of the required experience. Or professional or nonprofessional experience as described above can substitute on a year-for-year basis for the required college education.

3. Supervisory relationships: The Data Coordinator will be supervised by the Grant

Development and Management Supervisor within the Office of Substance Abuse and Mental Health.

4. Skills and knowledge required: A knowledge of commonly used software, such as Word and Excel is required. Required skills include intermediate to advanced knowledge of statistical software programs (like SAS, SPSS, and R) and the ability to work with other public health software (ArcView GIS) and database software (SQL). Amount of travel and any other special conditions or requirements: Up to 10% for SOR- related meetings and training.
5. Salary range: $65,000
6. Hours per day or week: 40 hours/week (1 Full-time)

Fiscal Coordinator

1. Title of position: SOR Fiscal Coordinator
2. Description of duties and responsibilities:
    a. Monitors overall SOR budget and fiscal operations to ensure effective management and compliance with the grant award.
    b. Reviews financial transactions related to contract and grant accounts and purchase orders.
    c. Reconciles records of expenditures to ensure all invoices and supporting documents are accurate in the Florida Accounting Information Resource (FLAIR), Financial Information System (FIS), and MyFloridaMarketPlace (MFMP).
    d. Work with Budget and Finance and Accounting to resolve issues that impact encumbrances and expenditure errors.
    e. Provide periodic fiscal reports to SOR Project Director and other leadership to keep abreast of all SOR fiscal activity.
    f. Review and update SOR grant reports for accuracy to be submitted to SAMHSA in accordance with grant requirements.
    g. Performs other duties as assigned.
3. Qualifications for position: A high school diploma or its equivalent and two years FLAIR experience.
4. Supervisory relationships: The Fiscal Coordinator will be supervised by the Grant Development and Management Supervisor within the Office of Substance Abuse and Mental Health.
5. Skills and knowledge required: Knowledge of state purchasing rules. Knowledge of state fiscal systems. Ability to plan and organize work assignments, work independently, and can communicate effectively both verbally and in writing.
6. Amount of travel and any other special conditions or requirements: Approximately 20% of time spent traveling for regional meetings, site visits, and statewide summits is required.
7. Salary range: $65,000
8. Hours per day or week: 40 hours/week

Overdose Prevention Specialist

1. Title of position: Overdose Prevention Specialist
2. Description of duties and responsibilities:

a. Assist with overdose prevention/naloxone and harm reduction trainings and other aspects of the Department's Overdose Prevention Program, including conducting outreach to enroll new providers, providing technical assistance, approving/submitting naloxone orders, and maintaining/tracking data.
b. Develop and implement processes and procedures that facilitate access to treatment, such as mobile buprenorphine programs and medication-first models for MAT.
c. Conduct monitoring of SOR-funded MAT providers through secret shopper calls, or similar initiatives, to ensure providers are implementing harm reduction strategies, including educating community members seeking services about all MAT options and offering naloxone.
d. Conduct literature reviews and summarize findings regarding harm reduction strategies, including syringe access and medication-first MAT models.
e. Assist with connections to community resources.
f. Monitor and maintain the ISAVEFL webpage platform and inbox.
g. Performs other duties as assigned.

3. Qualifications for position: Bachelor's degree in Public Health or a related field. Professional harm reduction or substance abuse related experience can substitute on a year-for-year basis for the required college education.
4. Supervisory relationships: The Overdose Prevention Specialist will be supervised by the Prevention & Recovery Supervisor within the Office of Substance Abuse and Mental Health.
5. Skills and knowledge required: Program management, training/TA, writing, communication, and organizational skills. Knowledge of harm reduction and overdose prevention.
6. Amount of travel and any other special conditions or requirements: Approximately 25% of time spent traveling for training/TA, site visits, and conferences/workshops is required.
7. Salary range: $60,000
8. Hours per day or week: 40 hours/week

<u>Data Analyst</u>

1. Title of position: Data Analyst
2. Description of duties and responsibilities:
    a. Assist Data Coordinator and program staff with reviewing, analyzing, interpreting, and reporting grant deliverables.
    b. Produce timely reporting of data for mid-year and annual progress reports to fulfill federal reporting requirements; reports to management and leadership; and ad hoc reports as requested, adhering to deadlines, and ensuring complete, thorough, and accurate information in reporting.
    c. Develop, design, and deliver comprehensive programmatic reports for both internal and external use. These include but are not limited to; maps, slide sets, fact sheets, research publications, peer review papers, quality assurance/technical assistance visits, reports related to special projects, behavioral and socio-demographic analysis, responses to requests from field operations and community partners, customized reports appropriate to special request and other data-related products as

needed.

d. Establish and maintain effective and efficient systems to monitor data, reporting, and surveillance systems for public health improvement; and reviewing and analyzing related local, state, federal and national reports, including, but not limited to:
    i. Florida Medical Examiners Commission Drugs Identified in Deceased Persons Report
    ii. Emergency Medical Services Controlled Substance Overdose Report
    iii. E-FORCSE Prescription Drug Monitoring Program Annual Report
    iv. International Narcotics Control Strategy Report
    v. National Drug Threat Assessment
    vi. National Drug Control Strategy
e. Regular review of data in SPARS (SAMHSA Performance and Accountability Reporting System) and WITS (Web Infrastructure for Treatment Services) and cross reference with FASAMS reports produced by the Lead Epidemiologist to ensure data quality and accuracy.
f. Collect and review special projects reports, including hospital/jail bridge and child welfare, and develop/maintain corresponding databases for tracking and reporting.
g. Produce monthly reports on SOR-funded prevention, treatment, and recovery services, including client-level data for Medication-Assisted Treatment (MAT) services and other reports as required.
h. Establish and maintain collaborative relationships with key stakeholders, including, but not limited to the Florida Department of Health and the Agency for Health Care Administration for collection and review of related data and reviewing and/or monitoring other opioid and stimulant-related public health programs.
i. Assist Data Coordinator regarding monthly conference calls with Managing Entities (ME) to discuss GPRA compliance rate, data discrepancies, and overall data quality.
j. Performs other duties as assigned.
k. Qualifications for position: A bachelor's degree from a college or university and four years of professional experience in systems analysis, management analysis, program planning, program research, program evaluation, engineering or administrative work. Or a master's degree from a college or university can substitute for one year of the required experience. Or professional or nonprofessional experience as described above can substitute on a year-for-year basis for the required college education.

3. Supervisory relationships: The Data Analyst will be supervised by the Data Analytics Supervisor within the Office of Substance Abuse and Mental Health.
4. Skills and knowledge required: A knowledge of commonly used software, such as Word and Excel, is required. Required skills include intermediate to advanced knowledge of statistical software programs (like SAS, SPSS, and R) and the ability to work with other public health software (ArcView GIS) and database software (SQL).
5. Amount of travel and any other special conditions or requirements: Up to 10% for SOR-related meetings and training.
6. Salary range: $60,000
7. Hours per day or week: 40 hours/week

<u>Report Analyst</u>

1. Title of position: Report Analyst

2. Description of duties and responsibilities:
    a. Writing, editing, and updating reports and presentations in accordance with grant requirements.
    b. Collaborate with internal staff and external stakeholders to provide the most up to date information within the grant reports to be submitted.
    c. Maintaining a calendar to ensure timely submission and deadlines are met.
    d. Perform a wide range of administrative tasks in support of the Project Director, including monitoring grant project activities to ensure effective grants management and compliance with the grant award.
    e. Maintain grant records, files, reports, databases, and resource materials pertinent to grant activities, maintaining subcontractor files, including reports, documents, and work products.
    f. Assist with tracking and reviewing of subcontractor deliverables, including preliminary reviews of reports.
    g. Assist with scheduling and coordination of regional meetings and contract monitoring site visits.
    h. Assist with coordination and tracking of training and technical assistance provided by the Opioid Response Network and other federal training partners as needed.
    i. Assist with planning and coordination of statewide summits.
    j. Performs other duties as assigned.
3. Qualifications for position: Bachelor's degree from an accredited college or university and 2 years of professional writing experience in Communications, Journalism, English, or related field. A master's degree from an accredited college or university can substitute for two years of the required experience. Professional experience can substitute on a year-for-year basis for the required college education.
4. Supervisory relationships: The Report Analyst will be supervised by the Grant Development & Management Supervisor within the Office of Substance Abuse and Mental Health.
5. Skills and knowledge required: Writing, communication, and organizational skills. Advanced knowledge of Microsoft Suite including Word, PowerPoint, and Excel.
6. Amount of travel and any other special conditions or requirements: Approximately 10% of time spent traveling for training/TA, site visits, and conferences/workshops is required.
7. Salary Range: $55,000
8. Hours per day or week: Up to 40 hours/week

<u>Recovery Quality Improvement Specialist</u>

1. Title of position: Recovery Quality Improvement Specialist
2. Description of duties and responsibilities:
    a. Conduct quality assurance visits with providers to include review of medical records and interviews with staff/persons served/family members to identify recovery-oriented principles and practices. Prepare and present reports and findings, to include an analysis of opportunities for improvement.

b. Manage activities related to the development of recovery-oriented systems of care (ROSC).
c. Identify and promote opportunities for individuals with lived experience, family members, and allies to have meaningful inclusion in the evaluation of ROSC practices, enhance the role of peers in the workforce of local providers through training and technical assistance.
d. Provide technical assistance for the expansion of medication assisted treatment services to include but not limited to assisting with care coordination, engagement, and buprenorphine initiation in emergency departments.
e. Performs other duties as assigned.

