



**RON DESANTIS**  
GOVERNOR

October 31, 2019

The Honorable Frank Pallone, Jr.  
The Honorable Greg Walden  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Pallone and Ranking Member Walden:

Thank you for your September 18, 2019, letter requesting information on how Florida is addressing the opioid crisis. I appreciate the Committee's work to investigate the origins of the epidemic and to help those suffering.

As Governor, I am committed to doing everything in my power to roll back the devastating effect the opioid epidemic has had on the state of Florida. In addition to state-led action, coordination with federal partners plays a vital role in the effort to address this crisis.

Please find enclosed detailed responses prepared by the Florida Department of Children and Families and the Florida Department of Health to the questions raised in your letter regarding opioid-related federal funds.

I look forward to continuing to work with you to ensure additional funds flow into real solutions in our fight against opioid addiction in Florida.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ron DeSantis".

Ron DeSantis  
Governor

Enclosures

cc: The Honorable Anna G. Eshoo, Chairwoman  
Subcommittee on Health

The Honorable Michael C. Burgess, M.D., Ranking Member  
Subcommittee on Health

The Honorable Diana DeGette, Chair  
Subcommittee on Oversight and Investigations

The Honorable Brett Guthrie, Ranking Member  
Subcommittee on Oversight and Investigations

November 1, 2019

United State House of Representatives  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515-6115

## Florida Department of Children and Families

### **1. Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has Florida received?**

The Florida Department of Children and Families (Department) has received federal funding to address the opioid epidemic through three grants; Partnerships for Success (PFS); State Targeted Response to the Opioid Crisis (STR); and Florida's State Opioid Response Project (SOR), totaling \$186,694,184. PFS, STR and SOR are administered through the Department's Office of Substance Abuse and Mental Health (SAMH). The following illustrates funding allocated for each grant:

Grant	Project Period	Award Year					Total
		2016	2017	2018	2019	2020	
PFS	9/30/16 - 9/29/21	\$1,230,000	\$1,230,000	\$1,230,000	\$1,230,000	\$1,230,000	\$6,150,000
STR	5/1/17 - 4/30/20		\$27,150,403	\$27,150,403			\$54,300,806
SOR	9/30/18 - 9/29/20			\$76,186,527	\$50,056,851		\$126,243,378
	<b>Total</b>	\$1,230,000	\$28,380,403	\$104,566,930	\$51,286,851	\$1,230,000	<b>\$186,694,184</b>

PFS is a five-year grant (09/30/2016 - 09/29/2021). Each federal fiscal budget period award is \$1,230,000 for a total \$6,150,000 over the project period. We are currently in Year 3. Year 4 will begin 09/30/19.

Initially, STR was a two-year award (05/01/2017 - 04/30/2019). A no-cost extension was awarded for an additional 12 months; now ending 04/30/2020. Each federal fiscal budget period, the Department was awarded \$27,150,403 for a total of \$54,300,806.

SOR is a two-year grant (09/30/2018 - 09/29/2020). Each federal fiscal budget period award is \$50,056,851. A supplemental award for an additional \$26,129,676 was awarded on 03/20/2019. Total grant award over the two-year project period is \$126,243,378. Year 2 begins 9/30/2019.

#### **a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?**

During the initial implementation phase of SOR, Florida experienced significant challenges when Hurricane Michael made landfall in October 2018. Michael was a category 5 hurricane which required the Department to shift its priorities to implementation of an emergency behavioral health response for the impacted counties. Another challenge was recruitment of staff with the appropriate credentials and experience for a two-year project. Oftentimes, time-limited

Other Personnel Services (OPS) positions are difficult to fill; consequently, key staff charged with implementation of major components of the project were onboarded during the second quarter of the first federal fiscal year. Finally, a major barrier to deploying funds was that during implementation, the Department's budget authority was only for State Fiscal Year 2018-19. This has made it difficult to execute multi-year contracts. The Department worked one-on-one with vendors to contract through this state fiscal year with the intent to amend the remaining funds into contracts once the Department receives budget authority for the grant funds for State. This process impacts planning and staffing for providers and collaborative partners, as some have to significantly reduce staff and/or services until assurances are made regarding funding. This has the potential to impact continuity of care, especially in smaller organizations.