3. Qualifications for position: Lived experience of substance use condition; high school diploma or GED; certified as a Recovery Peer Specialist.
4. Supervisory relationships: The Recovery Quality Improvement Specialist will be supervised by their regional Director of Substance Abuse and Mental Health.
5. Skills and knowledge required: A minimum of two years of experience working with individuals with substance use disorders. Working knowledge of ROSC preferred.
6. Amount of travel and any other special conditions or requirements: Local travel
7. Salary range: $60,000
8. Hours per day or week: 40 hours/week

Behavioral Health Consultant

1. Title of position: Behavioral Health Consultant
2. Description of duties and responsibilities:
    a. Provide technical assistance and consultation to Child Protective Investigators and child welfare case managers on the identification of behavioral health conditions, their effects on parenting capacity, and engagement techniques.
    b. Assist investigative staff and dependency case managers in understanding the signs and symptoms of opioid use disorders and the best practices to engage and treat, including the use of MAT.
    c. Assist investigative staff and dependency case managers in understanding the signs and symptoms of stimulant use disorders and misuse and best practices to engage and treat.
    d. Develop contacts, facilitate referrals, and assist investigative staff with engaging clients in recommended services and improving timely access to treatment.
    e. Performs other duties as assigned.
3. Qualifications for position: Florida license in the areas of psychology, social work, mental health counseling, family and marriage therapy or registered intern, or master's level Certified Addiction Professional.
4. Supervisory relationships: The Behavioral Health Consultant will be supervised by their regional Director of Substance Abuse and Mental Health or designee.
5. Skills and knowledge required: A minimum of three years of experience treating substance use disorders. Working knowledge of the child welfare and behavioral health

systems and knowledge related to the impact of behavioral health conditions on parenting capacity.

6. Amount of travel and any other special conditions or requirements: Local travel
7. Salary range: $70,012.80
8. Hours per day or week: 40 hours/week

Pharmacy Technician

1. Title of position: Pharmacy Technician
2. Description of duties and responsibilities:
    a. Manage naloxone purchasing and distribution.
    b. Maintain inventory and compile reports.
    c. Performs other duties as assigned.
3. Qualifications for position: Registered as a pharmacy technician with the state of Florida.
4. Supervisory relationships: The Pharmacy Technician will be supervised by the Pharmacy Director at Florida State Hospital.
5. Skills and knowledge required: A working knowledge of standards and terminology used in pharmacy practice. Must have ability to inventory supplies, maintain records, collect, and analyze data, prepare purchase requisitions, and prepare reports. Proficiency in Microsoft Excel, Word, and Outlook required.
6. Amount of travel and any other special conditions or requirements: No travel is required for this position.
7. Salary range: $50,000
8. Hours per day or week: 40 hours/week

**B. Fringe Benefits**

**$1,178,438**

| **FTE-22 Position Wages: $1,525,247** | |
|---|---|
| Component | Cost |
| 18.47% (FICA 7.65% & Retirement 10.82%)<br>$19,895.51 Health Insurance<br>$43.13 Life/person | $720,363 |
| **OPS-22 Position Wages: $1,405,130** | |
| Component | Cost |
| FICA 1.45%<br>Health Insurance $19,895.51/Person | $458,075 |
| **Total Fringe** | **$1,178,438** |

**JUSTIFICATION**

- The State of Florida requires all employees to contribute to Medicare. For OPS employees, the mandatory contribution is 1.45% of total wages.
- In accordance with the Affordable Care Act, all employees working an average of 30 hours or more per week within a 12-month period must receive health insurance coverage. The

department's rate for Family Coverage is $825.54 x 24.1. This grant is responsible for the full amount of the health insurance for all 44 positions associated with this grant.

- The State of Florida provides FTE personnel with a contribution to retirement at a 10.82% rate.
- The State of Florida provides life insurance to FTE personnel with which costs $43.13 per year.

**C. Travel**

**$126,956**

| **Grant Management** | | | | | | |
|---|---|---|---|---|---|---|
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Mandatory grant meeting | Washington, DC | Airfare | $700 | roundtrip | 2 | $1,400 |
| | | Hotel | $175 | 2 | 2 | $700 |
| | | Per Diem | $36 | 2 | 2 | $144 |
| | | Per Diem | $80 | 1 | 2 | $160 |
| | | Car Rental | $30 | 3 | 2 | $180 |
| | | Incidentals | $75 | 1 | 2 | $150 |
| **Total** | | | | | | **$2,734** |
| **Reginal Staff (BHCs & ROQISs)** | | | | | | |
| Local regional staff to travel | Varies to assigned region | Mileage | .445/mile | 500 miles/x12 months | 34 | $90,780 |
| **Total** | | | | | | **$90,780** |
| **Regional Site Visits** | | | | | | |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Project Director and Project Coordinator to complete a site visit | NE, NW, Central, SE, Suncoast, Southern Regions | Airfare | $450 | roundtrip | 3 | $1,350 |
| | | Hotel | $175 | 12 | 2 | $4,200 |
| | | Per Diem | $36 | 12 | 2 | $864 |
| | | Per Diem | $80 | 6 | 2 | $960 |
| | | Car Rental | $30 | 18 | 2 | $1,080 |
| | | Incidentals | $75 | 6 | 2 | $900 |
| **Total** | | | | | | **$9,354** |
| **Naloxone Training & Site Visits** | | | | | | |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Each site will be visited by an Overdose Prevention Specialist | NE, NW, Central, SE, Suncoast, Southern Regions | Airfare | $450 | 4 Roundtrip | 1 | $1,800 |
| | | Hotel | $175 | 8 | 1 | $1,400 |
| | | Per Diem | $36 | 12 | 1 | $432 |
| | | Per Diem | $80 | 6 | 1 | $480 |
| | | Car Rental | $30 | 12 | 1 | $360 |
| | | Incidentals | $100 | 6 | 1 | $600 |
| **Total** | | | | | | **$5,072** |
| **Conferences** | | | | | | |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| RX and Prescriptions | Atlanta, GA | Airfare | $500 | roundtrip | 3 | $1,500 |
| | | Hotel | $175 | 5 | 3 | $2,625 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Summit April 2023 | | Per Diem | $36 | 5 | 3 | $540 |
| | | Per Diem | $80 | 1 | 3 | $240 |
| | | Car Rental | $30 | 6 | 3 | $540 |
| | | Incidentals | $75 | 1 | 3 | $225 |
| **Total** | | | | | | **$5,670** |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| DCF Child and Family Wellbeing Summit | Orlando, FL | Airfare | $451 | Roundtrip | 1 | $451 |
| | | Hotel | $175 | 2 | 2 | $700 |
| | | Per Diem | $36 | 2 | 2 | $144 |
| | | Per Diem | $80 | 1 | 2 | $160 |
| | | Car Rental | $30 | 3 | 2 | $180 |
| | | Incidentals | $75 | 1 | 2 | $150 |
| **Total** | | | | | | **$1,785** |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Behavioral Health Conference | Orlando, FL | Airfare | $665 | Roundtrip | 1 | $665 |
| | | Hotel | $175 | 3 | 6 | $3,150 |
| | | Per Diem | $36 | 3 | 6 | $648 |
| | | Per Diem | $80 | 1 | 6 | $480 |
| | | Car Rental | $30 | 4 | 6 | $720 |
| | | Incidentals | $75 | 1 | 6 | $450 |
| **Total** | | | | | | **$6,113** |
| **Multiple Pathways of Recovery** | | | | | | |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Recovery Conference | Orlando, FL | Airfare | N/A | N/A | N/A | N/A |
| | | Hotel | $175 | 3 | 6 | $3,150 |
| | | Per Diem | $36 | 3 | 6 | $648 |
| | | Per Diem | $80 | 1 | 6 | $480 |
| | | Car Rental | $30 | 4 | 6 | $720 |
| | | Incidentals | $75 | 1 | 6 | $450 |
| **Total** | | | | | | **$5,448** |
| **Total** | | | | | | **$126,956** |

**D. Equipment:** **$0**

**E. Supplies:**

**$30,184**

| **Item** | | **Quantity** | **Total** |
|---|---|---|---|
| Dell Latitude Laptops | $1500 | 14 | $21,000 |
| Computer Monitors | $250 | 28 | $7,000 |
| Docking Station | $156 | 14 | $2,184 |
| **Total** | | | **$30,184** |

**JUSTIFICATION**

Computers, monitors and the docking stations are required for the new positions created within this grant to fulfill job duties. The Fiscal Coordinator and Report Analyst were previously approved

positions but never filled, therefore, the laptops were not previously purchased. An additional Overdose Prevention Specialist position was created to assist with the expanding overdose prevention program and executing the naloxone saturation plan. The Pharmacy Technician will need access to files on the overdose and prevention program within the Department's secure database. This access will require a computer. Computers and supplies are also needed for Behavioral Health Consultants not purchased in previous grant for ten (10) staff.