**b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them.**

Please see Attachment 1 for the list of grant funding allocations and recipients.

**c. If your state has not used the entirety of federally allocated funding, please explain why.**

SOR has built upon and expanded the work implemented under the STR grant. Given that there was overlap in the final two quarters of STR, and the first two quarters of SOR, the majority of the funded providers were still utilizing their STR allocations when SOR was implemented, and most continued to do so through the close of STR in April 2019. Therefore, a significant portion of SOR's allocations were not utilized during this period. The Department anticipates that these funds will be used in year 2.

Regarding unexpended STR funds, implementation in the Department's Northwest Region's catchment area was disrupted by Hurricane Michael. Behavioral health provider capacity in this catchment area was significantly impacted. The provision of STR-funded school-based prevention services and medication-assisted treatment services, including buprenorphine induction and peer support services through a planned hospital pilot, was disrupted as a result. The Department was granted a no-cost extension to allow time for the completion of the originally planned services and activities in this catchment area.

**2. Please describe how your state determines which local government entities (i.e. counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.**

SAMHSA allocated SOR funding to the states using a formula based on two elements that were equally weighted. These elements are the state's proportion of people with an opioid use disorder (including both heroin and prescription pain relievers) who have not received treatment, using estimates from the 2015-2016 National Survey on Drug Use and Health, and the state's proportion of drug poisoning deaths, using 2016 estimates from the CDC's surveillance system.

Since the formula is evenly weighted, 50 percent of the funding was driven by the portion of individuals with an unmet need for opioid use disorder treatment and the other 50 percent was driven by the portion of poisoning deaths. The Department used a similar approach for allocating funding for SOR and STR funding to each of its Regions using the following data:

- The number of adults ages 18 and older that used heroin in the past year, using substate estimates from the 2014-2016 National Survey on Drug Use and Health.
- The number of adults ages 18 and older that used heroin in the past year, using substate estimates from the 2012-2014 National Survey on Drug Use and Health.
- The number of deaths caused by at least one opioid in State Fiscal Year 2016-2017, from the Florida Medical Examiners Commission.

Please see Attachment 2 – Allocation Methodology for additional details.

**3. Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.**

The Department contracts with seven Managing Entities (MEs) for the administration and management of regional behavioral health services and supports. MEs are non-profit organizations responsible for overseeing contracts with local network service providers for the provision of prevention, treatment, and recovery support services. ME contracts are managed by the Department’s regional SAMH offices with support from the SAMH headquarters office.

MEs contract with service providers in their service region independent of the Department, and each is responsible for identifying appropriate resources to ensure treatment, prevention, and recovery support services are available to address the needs of the region. For projects managed from the Department’s SAMH headquarters office, the state determines partners appropriate for each grant based on the level of expertise, capacity to carryout the activities of the project, and other requirements as dictated by statute and procurement procedures. Please see Attachment 2 for additional information.

**4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Florida in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.**

Yes, the Department has flexibility in appropriating funds to the areas impacted most by the opioid epidemic. Given this, the Department has used a data driven approach to allocate funds to target areas of greatest need. Implementation of this allocation methodology helps ensure that proportionate resources are available for treatment, recovery and prevention services. This same methodology was used to allocate funds for the SOR and STR grants.

Please see Attachment 2 - Allocation Methodology for more details.

**5. In what ways, specifically, have federal funds extended to Florida helped change your state's treatment system and/or led to a reduction in opioid overdoses?**

**PFS Grant:** PFS is designed to reduce prescription drug misuse among youth. Under PFS, school-based and family-based primary prevention programs have been implemented in middle and high schools in eight counties using the evidence-based programs Botvin LifeSkills Training. A statewide Opioid Overdose Prevention Awareness campaign has been launched to educate the public. The campaign has developed a website, created targeted digital advertising, and conducted educational resource dissemination on recognizing the signs of an opioid overdose, how to use naloxone, and how to access the medication throughout Florida. The PFS grant also funds overdose prevention trainings to organizations interested in increasing access to naloxone in their communities.

PFS funds are also utilized to establish a hospital-based care coordination program. Memorial Regional Hospital in Broward County currently utilizes two Certified Peer Recovery Specialists who engage, motivate, and link overdose victims and other at-risk individuals to medication-assisted treatment and recovery support services upon discharge from the hospital.

Additionally, Local Drug Epidemiology Networks (DENs) have been developed in each of the subrecipient communities and integrated into the State Epidemiological Outcomes Workgroup (SEOW). DENs engage in local data collection and analysis to guide local prevention efforts. During the second year of the PFS grant, enhancements to Florida's Prescription Drug Monitoring Program (PDMP) were funded to modify prescribing practices, including the development of prescriber report cards and a self-paced online training course for users of the system.

The PFS grant serves five urban counties (Broward, Palm Beach, Hillsborough, Manatee, and Duval Counties) and three rural counties (Washington, Walton, and Franklin Counties). The following provides a high-level overview of outputs and outcomes as of December 2018:

- 44 trainings have been conducted educating 1,314 individuals on overdose recognition and response.
- 1,004 students have received primary prevention education and resources through school-based prevention programs.
- The *Save a Life* awareness campaign was launched in November 2018 and a reporting of advertisement placement thus far includes: Streaming Radio (audio and banner): 457,291 impressions; Digital Display around emergency rooms: 130,340 impressions; Broadcast Radio: 1,474 spots; Radio (FNN): 61 spots; Gas Pumps: 54 locations; Indoor (Restaurants/Bars): 78 locations; Google Ads: 11,511 impressions; Facebook/Instagram (General Targets): 55,601 impressions; Facebook/Instagram (Exclusive Targets): 11,983 impressions; and Twitter: 82,067 impressions.