**F. Contractual:**

**$96,101,494**

| Name | Service | Cost |
|---|---|---|
| Managing Entities | Treatment and Support Services including Operating Costs | $60,780,542 |
| Managing Entities | Prevention Services | $3,500,000 |
| Managing Entities | Recovery Community Organizations/Peer Support | $3,500,000 |
| Florida State Hospital | Naloxone Distribution | $15,000,000 |
| Florida Alcohol and Drug Abuse Association | Vivitrol-Assisted Treatment | $6,000,000 |
| Florida Alcohol and Drug Abuse Association | Prescriber Peer Mentoring Project | $225,032 |
| Florida Alcohol and Drug Abuse Association | Treatment/MAT Training for Medicaid Plans, Department of Corrections, and Jails | $200,000 |
| Oxford House, Inc. | Recovery Residences | $2,341,567 |
| Faces and Voices of Recovery | Recovery Community Organization Training | $880,850 |
| FEI Systems | Data Collection and Management | $200,500 |
| Florida Harm Reduction Collective | Mail Order Naloxone | $221,197 |
| University of Miami Leonard M. Miller School of Medicine | Mobile Buprenorphine Pilot | $1,253,282 |
| Office of State Courts Administrator | Treatment/MAT Training for Judges and Court Staff | $228,524 |
| Managing Entities | Behavioral Health Consultation | $170,000 |
| TBA | Media Campaign ISAVEFL | $1,600,000 |
| **Total Contractual** | | **$96,101,494** |

**Managing Entities**

The Department contracts with seven (7) Managing Entities (ME) as defined in s. 394.9082, F. S., responsible for the administration of subcontracted community-based behavioral health services in all 67 counties.

| ME Name | Service Locations | Line Item | |
|---|---|---|---|
| Northwest Florida Health Network | Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington Counties | Treatment and Recovery Support Operational Costs | $109,405 |
| | | Treatment and Recovery Support | $3,537,250 |
| | | Prevention | $210,000 |
| | | Recovery Community Organizations | $210,000 |
| **Total** | | | **$4,066,655** |
| Broward Behavioral Health Coalition | Broward County | Treatment and Recovery Support Operational Costs | $182,342 |
| | | Treatment and Recovery Support | $5,895,713 |
| | | Prevention | 350,000 |
| | | Recovery Community Organizations | 350,000 |
| **Total** | | | **$6,778,055** |
| Central Florida Behavioral Health Network | Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota Counties | Treatment and Recovery Support Operational Costs | $565,259 |
| | | Treatment and Recovery Support | $18,276,709 |
| | | Prevention | $1,085,000 |
| | | Recovery Community Organizations | $1,085,000 |
| **Total** | | | **$21,011,968** |
| Central Florida Cares Health System | Brevard, Orange, Osceola and Seminole counties | Treatment and Recovery Support Operational Costs | $237,044 |
| | | Treatment and Recovery Support | $7,664,425 |
| | | Prevention | $455,000 |

| | | | |
|---|---|---|---|
| | | Recovery Community Organizations | $455,000 |
| **Total** | | | **$8,811,469** |
| Lutheran Services Florida Health Systems | Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia Counties | Treatment and Recovery Support Operational Costs | $401,152 |
| | | Treatment and Recovery Support | $12,970,567 |
| | | Prevention | $770,000 |
| | | Recovery Community Organizations | $770,000 |
| **Total** | | | **$14,911,719** |
| Southeast Florida Behavioral Health Network | Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties | Treatment and Recovery Support Operational Costs | $127,639 |
| | | Treatment and Recovery Support | $4,126,999 |
| | | Prevention | $245,000 |
| | | Recovery Community Organizations | $245,000 |
| **Total** | | | **$4,744,638** |
| Thriving Mind South Florida | Miami-Dade and Monroe Counties | Treatment and Recovery Support Operational Costs | $200,576 |
| | | Treatment and Recovery Support Operational Costs | $6,485,462 |
| | | Prevention | $385,000 |
| | | Recovery Community Organizations | $385,000 |
| | | Behavioral Health Consultants | $170,000 |
| **Total** | | | **$7,626,038** |
| **Total for Managing Entities** | | | **$67,950,542** |

**Treatment and Recovery Supports**

The Department estimates that 10,000 individuals (unduplicated) can be served in year 1. Key

objectives are to increase new admissions to buprenorphine or methadone maintenance treatment, increase the participation of network service providers in hospital bridge programs; and implement a contingency management (CM) pilot program in year 2. The pilot program will be based on SAMHSA's pending revisions to the current maximum value of $15 per contingency (and a maximum value of all total contingencies of $75 per year per person). Key objectives also include expanding access to recovery support services, including access to recovery community organizations and stable housing. Additionally, data collection will increase through the use of non-cash incentives for participation in the required data collection among individuals receiving treatment or recovery support services, using a maximum $30 non-cash incentive per individual for each of the three required GPRA interviews completed (intake, 6-month follow-up, and discharge).

Funds will be allocated for treatment, prevention, and recovery support services for indigent, uninsured and underinsured individuals with stimulant use disorders or misuse and opioid use disorders and misuse. As needed, this includes outreach, screening and assessment, cost of the medication, medication administration, therapy, peer support, counseling, aftercare, and other services or supports to assist the individual's recovery. Funding will include allocations for innovative treatment and recovery approaches including the "Medication First Model to Treat OUD".

**Prevention**

Funds will be allocated to the Managing Entities to subcontract with local providers to implement and expand evidence-based primary prevention to serve at least 25,000 individuals each year. The primary prevention services funded under this project must have evidence of effectiveness at preventing opioid misuse, stimulant misuse, or other illicit drug use. With regard to standards for evidence, the Department looked for statistically significant reductions in opioid misuse, stimulant misuse, or the use of other illicit drugs, relative to comparison or control groups, as documented in peer-reviewed publications reporting on experimental or quasi- experimental program evaluation designs. The list of approved, evidence-based programs that Managing Entities and their prevention partners can choose from include:

- Drug Deactivation Packets
- Caring School Community
- Guiding Good Choices
- InShape Prevention Plus Wellness
- Life Skills Training (Botvin)
- PAX Good Behavior Game (PAX GBG)
- Project Towards No Drug Abuse
- SPORT Prevention Plus Wellness
- Strengthening Families
- Teen Intervene
- Positive Action
- Project SUCCESS

**Recovery Community Organizations**

Funds will be allocated to the Managing Entities to either subcontract with existing Recovery Community Organizations (RCOs) for recovery services or to work with community partners to establish new ones. An RCO is an independent organization led and governed by individuals in recovery and their allies. They organize recovery-focused policy advocacy activities, community

education and outreach programs, and provide peer-based recovery support. The mission of an RCO is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction. SOR-funded RCOs will work closely with community treatment providers and other stakeholders to provide outreach services, information and referral, wellness recovery centers, harm reduction services, and recovery support services. RCOs will use the recovery capital assessment scale as a component of the recovery planning process for individuals receiving services.

DCF developed a need-based allocation methodology for distributing funds to each of the MEs. MEs will subcontract with local service providers. This includes cost for the Managing Entity to implement and operationalize grant activities. The table below illustrates the allocation of funds for treatment and recovery supports, operational costs, prevention and funding to support recovery community organizations.

**Florida State Hospital – Naloxone Distribution**

**$15,000,000**

| Item | # Units | Rate Per Unit | Total |
|---|---|---|---|
| Naloxone nasal spray kits: 2 dose kits at fixed price agreement rate | 200,000 | $75.00 | $15,000,000 |
| **Total Cost** | | | **$15,000,000** |

**JUSTIFICATION**

The Department's Overdose Prevention Program (OPP) will distribute a minimum of 200,000 naloxone nasal spray kits, with a goal of 220,000 kits. The variance is due to the fluctuation of pricing. Under SOR 3 funding, enrolled distributors may purchase any FDA-approved intranasal formulation and depending upon the naloxone selected, the prices vary from $62- $75 per kit. Naloxone kits will be distributed across the state targeting individuals most at risk of an overdose. The Department participates in a bulk purchasing agreement with Cardinal Health through the Florida State Hospital Pharmacy. Florida State Hospital will purchase naloxone in bulk with SOR funds and ship the medication to state-licensed pharmacies that have partnered with organizations enrolled in the OPP. Prior to enrolling in the program, organizations receive initial training from the Department's Overdose Prevention Coordinator or SOR Overdose Prevention Specialist. Trainings will be conducted in-person or via webinar and include education on overdose signs/symptoms; how to use naloxone; best practices for distribution; Florida's 911 Good Samaritan, Syringe Exchange, and Naloxone Laws; and other harm reduction initiatives. Enrolled organizations are required to distribute free take-home naloxone kits directly to people at risk of experiencing an opioid overdose and to friends and family that may witness an opioid overdose. Participating providers are required to submit monthly reports documenting the number of kits distributed and the number of overdose reversals reported.

**Florida Alcohol and Drug Abuse Association – FADAA**

**Vivitrol-Extended-Release Injectable Naltrexone -Assisted Treatment**

**$6,000,000**

| Item | Rate | Units | Total |
|---|---|---|---|
| Screening and Medication Education- Estimated as one per patient | $150 | 1200 | $180,000 |
| Assessment, including physical examination and lab work- Estimated as one per patient | $540 | 1000 | $540,000 |
| **Item** | **Rate** | **Units** | **Total** |
| Medication, its Management and Administration, and Lab Work- Estimated as five doses per patient for 650 patients based on program historical data. | $1,507.23 | 3250 | $4,898,498 |
| Data Collection (GPRA)- Administration and reporting of the GPRA tool in accordance with DCF protocols. | $60 | 800 | $48,000 |
| Readmission Screening- Estimated as one per patient | $60 | 330 | $19,800 |
| Readmission Medical Assessment/Lab Work- Estimated as one per patient | $100 | 300 | $30,000 |
| Subcontracted management services- Estimated monthly for 12 months | $23,641.84 | 12 | $283,702 |
| **Total** | | | **$6,000,000** |

**JUSTIFICATION**

The Department contracts with the Florida Alcohol and Drug Abuse Association (FADAA), for the management of a subcontracted distribution of Vivitrol and associated medical administration services. Funds will be used to expand an existing contract with FADAA to pay for medication-assisted treatment using VIVITROL for uninsured, and underinsured individuals with opioid use disorders. VIVITROL® is an extended-release formulation of naltrexone that is FDA-approved for the prevention of relapse to opioid dependence. FADAA estimates that these funds will help serve an additional 650 individuals per year. FADAA will monitor system capacity, track expenditures, collect data, and conduct random site visits with enrolled providers.

FADAA will reimburse providers for screenings, medical assessments, and medication administration:

- Initial Screening- A clinical evaluation to determine the existence of an opioid or alcohol use disorder, and the patients' motivation and willingness to use a medication-assisted treatment protocol in conjunction with counseling and recovery support. Includes overview of medication benefits and potential side effects to help inform choice to participate. Limited to one event per patient.

- Medical Assessment- Involves the medical assessment of a prospective patient and the taking of a blood specimen and running lab work to determine a prospective patient's kidney and liver function, active substance use, and any medical conditions that would preclude the use of Vivitrol (e.g., pregnancy). Limited to one event per patient.
- Medication Administration- Dose administration and management by medical personnel which includes the cost of the medication. The reimbursement amount is reduced if the provider receives payments from other sources (e.g., Medicaid) or has lower negotiated rates for the medication (e.g., Federally Qualified Health Centers have a lower negotiated medication cost).
- Readmission Screening- this service is used for previous patients that return for MAT services after an extended time (to be specified) out of care to assess current use status, best medication match, and service needs. The service would be less expensive and serve to update clinical aspects of previously completed biopsychosocial evaluations.
- Readmission Medical Assessment/Lab Work – this rate would cover the cost of medical staff reviewing changes in the returning patient's medical history and performing any labs deemed necessary to restart the medication protocol (e.g., substance use/pregnancy).
- Required Data Collection - Administration and reporting of the Government Performance and Results Act (GPRA) tool in accordance with DCF and SAMHSA protocols.

**Florida Alcohol and Drug Abuse Association—Prescriber Peer Mentoring Project**

**$225,032**

| Item | Rate | Units | Cost |
|---|---|---|---|
| Prescriber Peer Mentoring: Mentoring activities are provided by physicians specially trained in Opioid Use Disorder (OUD), Stimulant Use Disorders (StUD), and Medication Assisted Treatment (MAT). Estimated at a rate of $300/hour of consultation or training. Specialized training events may have a flat rate. | $300 | 375 | $112,500 |
| Statewide Summit: Costs include venue, presenters' fees and travel costs, materials, and audiovisual costs and are estimated as follows: Venue: | $25,000 | 1 | $25,000 |
| Hospital ED Trainings: Course certification for medical continuing education unit $900 per 6-month period (courses must be re-certified every 6 months) | $900 | 2 | $1,800 |
| Training Review and Update | $2,000 | 1 | $2,000 |
| Peer Prescriber training delivery | $780 | 12 | $9,360 |
| Program staff support<br>Staff to manage project activities, coordinating training and events, and supporting the peer prescribers | $62.12 | 867.5 | $53,889 |
| **Subtotal Direct Costs** | | | **$204,549** |

| | |
|---|---|
| **Indirect Costs**<br>Calculated at the *de minimis* rate up to 10% of direct costs | $20,483 |
| **Total Cost** | **$225,032** |

**JUSTIFICATION**

FADAA will continue their existing MAT Prescriber Peer Mentoring Project. This project uses physicians specially trained in Opioid Use Disorder (OUD), Stimulant Use Disorders (StUD), and Medication Assisted Treatment (MAT) to serve as peer mentors for other physicians and professionals. This team of prescriber mentors are available to train, educate and mentor professionals on MAT throughout Florida through both formal instructional sessions and real-time consultations. For the upcoming project years, FADAA proposes, in line with the goals identified by the Department of Children and Families (DCF), the following:

- Increase the Prescriber Peer Mentoring Team. The team currently is staffed by seven (7) physicians. During the upcoming project, the team will be increased by at least two (2) more physicians with experience in implementing initiatives to improve care for individuals with an OUD or StUD (e.g., hospital bridge, harm reduction).
- Increase outreach to Hospital Emergency Departments to educate medical and administrative staff on how to support the engagement in treatment of individuals presenting with a substance use disorder and linking them to treatment and recovery supports.
- Organize and conduct a Statewide Summit on evidence-based practices for the prevention, treatment and recovery of substance use disorders. This is a meeting of substance use disorder providers from across the state, Managing Entities, and Department staff to identify and share challenges and promising practices to support the Department's quality improvement efforts in prevention, treatment, and recovery, specifically targeting opioid and stimulant use disorders.

**Florida Alcohol and Drug Abuse Association—Treatment/MAT Training for Medicaid Plans, Department of Corrections, and Jails**

**$200,000**

| Item | Rate | Units | Cost |
|---|---|---|---|
| Training events for 15-20 officers each: cost includes trainer /consultant fees and travel, training materials, training equipment, technology and connectivity. | $1,750 | 40 | $70,000 |
| Training review & update: one review to update information on the training materials and coordination with the trainers. | $4,000 | 1 | $4,000 |
| Training Resource Center- A special web-based resource center will be developed to parallel the trainings and will contain materials that support the work of probation officers. | $4,500 | 1 | $4,500 |

| | | | |
|---|---|---|---|
| Monthly maintenance- costs cover the expense of the software, hosting and updating the site. | $500 | 12 | $6,000 |
| **Item** | **Rate** | **Units** | **Cost** |
| Specialized presentations to professionals working in justice and corrections environments: costs include development of the training content and training of trainers.<br><br>Cost includes trainer/consultant fees and travel, training materials, training equipment, technology, and connectivity. | $10,000<br><br>$1,750 | 1<br><br>12 | $10,000<br><br>$21,000 |
| Program staff support- staff to manage project activities, coordinating training and events, and supporting trainers and trainees. | $62.12 | 1,068 | $66,344 |
| **Subtotal Direct Costs** | | | **$181,844** |
| **Indirect Costs**<br>Calculated at the *de minimis* rate of 10% of direct costs | | | $18,156 |
| **Total Cost** | | | **$200,000** |

**JUSTIFICATION**

Funds will be used to provide behavioral health and MAT-related training. FADAA will continue their existing MAT Training project for professionals working in jails, prisons, probation and other justice and corrections environments. This project seeks to expand the understanding of addiction and medication-assisted treatment in these professionals in an effort to reduce stigma and improve support for treatment for individuals with a substance used disorder in the criminal justice setting and upon reentry. This project includes:

- Probation Officers Training. The goal of this initiative is to train all probation officers in Florida, approximately 2,000 officers.
- Presentations in other venues such as jails, sheriff offices, or training and conferences targeting corrections and justice professionals.

During program year 2021-2022, FADAA developed a training tailored to the needs of probation officers. This training was reviewed by the Florida Department of Corrections and approved as a training that met the continuing education requirements for their probation officers. The training includes classroom instruction as well as a consultation with a physician with the required experience and certifications to treat individuals with a substance use disorder. Probation officers also receive a booklet with the training materials, and additional resources they can use when they interact with individuals with a substance use disorder and those in treatment and recovery.

The National Council for Mental Wellbeing[1], with support from the Centers for Disease Control and Prevention, conducted an environmental scan consisting of a literature review, 19 key informant interviews, and a roundtable discussion with a diverse group of individuals with experience in community corrections, overdose prevention, or harm reduction. The Council found that community corrections officers have a distinct and important role in preventing overdose, but to fulfill their role they need additional training in key topic areas such as substance use, medications for opioid use disorder, and overdose prevention strategies. This initiative directly addresses this need.