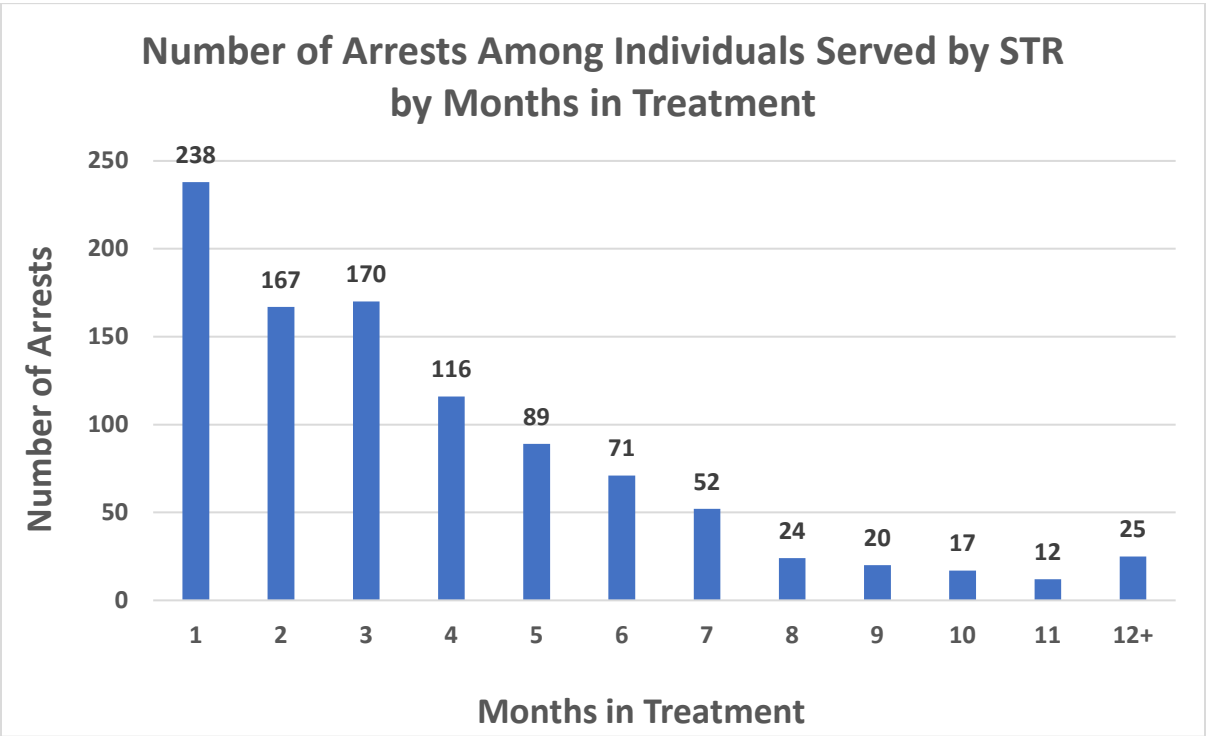
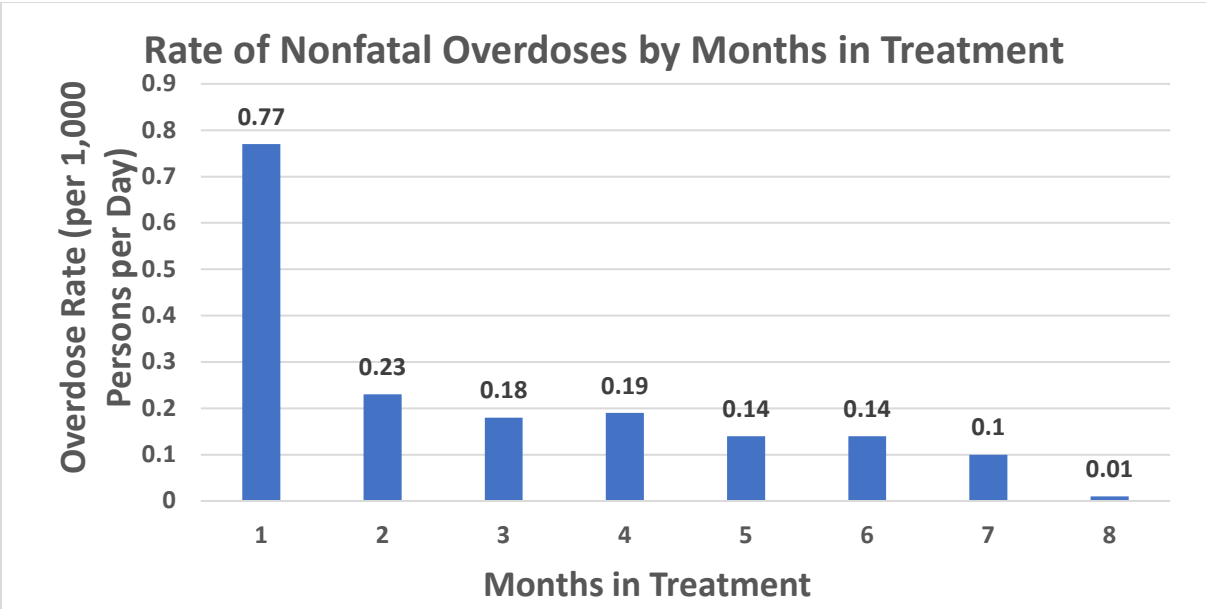
**SOR Grant:** SOR funds have been used to expand access to MAT. Prior to receiving STR funding, there were only 65 DATA 2000 waived prescribers in the Managing Entities' local

service provider networks. Results of the last provider survey show that there were 163 waived prescribers. This is a 151% increase in capacity to prescribe buprenorphine to treat opioid use disorders.

To date, over 4,000 people have received MAT under SOR; 2,070 (52%) received methadone; 1,704 (42%) were treated with buprenorphine; and 237 (6%) extended release injectable naltrexone. SOR funding has been critical to helping keep individuals in treatment. Of those discharged from STR services, over 2,400 (15.4%) were transferred to SOR. This accounts for 60% of clients served under SOR to date. SOR is wrapping up the first year and only began use of the GPRA (Government Performance and Results Modernization Act) in June 2019, when the official approved tool was released by SAMHSA. Therefore, limited outcomes for SOR are available at this time.