**Oxford House**

**$2,341,567**

| **Category** | **Request** |
|---|---|
| Personnel | $756,000 |
| Fringe Benefits | $226,800 |
| Travel | $486,000 |
| Equipment | $12,000 |
| Outreach Supplies | $89,100 |
| Communications | $57,150 |
| Misc. Contractual Needs | $494,600 |
| Professional Fees | $12,664 |
| Total Direct Cost | $2,134,314 |
| Indirect Cost or Admin | $207,253 |
| **Total Cost** | **$2,341,567** |

**JUSTIFICATION**

**Personnel:** Under SOR 3 funding, forty-four (44) new Oxford Houses will be established in Florida (264-352 recovery beds). Personnel includes wage by percent of time spent on each project. The Regional Outreach Manager provides coordination of Oxford Houses in Florida and support for all staff, coordinates monthly reporting, serves as liaison between the houses and communities where Oxford Houses exist to insure a good neighborly relationship. The Senior Outreach staff provides direct oversight for staff in the field, oversees all aspects of the project, sets deadlines, assigns responsibilities, and monitors and summarizes progress of the project. The Data

[1] National Council for Mental Wellbeing (2022). Overdose Prevention and Response in Community Corrections. Available at https://www.thenationalcouncil.org/resources/overdose-prevention-and-response-in-community-corrections/

Management Specialist manages data and reporting, organizational performance measures, identifies strategies and models for replication and ensures timely monitoring. There are 16 Outreach Staff that are responsible for house stabilization and development. Outreach Staff will administer Oxford House programs including renting suitable homes, recruiting residents, and teaching them the standard operating procedures, developing community resources and development and implementation of strategies for relapse prevention. They will also coordinate with treatment providers and other state agencies to make them aware of locations and availability of beds in an Oxford House and provide training. Designated Outreach Staff will provide outreach and support to communities that are harder hit by OUD population. They will also focus on training and distribution of Narcan to newly developed houses.

**Fringe:** Total Fringe benefits to include FICA (7.65%), health insurance, unemployment insurance, and Workers Compensation Insurance.

**Travel**: Mileage is derived by estimating the annual number of miles driven by employees to perform the job duties [based on a reimbursement rate of .445 per mile] in locating new houses, assisting existing houses (if any) in finding new locations, travel for conferences, workshops and presentations to treatment providers and other interested agencies. Also includes cost of travel to and from individual Oxford Houses to provide technical assistance. Funding for travel also covers per diem X $35 a day, when away from their base address for more than eight (8) hours. Also covers costs for motel stays when outreach travel away from their base address for meetings, presentations, trainings/conferences.

**Staff Development**: Covers the costs (transportation/hotel) of employees to the Annual World Convention. Also covers the cost (transportation/hotel) to and from FL for employees to annual Staff Training in Silver Spring, MD in March of each year. Both of these trainings are NAADAC approved for continuing education credit. The unique nature of the Oxford House model requires constant updated training. Key state conferences will be targeted to help propagate the Oxford House Network across the state and Managing Entities.

**Equipment:** Covers the costs of equipment needed for the function of job duties for new staff. (Laptop, Software).

**Supplies:** Supplies for outreach duties includes general office supplies, paper, ink, staples, folders, tape, pens, organizers. etc. Funding from this area covers the costs of cellphone printers, blue-tooths, MiFi's & electronics, monitors, mobile printers, cords, electronics to assist in performing the functions of the job remotely. Printing and postage cover cost of field staff printing materials needed for presentations, flyers for treatment centers/professionals, forms that may be needed for house officer trainings, house meetings/trainings and any workshops. Postage can be for mailings to jails and institutions, notices to houses for unity events, chapter meetings and trainings.

**Communication:** Supplies for communications covers cell phones, internet service as well as misc. faxes per month. Funding from this area covers phone and internet connection. Each house has local phone service only but the central service office with its toll-free numbers services as a

way to connect field personnel and residents of houses within Florida. The use of cell phones and internet connectivity is essential to keep contact and to make certain that providers can identify which houses have vacancies. IT Services cover the cost of ongoing fees for the maintenance/hosting of websites (National Website as well as Vacancy), also the cost of ongoing software fees, i.e. (Jira, Google, Cloud), etc.

**Misc. Other:** Miscellaneous funds support the following:

- Oxford House Start-Up Costs - This covers the cost for deposits, first month's rent, beds, dressers, nightstands, plates, utensils, cups, pots, pans, couches, chairs and bed frames.
- State Workshop: This covers a portion of the costs for the rental of the facility.
- Oxford House Lodging: Covers the EES (rent) for Outreach Staff and/or Other Peer Support Staff to live in an Oxford House and keep a closer eye with the houses and chapters when needed. This will include stays in Oxford Houses for Outreach Staff and part-time Peer Support Staff when working to provide technical assistance with FL Oxford Houses.

**Professional Fees:** The real-time vacancy system will require training of house personnel but will provide great benefits to treatment providers looking for current vacancies and for the state and Oxford House, Inc. to monitor house activity. Funding covers a portion of the cost of web service, which provides the real time vacancy list. Professional fees also cover legal support as needed for activities such as lawsuits, public relations, research, and evaluation, negotiating grant proposals, etc. Funding also covers a % of the cost of preparing financial data for annual financial report to the state agency.

**Indirect Cost:** This includes, but is not limited to, corporate office salaries toll free telephone line for houses to call for information, materials, postage for current house lists and phone numbers for houses, treatment providers, manuals for houses and chapters, video tapes for presentations and supplies for charters, house business forms, etc.

**Faces and Voices of Recovery - Recovery Community Organization Training**

**$880,850**

Budget details are provided below:

| **Personnel** | | | |
|---|---|---|---|
| **Position** | **Salary** | **LOE** | **Cost** |
| Chief Executive Officer | $120,000 | 10% | $12,000 |
| FL Project Director | $95,000 | 50% | $47,500 |
| Director of Programs | $80,000 | 30% | $24,000 |
| Project Coordinator-Programs | $65,000 | 60% | $39,000 |
| Project Coordinator-Communications | $65,000 | 60% | $39,000 |

| | | | |
|---|---|---|---|
| Project Coordinator- Marketing | $65,000 | 30% | $19,500 |
| Data Specialist | $75,000 | 25% | $18,750 |
| **Subtotal** | | | **$199,750** |
| **Fringe** | | **Rate** | **Wage** | **Cost** |
| FICA | | 7.65% | $199,750 | $15,281 |
| Other Fringe (HC, OASDI, etc.) | | 17.35% | | $34,657 |
| | | | | **$49,938** |
| **Total** | | | | **$ 249,688** |

**JUSTIFICATION**

Funds will be used to contract for training and technical assistance for developing Recovery Community Organizations (RCOs). Training includes assistance in developing by-laws, standards of care, and sustainable infrastructure. Specifically, the following training and TA will be provided:

**Environmental Scan**- Assessment of progress and challenges since inception of the contract. Observation of organization, community, systemic, and individual, interventions needed.

**RCO Bootcamp**- This is a baseline training for those just starting out in the RCO process. This training is designed to increase organizational capacity in governance, sustainability, ethics, strategic planning, and staff development.

**Recovery Pop-up Events**- Host a total of 6 on-site education pop-up events, one will be held in each region throughout the state. These one-day convenings of local community stakeholders convene the peer recovery workforce, advocates, and allies, from all recovery capital domains, to bolster our commitment to unifying the recovery advocacy community to advance policy changes.

**CEU Management**- (in-kind donation from Faces & Voices) Faces & Voices would like to introduce a Continuing Education Unit option for recovery-focused organizations in Florida to gain proficiency in best practice coursework related specifically to the field.

**Workforce Multiplier** – Everything a growing RCO needs. Peer workforce training to include Compassion Fatigue, Ethics, Group Facilitation Skills, and more. This training is designed to build a stable and robust workforce of Peer Support team members.

**Our Stories Have Power** – (Full Version) This nine-hour Recovery Community Messaging Training is the signature conceptual framework of Faces & Voices of Recovery. Newly refreshed in 2020, the training contains core strategies around recovery messaging from a diverse, equitable, and inclusive lens. This training focuses on equipping participants to utilize recovery stories effectively when speaking in a variety of settings.

**Peer Supervision** – This training and workshop will provide the framework needed to become an effective supervisor. All tools and systems given in the training can be adapted to an individual organization. Learn about supervision styles, transitional changes, professional discipline, and other topics

**Organizational Development**- This training and technical assistance program will prepare two cohorts of participants to effectively manage the operations of their RCOs. Content will range from contract negotiation to developing meaningful and impactful roles when participating on boards, councils, committees, and stakeholder groups. As a result of participation in the learning community and on-site training, participants will be equipped with a greater understanding of internal and external policy functions, fiscal management, human resources, risk management, marketing and public relations, and advocacy efforts to sustain their growth.

**Sustainability –** This topic is one-part fund development training and one-part financial planning. As new and established RCOs grapple with changes to the recovery landscape, it is critical for them to chart a course towards financial stability. Participants in this training will leave with specific, 1, 3, and 5-year sustainability plans.