**STR Grant:** The following outputs and outcomes are for STR through 04/30/2019.

- Nearly 13,000 individuals received medication-assisted treatment services. Approximately 55% were served with buprenorphine, 34% were served with methadone, and 11% were served with long-acting naltrexone (Vivitrol).
- The number of Vivitrol prescribers in the Department's network quadrupled (from only 11 prescribers up to 46).
- 49 overdose prevention/response training events were conducted, educating approximately 1,643 individuals. An additional 3,441 individuals received training on a variety of other topics related to the prevention and treatment of opioid use disorders.
- 56,595 naloxone kits were purchased and distributed through a network of over 80 participating entities, including 5,000 kits provided to local law enforcement agencies.
- 2,647 overdose reversals were reported during the STR project period.
- Approximately 3,414 middle and high school students across 6 high-risk, rural counties received evidence-based Botvin LifeSkills Training. An evaluation of pre- and post-test surveys identified some statistically significant improvements in anti-drug attitudes, knowledge, drug refusal skills, and relaxation skills at several sites.
- Among those receiving treatment services under STR, the percent of negative drug test results increases from 70.5% in the first month of treatment to 90.2% at the sixth month of treatment.
- After the initial 31 days in services, the rate of non-fatal overdoses decreases by 70% and continues to drop from there.
- The rate of employment was 33% among those in care during the initial 31 days, compared to 61% among those in services at one year.
- Longer engagement in treatment correlated to a reduction in overdoses and arrests.



**6. What performance measures is Florida using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?**

The Department uses a variety of measures to monitor and assess the impact of prevention, treatment, and recovery services. GPRA data will be central to measuring outcomes for individuals served through SOR funding. Given that the tool was released in June 2019, the

Department anticipates preliminary outcomes by the end of this year. Performance measures include the following:

- Number of treatment providers trained to provide MAT.
- Number of DATA 2000 waived prescribers in the Managing Entities' local service provider networks.
- Number naloxone kits distributed to community providers.
- Number of overdoses.
- Number of overdose reversals reported.
- Number of individuals trained on overdose prevention and naloxone.
- Number of evidence-based prevention programs implemented.
- Number of individuals with opioid use disorders treated with buprenorphine.
- Number of people who receive recovery support services.
- Number of days in treatment.

The Department utilizes a variety of sources for a comprehensive review of substance use disorders and opioid-related data sets, including hospital data from the Florida Agency for Healthcare Administration; the Department's Florida Youth Substance Abuse Survey; EMSTARS Emergency Medical Services; death records from the Florida Medical Examiner's Commission; and Florida's Prescription Drug Monitoring Program, E-FORCSE.

**7. According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment—particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.**

**a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.**

Yes. The plan focuses on building capacity in existing networks and expanding access to MAT, prevention and recovery services by allocating funding to address unmet needs.

**b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.**

The Department found that there was limited use of and access to MAT for treatment of opioid use disorders, therefore, the Department has directed the majority of the funds to increase MAT capacity using all FDA-approved medications indicated for opioid use disorders. This includes community-based services such as outpatient, day treatment, recovery support, supportive housing, and supported employment. Services have been expanded through the ME local service provider networks which partner with community physicians, federally qualified health centers, and community health centers to leverage existing resources and systems of care.



**c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment- particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.**

Yes. The Department has allocated funds for evidence-based treatment services, including MAT. The Department has also allocated funds to expand access to the following recovery support services:

- **Recovery Community Organizations**

- Faces & Voices of Recovery (FVR) is an accredited Recovery Community Organization (RCO) that works to support individuals in long-term recovery from drug and alcohol addiction. In collaboration with the Department, Florida Alcohol and Drug Abuse Association (FADAA) and the Peer Support Coalition of Florida, FVR coordinates efforts to build the capacity of RCOs through training and technical assistance.
- Two Recovery Community Organizations, Rebel Recovery and South Florida Wellness Network are actively engaged in preparations for the Council on Accreditation of Peer Recovery Support Services (CAPRSS) accreditation. FVR has updated its website to include Florida Recovery Project to highlight the work being done under the SOR Project and provide recovery information and resources. Peer Support Coalition of Florida recently conducted readiness assessments for four organizations to determine training and technical assistance needs to be formally established as an RCO.