**Spanish Webinar Series** – This inclusive webinar series offers the following trainings to Spanish speaking audiences: Words Matter: Utilizing Language to Eliminate Stigma, Science of Addiction & Recovery, Advancing Harm Reduction Approaches, Exploring Pathways to Recovery, Guiding Principles of Recovery, Recovery Oriented System of Care.

**Training**

| Item | | Description | Unit/Rate | Cost |
|---|---|---|---|---|
| **Organizational Development** multi-day multi-session. (on-site /virtual) | 2 Trainers X $6,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $3,750,<br>Train the Facilitator Modules $2,000 Materials X $500 | | 2 X $12,250 each | $24,500 |

| | | | |
|---|---|---|---|
| **Recovery Data Platform Training** multi-day multi-session. (on-site /virtual) | 2 Trainers X $6,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $3,750,<br>Train the Facilitator<br>Modules $2,000 Materials<br>X $500 | $12,250 | $12,250 |
| **Workforce Multiplier and Spanish translation Webinars** multi-day multi-session. (on-site/virtual) | 2 Trainers X $6,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $3,750,<br>Train the Facilitator<br>Modules $2,000 Materials<br>X $500 | 2 X $12,250 each | $24,500 |
| **Peer Supervision** single day. (on-site/virtual) | 2 Trainers X $3,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $3,750,<br>Train the Facilitator<br>Modules $2,000 Materials<br>X $500 | 2X $6,125 each | $12,250 |
| **Our Stories Have Power** multi-day multi-session. (on-site/virtual) | 2 Trainers X $6,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $1,875,<br>Train the Facilitator<br>Modules $1,000 Materials<br>X $250 | 2 Trainings X $ 12,250 each | $24,500 |
| **Sustainability** multi-day multi-session. (on-site/virtual)<br>2 sites | 2 Trainers X $6,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $3,750,<br>Train the Facilitator<br>Modules $2,000 Materials<br>X $500 | 2 X 12,250 each | $24,500 |
| **Environmental Scan** multi-day multi- session. (on- site/virtual)<br>6 Regions | 2 Consultants per regions X 40 hours ea X $150 /hr. Scan will include historical perspective and update dynamically via data visualization as project develops | 6X $12,000 each | $72,000 |
| **RCO Bootcamp**<br><br>multi-day multi-session. (on-site/virtual)<br>2 sites | 2 Trainers X $6,000.<br>Curriculum Licensing fee: (Allows attendees to reuse training content) $3,750,<br>Train the Facilitator<br>Modules $2,000 Materials<br>X $500 | 2 X $12,250 each | $24,500 |

| | | | |
|---|---|---|---|
| **Recovery Pop Up Events**<br><br>1 day on site -<br><br>6 regions | Planning 30 hrs. x150 /hr. 2 Consultants set up, logistics, per diem and deliver event X$3,750<br><br>30 hrs. planning X 150/hr.= $4500<br>2 consultants X1-day ea.=$2,400<br>Venue cost X$750 Event supplies X$600 | 6 X $8,250 each | $49,500 |
| **Quarterly Meetings** -1 day on site | Quarterly meetings to enhance cooperation between peer entities and reduce duplication of efforts. 1-2 Faces and Voices Team Members | 3 meetings X $1,750 each | $5,250 |
| **Total** | | | **$273,750** |

**Travel**

| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
|---|---|---|---|---|---|---|
| Trainings | 12 regional sites | Airfare | $500 | roundtrip 12 | 2 | $12,000 |
| | | Hotel | $175 | 24 | 2 | $8,400 |
| | | Per Diem | $36 | 24 | 2 | $1,728 |
| | | Per Diem | $80 | 12 | 2 | $1,920 |
| | | Taxi | $100 | 12 | 2 | $2,400 |
| | | Incidentals | $75 | 12 | 2 | $1,800 |
| **Total** | | | | | | **$28,248** |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Quarterly Meetings | 3 regional sites | Airfare | $500 | roundtrip 3 | 2 | $3,000 |
| | | Hotel | $175 | 6 | 2 | $2,100 |
| | | Per Diem | $36 | 2 | 2 | $432 |
| | | Per Diem | $80 | 3 | 2 | $480 |
| | | Taxi | $100 | 3 | 2 | $600 |
| | | Incidentals | $75 | 3 | 2 | $450 |
| **Total** | | | | | | **$7,062** |
| **Purpose** | **Location** | **Item** | **Rate** | **# of Days** | **# of People** | **Cost** |
| Quarterly Meetings | 3 regional sites | Airfare | $500 | roundtrip 6 | 2 | $6,000 |
| | | Hotel | $175 | 12 | 2 | $4,200 |
| | | Per Diem | $36 | 12 | 2 | $864 |
| | | Per Diem | $80 | 6 | 2 | $960 |
| | | Taxi | $100 | 6 | 2 | $1,200 |
| | | Incidentals | $75 | 6 | 2 | $900 |

| | |
|---|---|
| **Total** | **$14,124** |
| **Total** | **$49,434** |

**Office Expenses**

| Expenses | Description | Cost |
|---|---|---|
| Telephone | Percentage of overall Vonage system | $225 |
| Postage/ Shipping | Postal supplies | $800 |
| Copies/ Printing | Printed flyers, materials, etc | $1,800 |
| Office Supplies | Paper, pens, supplies | $450 |
| **Total Expenses** | | **$3,275** |

**Rentals and Professional Fees**

| Expense | Description | Cost |
|---|---|---|
| Rental or Use of Space | Space in hotel or community venues | $21,500 |
| Rental Equipment | AV Material X rental venues. | $12,500 |
| Insurance | Liability, Corporate | $7,000 |
| Advertising/ Outreach | Awareness events, local newspaper ads, regional events. Target audience: recovery community, general community, recovery curious, etc. | $12,500 |
| Membership Fees and Subscriptions | Recovery Database Platform- see breakdown below this table. | $38,500 |
| **Total** | | **$92,000** |
| **Subcontracted Services** | | |
| **Position** | **Rate** | **Cost** |
| National Recovery Institute Adjunct Faculty | Mentor /Additional training $75/ hr. x 5 hr./ wk. 50 wks. Adjunct faculty assist with learning collaboratives, training and associated functions with recovery organizations, will connect directly | $18,750 |
| Latino Recovery Advocacy Subcontract | Funds will be used to contract for culturally and | |

| | | |
|---|---|---|
| | linguistically appropriate training, strategic planning sessions and technical support targeting Florida's RCOs. | $153,945 |
| Accountant | Fixed fee | $1,000 |
| Total | | $173,695 |
| **Total** | | **$841,842** |
| Indirect up to 10% | | $39,008 |
| **Total** | | **$880,850** |

Membership and Subscriptions: Recovery Data Platform (RDP), Licenses & Support x 4, Super Administrators and 100 users. RDP is a cloud-based recovery outcome platform. It is designed to collect measures such as recovery capitals, BARC-10 and other indicators of wellness. Each user license allows a peer to sign-into a site (10 site licenses total) and access priority support. Included:

- User Licenses- Allows access to the system 100 X $150 each =$15,000
- Super admin license- Allows access to report writing extended features- 4, X $1,500 each =$6,000
- Support for 100 users X $100 each = $10,000
- Support for 4 Super Administrators- 4 X $1,875 each = $7,500

**FEI Systems**

**$200,500**

| Deliverable | Rate | Quantity | Total |
|---|---|---|---|
| Tier 3 Advanced Support | $36,000 | 4 | $144,000 |
| Provider Training re: new GPRA | $1,500 | 1 | $1,500 |
| SOR3 WITS Implementation – One Time Cost | $55,000 | 1 | $55,000 |
| **Total** | | | **$200,500** |

**JUSTIFICATION**

Funds will be used to contract with FEI Systems for ongoing data collection, management and reporting client-level data from the SAMHSA required GPRA tool and upload to SPARS. The 'Tier 3 Advanced Support' is unlimited assistance regarding technical issues which are deemed too difficult or involved to be handled by DCF's Tier 2 support.

The provider training is a two-hour web-based training offering instruction on the use of the new

GPRA data instrument within WITS. Recorded training will be provided to DCF after completion.

SOR 3 WITS implementation consists of loading of the new grant in WITS, including restriction of SOR 2 business rules and activation of SOR 3 rules. Development and implementation of the new GPRA data requirements. Re-certification of SPARS Upload testing to accommodate SOR 3 business rules, including new GPRA data requirements. Development of new features on the user dashboard related to GPRA status and referral management. Provision of new services to streamline loading of records in SOR 3 program based on agency and facility records.

**Florida Harm Reduction Collective (FLHRC)**

**$221,197**

| **Position** | **Level of Effort** | **Salary** |
|---|---|---|
| Project Manager | 100% | $58,058.00 |
| Staff | 100% | $46,980.00 |
| **Subtotal** | | **$105,038** |
| Fringe (Taxes, Insurance, and Benefits) | | $26,260 |
| **Total Salaries and Fringe** | | **$131,298** |

**JUSTIFICATION**

The Project Manager will have supervisory responsibilities for one program staff, including performance reviews and career development planning. Under this grant, the Project Manager will also be responsible for coordinating inventory and shipping of all materials. The Project Manager will review program data and establish contact with mail-based platform users as requested, including referrals to affiliate programs. The Project Manager is responsible for reporting any detected trends in data, such as overdose spikes, increased regional or county activity, and comments from individuals reporting use of naloxone during an overdose incident.