- **Oxford House**

- Oxford Houses are an effective and low-cost method of providing housing for people in recovery and preventing relapse. There are over 2,000 houses in the United States. Prior to SOR funding, there was only one Oxford House in Florida. Through SOR funding, an additional fourteen homes have opened. The following provides an overview of the homes and capacity.
  - **15** homes total and 115 beds;
  - **7** houses for men with a total 62-bed capacity;
  - **6** for women with a total of 45 beds; and
  - **1** house for women with children with 8 beds.

**d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.**

The role of the State Opioid Coordinator is to ensure that there is coordination among the various streams of federal funding coming into the state to address the opioid crisis. The coordinator is in the process of identifying sources, recipients and uses of federal, state, local and private sector funding to combat the opioid epidemic in Florida. A primary intent of this activity is to determine if these investments are being effectively targeted for needed services and directed to Florida locations most in need of services. This information will augment the capacity of the

Department to make informed policy and programmatic decisions. The final data will be compiled by federal fiscal year.

The combination of this information with other Department data will provide guidance for addressing service gaps and for the sustainability of opioid-related services. Next steps are to determine opportunities for meaningful and strategic coordination and collaboration where feasible and allowable.

**8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?**

Resources to address co-occurring disorders and stimulant use disorders.

**Attachment 1  
Grant Funding Allocations**

<b>Florida's State Opioid Response Project (SOR)</b>				
<b>Provider Name</b>	<b>Service</b>	<b>Rate</b>	<b>Year 1 Cost</b>	<b>Year 2 Cost</b>
Managing Entities	MAT Services <sup>1</sup>	Per Year	\$24,457,661	\$25,059,406
Managing Entities	Prevention Services <sup>2</sup>	Per Year	\$2,000,000	\$2,000,000
Florida State Hospital	Naloxone for Overdose Prevention	Per Year	\$3,000,000	\$3,498,750
Florida Alcohol and Drug Abuse Association	Vivitrol-Assisted Treatment	Per Year	\$4,046,380	\$4,046,380
Florida Alcohol and Drug Abuse Association	MAT Prescriber Peer Mentoring Project to train and provide technical assistance to physicians and other MAT prescribers.	Per Year	\$366,000	\$366,000
Florida Alcohol and Drug Abuse Association	MAT Training for Medicaid Plans, Department of Corrections, and Jails	Per Year	\$200,000	\$200,000
Oxford House, Inc.	Recovery Residences	Per Year	1,118,000	\$1,145,000
Peer Support Coalition of Florida	Recovery Community Organization Development	Per Year	\$500,000	\$500,000
South Florida Wellness Network and Rebel Recovery Florida	Recovery Community Organization Development	Per Year	\$200,000	\$200,000
Association of Recovery Community Organizations/Faces & Voices of Recovery	Recovery Community Organization Training	Per Year	\$600,000	\$588,865
FEI Systems	ASAM Continuum Licenses for Treatment Providers Statewide	Per Year	\$3,482,500	\$3,481,390
Crisis Center of Tampa Bay Veterans Support Line	Expansion of Veteran Support Line	Per Year	\$1,075,000	\$1,073,443
Florida Alliance for Healthy Communities	Addiction Training and Capacity Building for healthcare professionals and community-based clinics. \$2.5M allocated to Medical schools for curriculum development and training	Per Year	N/A	\$4,450,000
Office of State Courts Administration	MAT Training for Judges and Court Staff	Per Year	\$327,302	\$327,302

<sup>1</sup> See Table 1 below for additional detail on ME MAT services allocations.

<sup>2</sup> See Table 2 below for additional detail on ME prevention services allocations.

**Attachment 1  
Grant Funding Allocations**

<b>Florida's State Opioid Response Project (SOR)</b>				
<b>Provider Name</b>	<b>Service</b>	<b>Rate</b>	<b>Year 1 Cost</b>	<b>Year 2 Cost</b>
Center for Optimal Living	Integrated Harm Reduction Psychotherapy Training	Per Year	\$75,000	\$75,000
TBD	Program Evaluation Services	Per Year	\$500,000	\$616,802
Florida Certification Board	Recovery Oriented System of Care Training	Per Year	N/A	%75,000
<b>Total Contractual Services</b>			<b>\$41,947,843</b>	<b>\$47,703,338</b>

**Attachment 1  
Grant Funding Allocations**

**Table 1. ME MAT Services Allocations**

<b><u>Medication Assisted Treatment Services</u></b>			
<p><b>MAT Services:</b> Funds will be used for methadone or buprenorphine maintenance treatment for indigent, uninsured, and underinsured individuals in need, which may include outreach, screening and assessment, lab work, cost of the medication, medication administration, therapy, peer support, and other services or supports to assist the individual’s recovery. DCF developed a need-based allocation methodology for distributing funds to each of the MEs, who will then subcontract with local service providers. This includes cost of the Managing Entity to operationalize grant activities.</p>			
<b>Managing Entity Name</b>	<b>Service Locations</b>	<b>Purchase of Service Allocation</b>	<b>Operational Cost</b>
Big Bend Community Based Care	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties	\$1,434,206.11	\$84,866.40
Lutheran Services Florida	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	\$4,863,655.66	\$287,797.52
Central Florida Cares Health Systems	Brevard, Orange, Osceola and Seminole counties	\$2,938,146.27	\$173,859.18
Southeast Florida Behavioral Health Network	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties	\$3,352,169.00	\$198,358.18
Broward Behavioral Health Coalition	Broward county	\$2,450,280.92	\$144,990.65
South Florida Behavioral Health Coalition	Miami-Dade and Monroe counties	\$2,359,247.61	\$139,603.95
Central Florida Behavioral Health Network	Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties	\$6,261,700.43	\$370,524.12
Medication-Assisted Treatment Subtotals:		\$23,659,406.00	\$1,400,000
<b>Total Cost:</b>		<b>\$25,059,406</b>	

**Attachment 1  
Grant Funding Allocations**

<b><u>Prevention Services</u></b>		
<b>Prevention Services:</b> Funds will be allocated to the Managing Entities to subcontract with local providers to implement primary prevention services that are evidence-based, including Botvin LifeSkills Training.		
<b>Managing Entity Name</b>	<b>Service Locations</b>	<b>Purchase of Service Allocation</b>
Big Bend Community Based Care	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties	\$121,238.00
Lutheran Services Florida	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	\$411,139.00
Central Florida Cares Health Systems	Brevard, Orange, Osceola and Seminole counties	\$248,370.00
Southeast Florida Behavioral Health Network	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties	\$283,369.00
Broward Behavioral Health Coalition	Broward county	\$207,130.00
South Florida Behavioral Health Coalition	Miami-Dade and Monroe counties	\$199,434.00
Central Florida Behavioral Health Network	Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota counties	\$529,320.00
<b>Total Cost:</b>		<b>\$2,000,000.00</b>

**Attachment 1  
Grant Funding Allocations**

<b>State Targeted Response to the Opioid Crisis (STR)</b>			
<b>Name</b>	<b>Service</b>	<b>Cost Year 1</b>	<b>Cost Year 2</b>
USF	Prevention Evaluator to evaluate evidence-based prevention services	\$20,000	\$20,285
Gulf, Taylor, Liberty, Hardy, Gilchrest, Okeechobee	School-based Life Skills Training in Rural Counties	\$420,000	\$420,000
Florida State Hospital	Naloxone Kits	\$1,725,000	\$1,725,000
Managing Entities	Hospital-based Buprenorphine Induction	\$300,000	\$900,000
FADAA	Vivitrol Expansion	\$3,795,787	\$3,795,787
FADAA	MAT Prescriber Peer Mentoring	\$365,182	\$365,182
FADAA	MAT Training Series	\$40,400	\$63,810
FADAA	Blended Learning Approach for Child Welfare and Courts	\$345,776	\$278,980
FEI Systems	ASAM CONTINUUM Pilot	N/A	\$30,140
Peer Support Coalition of Florida	WRAP and Peer Support Services Training	\$50,000	\$51,180
Managing Entities	MAT Services	\$17,787,239	\$17,787,239
Florida Certification Board	Peer Training on CQI and Best Practices in Recovery Support	\$50,000	\$50,000
Collaborative Planning Group	Data System Expansion (PBPS)	\$20,000	N/A
<b>Total Contracted Services (\$50,406,987)</b>		<b>\$24,919,384</b>	<b>\$25,487,603</b>