Program staff will be responsible for downloading requests for mail order materials, packing and shipping, and reporting inventory needs to the Project Manager. Program staff will be responsible for attending regional and statewide Drug Overdose Data Review and Drug Overdose Reduction Strategy Planning Group meetings and reporting on data collected from the program. Program staff will also be responsible for researching and connecting potential affiliates for inclusion in mail-based referral materials included in mailings.

| Expense | Description | Cost |
|---|---|---|
| Equipment | Computer equipment to access ordering and postage platforms for 2 staff | $2,000 |
| Postage Printers | Purchase of 1 postage printer | $350 |
| Rent | $2,500/month for 2/3rds of FLHRC Staff | $19,800 |
| Internet | $150/month for 2/3rds of FLHRC Staff | $1,200 |
| Ordering Platform | Utilization and proportional hosting costs of ordering and data collection platform @ $600/month | $7,200 |
| Ordering Platform Consulting | Avg. 4 hours per month @ $150/hour to adjust and update data collection tools (ordering and reporting questionnaires) and clean/organize data | $7,200 |
| Postage | Avg. 500 kits/month @ $3.75 kit | $22,500 |
| Envelopes and Mailing Supplies | Avg. 500 kits/month @ $.75 padded envelope | $4,500 |
| Printing | Printing of referral and educational materials to be included in mailings estimated @ $.50/env. | $3,000 |
| Cell Phones | 2 @ $85/month | $ 2,040 |
| **Total Direct Cost** | | **$201,088** |
| Indirect Costs | Accounting, annual audit, employee onboarding, insurance, etc. | $20,109 |
| **Total** | | **$221,197** |

**JUSTIFICATION**

Funds will be used for FLHRC to expand its current Mail-Based Overdose Prevention and Reversal Program to include referral information for additional affiliates, Recovery Community Organizations, treatment providers and support groups. Funds will support 500 kits per month to be mailed directly to an individual. FLHRC's current Mail-Based Program is run in partnership with NEXT Distro, a nationwide mail-based harm reduction services organization, using their web-based ordering and data collection platform.

**University of Miami Leonard M. Miller School of Medicine**

**$1,253,282**

| Position | Level of Effort | Salary w/Fringe |
|---|---|---|
| Medical Director / MAT Provider (H.Tookes) | 21% | $50,477 |
| MAT Provider (K. Ciraldo) | 30% | $72,110 |

| | | |
|---|---|---|
| MAT Provider (Chueng) | 20% | $43,778 |
| MAT Provider (Serota) | 20% | $47,247 |
| Behavioral Health / MAT Director (E. Suarez) | 60% | $76,140 |
| Program Director (D. Forrest) | 25% | $35,529 |
| MAT Peer Navigator | 100% | $61,425 |
| MAT Peer Navigator | 100% | $61,425 |
| MAT Peer Navigator | 100% | $61,425 |
| MAT Program Coordinator | 100% | $68,250 |
| Subtotal | | $577,806 |
| Medication | | $542,808 |
| Subtotal | | $1,120,614 |
| **Mobile Bupe Expansion – Providing TA** | | |
| Travel for TA | | $20,850 |
| Subtotal | | $1,141,464 |
| Indirect Cost up to 10% | | **$111,818** |
| **Total** | | **$1,253,282** |

**JUSTIFICATION**

The Department will fund the University of Miami to continue implementation of their program providing buprenorphine to patients with opioid use disorder (OUD) through a mobile outreach unit. Calculations are based on the projected number of patients (130-150) over a 12-month period, budgeting for the maximum amount of buprenorphine for each patient per month (32mg/day) with factoring in the current discharge rate. It is likely that most patients will stabilize at a dose lower than 32mg/day, but the sufficient daily dose is difficult to pre-determine and is a decision made between the prescriber and each individual patient. Patients may stabilize on 24mg/da ($235/month) or lower. Understanding that not all patients may need to be prescribed 32mg/day, funds in this category will also cover medication costs for patients who no longer have buprenorphine due to loss/theft, since a majority of patients are unhoused and do not have access to stable housing. In an effort to expand mobile buprenorphine services across the state, this budget also includes providing technical assistance to Syringe Services Programs so that they may begin implementing mobile buprenorphine.

**Office of State Courts Administration –Treatment/MAT Training for Judges and Court Staff**

**$228,524**

| Line Items | Justification | Total |
|---|---|---|
| I. Personnel Expenses | | |
| Salaries | Opioid Response Coordinator position serves as lead staff to the Florida Courts Opioid Initiative. 85% Level of Effort | $53,205.75 |
| Fringe | Includes health, life, Medicare, social security, and retirement | 16,674.45 |
| **Total Personnel Expenses** | | **69,880.20** |
| II. Other Expenses | | |
| Building Occupancy OSCA Annex Annual Rent For 1 Position) | This position is housed in the City Centre building, which OSCA pays rent $966.50 per quarter, per position. | $3,866 |
| Speaker Fees | Honoraria for experts to present at training events | $15,000 |
| Travel | Local travel | $2,670 |
| Operating Supplies & Expenses | IT support, software licenses, phone, office supplies, other. | $4,368 |
| Communication | Audio/video, mobile app, learning system | $15,500 |
| Other (People First HR Fee) | People First charges a human resources fee of $68 per quarter, per position. | $272 |
| Champion Summit | Host state-level conference featuring experts. | $80,000 |
| Educational Materials | Flyers, brochures, infographics, and other educational and training print resources | $5,000 |
| Special Projects | SMART Pilot and other projects TBA | $5,000 |
| Webinars | Host Department approved webinars | $12,331.80 |
| **Total** | | **213,888** |
| III. Indirect Costs | OSCA charges an indirect cost rate of 6.84% on all grant expenses | $14,636 |
| Total Indirect Costs | | $14,636 |
| **Total Costs** | | **$228,524** |

**JUSTIFICATION**

Funds will be used to enter into an Interagency Agreement with the Office of State Courts Administrator (OSCA) to provide training and technical assistance to judges and court staff from a variety of courts throughout the state. This includes organizing a two-day statewide training event, regional trainings, and development of fact sheets and bench guides.

**Champions Summit -** Targeted for Spring of 2023, the Summit will be a statewide training and technical assistance event for Circuit Champions and other key court officials. The Circuit Champions are judges, magistrates, and court staff who have been appointed as circuit-level leaders on the subjects of opioids, stimulants, their effects on the courts, and solutions for the future. There are presently about 100 Circuit Champions. Keeping the Champions up-to-date on these matters will enable them to make the greatest difference at the local and regional levels and, collectively, on a statewide basis. This event will also provide a valuable opportunity for networking among Circuit Champions, sharing challenges as well as other resources, ideas, and best practices. This will be the first in-person event focused for the Circuit Champions and will feature top level experts and speakers. In addition, a hybrid event format is planned whereby other statewide court officials will have the opportunity to attend virtually.

**Champions Support -** In addition to the Summit, FCOSR propose a session of the Champions Training Academy created in 2021 for Circuit Champions. This virtual forum provides the opportunity for additional training as well as networking among the Circuit Champions. The next Academy session is anticipated in August or September 2023. Active engagement is expected with Circuit Champions in follow-up to the Summit. Ongoing support to Circuit Champions (the Champions Connect e-newsletter, other email news and updates, and one-on-one assistance as requested) will continue throughout the grant term.

**Webinars** - OSCA organizes and hosts year-round webinars featuring state, national, and local experts. Given the strong record of attendance for such events to-date, coupled with consistent high marks by participants, a minimum of two webinars will be planned and conducted in 2022-23. Such trainings are made available to judges, court staff, and court partners, live and at no charge. Continuing Judicial Education (CJE) and Continuing Legal Education (CLE) credits are made available along with on-demand recordings. The webinars are a convenient way for busy court professionals to keep abreast of important and ever-changing information in the realm of opioids, stimulants, and substance use disorders.

**Experts Connect**– FCOSR hosts a virtual series designed to connect court professionals with experts in varied fields for consultations and technical assistance. The format is Q&A and these sessions are on a smaller scale than the larger webinars to allow plenty of time for attendees to have their questions answered. This service began through FCOSR in the fall of 2021 on a pilot basis and featured 7 small group sessions and two prominent national experts. Court representatives applied to attend with the expert of their choice. Following successful completion of the pilot, an additional session was held on May 17, 2022 featuring the renowned Doug Marlowe, JD, PhD of NADCP. For 2022-23, FCOSR anticipates sessions with a minimum of two experts. Experts and content specialties will be chosen in consultation with the courts to ensure a

focus on the greatest needs.

**SMART Recovery** – This project began in 2022 as part of a broader pilot initiative on behavioral health, Planning for the next phase of the project is underway and will involve selecting two drug courts to play a leadership role in each hosting a SMART Recovery facilitated learning series. Identification of these courts along with more detailed planning and coordination is anticipated to be completed in the next quarter (prior to the new grant term) with implementation to take place in the first quarter of the new term. Consideration is being given to offering hybrid sessions whereby participants from additional drug courts could take part. Unlike other SMART Recovery series, these sessions will focus exclusively on court participants as identified by the Florida courts. This next-level phase of the pilot will engage drug court managers and staff in facilitating post-treatment support for sustained recovery of their court participants, along with monitoring and reporting on results for other courts and circuits to learn from.

**Mobile App** - The Courts Connect app was created through SOR grant funds and made available to court officials and staff beginning in October 2021, as an innovative and timely information & communications resource for Florida courts. It features tabs for subject matter posts, event listings, and breaking news. Circuit Champions can also use it for live messaging. FCOSR staff regularly identifies and creates timely posts, as entered through an administrative portal. The app is easy to download for use by Apple/IOS and Android phones (via Apple Store or Google Play) or can be accessed by computer. Further details are at CourtsConnectFL.com. Hosting and technical support are through a contracted technology vendor (as funded under the grant) with the capacity to add other features in the coming year if identified by OSCA.

**Learning Management System** - An online education resource platform, funded through SOR, was launched in 2020 as a training and technical assistance resource for judges and court staff. The Learning Management System, or LMS, includes an assortment of valuable resources. Specifically, there are four e-Learning modules and three OSCA-designed videos, along with a library of reports, articles, and other publications, as well as links to informative websites. The e-Learning modules are comprised of animated videos, guest interviews, interactive games, and pre- and post-quizzes. For all videos, the option of viewing Closed Caption versions is provided. The LMS is accessible at CourtsLearn.com and hosted by a technology vendor (funded under the grant). Expansion of the LMS content is planned for 2022-23.

**ISAVEFL Media Campaign- TBD** **$1,600,000**

| Item | Total |
|---|---|
| Media campaign- ISAVEFL | $1,600,000 |
| **Total** | **$1,600,000** |

**JUSTIFICATION**

The Department will use $1.6 million per year to further develop and implement a statewide outreach campaign connecting high-risk target audiences and communities to the ISAVEFL campaign messages, free naloxone kits, and recovery support resources. Activities related to development include audience research, video production and QR functionality. Campaign delivery will occur through digital media/advertising, broadcast television and radio, as well as billboards and posters in high traffic areas. It will be guided by zip code level data and real-time feedback from distributors in the community.

**G. Other**

**$366,926**

| **Conference Registrations** | | | |
|---|---|---|---|
| **Conference Registrations** | **Cost** | **Quantity** | **Total** |
| Department of Children and Families Child and Family Wellbeing Summit | $250.00 | 2 | $500.00 |
| Florida Behavioral Health Conference | $375.00 | 6 | $2,250.00 |
| Multiple Pathways to Recovery | $425.00 | 6 | $2,550.00 |
| RX and Prescription Drug Summit | $575.00 | 3 | $1,725.00 |
| **Total** | | | **$7,025.00** |

**JUSTIFICATION**

The Multiple Pathways of Recovery Conference is a national recovery conference. The 2023 conference will be held in Punta Gorda, Florida. The goal of the conference is to share the many pathways of recovery from drugs, alcohol, and other addictions with as many people as possible. The nation's leading recovery leaders from various backgrounds, pathways, and organizations share and educate one another about the ways people live and thrive in recovery. These different pathways include methods, practices, rituals, programs, and belief systems that foster long-term recovery. This request is to send six (6) staff to learn about new programs and build a larger network of providers and peers. The annual RX and Prescription Drug Summit is held each year in Atlanta. The Summit attracts a wide range of stakeholders addressing the opioid crisis, including law enforcement, treatment providers, teaches, families and individuals in recovery. This request is to send three (3) staff members to build out of state networks. The DCF Child and Family Wellbeing Summit provides a platform for presentations and networking amongst professionals working towards the health and wellness of children and families in Florida. This request is to send two (2) staff members to network and engage providers. The Behavioral Health Conference brings top industry leaders together to share innovative practices in behavioral health. This request is to send six (6) staff to learn more about what techniques and new strategies are being used surrounding behavioral health.

| **HQ Personnel** | | | |
|---|---|---|---|
| **Collocated Costs** | **Cost** | **Quantity** | **Total** |
| Telephone line/use | $474.00 | 9 | $4,266.00 |
| Postage | $141.00 | 9 | $1,269.00 |

| | | | |
|---|---|---|---|
| Printing & Reproduction | $121.00 | 9 | $1,089.00 |
| Repair & Maintenance | $121.00 | 9 | $1,089.00 |
| Office Supplies | $385.00 | 9 | $3,465.00 |
| Software & Training | $851.00 | 9 | $7,659.00 |
| Data Communications | $682.00 | 9 | $6,138.00 |
| Building Rental | $3,866.00 | 9 | $34,794.00 |
| **Total** | | | **$59,769.00** |
| **Other Expenses** | **Average Single Cost** | **Quantity** | **Total Estimated Cost** |
| Unemployment Compensation | $1,319.00 | 9 | $11,871.00 |
| DSM Personnel Assessment FTE | $341.56 | 4 | $1,366.24 |
| DMS Personnel Assessment OPS | $97.61 | 5 | $488.05 |
| **Total** (rounded to align with SAMHSA's budget template) | | | **$13,725.00** |
| **Regional Personnel** | | | |
| **Collocated Costs** | **Cost** | **Quantity** | **Total** |
| Telephone line/use | $474.00 | 34 | $16,116.00 |
| Postage | $141.00 | 34 | $4,794.00 |
| Printing & Reproduction | $121.00 | 34 | $4,114.00 |
| Repair & Maintenance | $121.00 | 34 | $4,114.00 |
| Office Supplies | $385.00 | 34 | $13,090.00 |
| Software & Training | $851.00 | 34 | $28,934.00 |
| Data Communications | $682.00 | 34 | $23,188.00 |
| Building Rental | $3,866.00 | 34 | $131,444.00 |
| **Total Collocated Cost:** | | | **$225,794.00** |
| Telephone line/use | $474.00 | 1 | $474.00 |
| Postage | $141.00 | 1 | $474.00 |
| Printing & Reproduction | $121.00 | 1 | $121.00 |
| Repair & Maintenance | $121.00 | 1 | $121.00 |
| Office Supplies | $385.00 | 1 | $385.00 |
| Software & Training | $851.00 | 1 | $851.00 |
| Data Communications | $682.00 | 1 | $682.00 |
| Building Rental | $3,866.00 | 1 | $3,866.00 |
| **Total** | | | **$6,641.00** |

| **Other Expenses** | **Average Single Cost** | **Quantity** | **Total Estimated Cost** |
|---|---|---|---|
| Unemployment Compensation | $1,319.00 | 1 | $1,319 |

| | | | |
|---|---|---|---|
| DMS Personnel Assessment OPS | $97.61 | 1 | $97.61 |
| **Total** | | | **$1,416** |
| **Other Expenses** | **Average Single Cost** | **Quantity** | **Total Estimated Cost** |
| Unemployment Compensation | $1,319.00 | 34 | $44,846.00 |
| DSM Personnel Assessment FTE | $341.56 | 18 | $6,148.08 |
| DMS Personnel Assessment OPS | $97.61 | 16 | $ 1,562 |
| **Total** (rounded to align with SAMHSA's budget template) | | | **$52,556** |
| **Grand Total** | | | **$366,926** |

**JUSTIFICATION**

Within the Florida Department of Children and Families, certain costs such as telephone and building rent are shared across grants under the department's purview. These are referred to as "collocated costs." Each individual grant contributes towards these expenses based on a specific calculation methodology involving the number of departmental positions supported by the grant and the square footage used by those positions. For the purpose of Legislative Budget Requests for new programs or grants, the State has developed a package of set rates in order to estimate the amount of state budget authority that would need to be requested for this category of costs. The chart above reflects the set rates for each element of the Collocated Cost Package.

Please note that Unemployment Compensation is paid through the Expense category in the official accounting system for the Department of Children and Families and is paid in quarterly installments. In addition, Florida Department of Management Services Personnel Assessments are required upon hire for all departmental positions.

**H. Indirect Costs: $568,103**

| Total Wages and Fringe (HQ) | Indirect Cost Rate (HQ) | Total (HQ) Indirect |
|---|---|---|
| $792,471 | 25% | $198,118 |
| **Total Headquarters Indirect** | | **$198,118** |
| Total Wages and Fringe (FSH) | Indirect Cost Rate (FSH) | Total (FSH) Indirect |
| $59,925 | 10.80% | $6,472 |
| **Total Florida State Hospital Indirect** | | **$6,472** |
| Total Wages and Fringe (R) | Indirect Cost Rate (R) | Total (R) Indirect |
| $3,245,654 | 11.20% | $363,513 |
| **Total Regional Indirect** | | **$363,513** |
| **Total Indirect** | | **$568,103** |