**Attachment 1  
Grant Funding Allocations**

<b>Partnerships for Success Grant (PFS)</b>			
<b>Name</b>	<b>Service</b>	<b>Rate</b>	<b>Cost</b>
Managing Entities: <ul style="list-style-type: none"> <li>Broward Behavioral Health Coalition</li> <li>Southeast Florida Behavioral Health Network</li> <li>Central Florida Behavioral Health Network</li> <li>Lutheran Services Florida</li> <li>Big Bend Community Based Care</li> </ul>	School-Based Prevention Programs (Botvin LifeSkills Training)	Per Year	Year 1: \$350,000 Years 2-5: \$385,000 per year
Managing Entities: <ul style="list-style-type: none"> <li>Broward Behavioral Health Coalition</li> <li>Southeast Florida Behavioral Health Network</li> <li>Central Florida Behavioral Health Network</li> <li>Lutheran Services Florida</li> <li>Big Bend Community Based Care</li> </ul>	Drug Epidemiology Networks (DENs)	Per Year	\$123,600
Managing Entity: <ul style="list-style-type: none"> <li>Broward Behavioral Health Coalition</li> </ul>	Care Coordination (Hospital Bridge Pilot Program)	Per Year	Year 1: \$0 Years 2-5: \$150,000 per year
Skye Creative and Moore Communications	Opioid Overdose Prevention Awareness Campaign	Per Year	Year 1: \$418,777 Years 2-5: \$334,399 per year
University of South Florida	Evaluation Services	Per Year	\$73,300
Florida Department of Health	Prescription Drug Monitoring Program (PDMP) Enhancements	Year 1 Only	\$82,875
Collaborative Planning Group	Performance Based Prevention System (PBPS) Data System Enhancements	Year 1 Only	\$9,910
Lead Analyst	DENs Technical Assistance	Per Year	Year 1: \$10,900 Years 2-5: \$3,974
ArcGIS	Mapping Software for Lead Epidemiologist	Per Year	Year 1: \$1,920 Years 2-5: \$405 per year
<b>Total Contractual Services (\$5,353,994)</b>			<b>Year 1: \$1,071,282</b> <b>Years 2-5: \$4,282,712</b> <b>(\$1,070,678 per year)</b>



## Attachment 2 Allocation Methodology

### Allocation Methodology for Funds from the State Opioid Response (SOR) Grant

This document describes the Department’s proposed methodology for allocating \$27,059,406 per year in State Opioid Response (SOR) Grant funds among the seven Managing Entities (MEs) for comprehensive medication-assisted treatment services (including hospital induction/bridge projects) for opioid use disorders, prevention activities, and operational functions.

SAMHSA allocated SOR funding to the states using a formula based on two elements that were equally weighted. These elements are the state’s proportion of people with an opioid use disorder (including both heroin and prescription pain relievers) who have not received treatment, using estimates from the 2015-2016 National Survey on Drug Use and Health, and the state’s proportion of drug poisoning deaths, using 2016 estimates from the CDC’s surveillance system.<sup>1</sup> Since the formula is evenly weighted, 50% of the funding was driven by the portion of individuals with an unmet need for opioid use disorder treatment and 50% was driven by the portion of poisoning deaths.

The Department’s proposed approach for allocating the following amounts between the MEs:

- \$25,059,506 for medication-assisted treatment services; and
- \$2,000,000 for evidence-based prevention activities;

The most relevant and currently available variables at the substate/ME-level are as follows:

- The number of adults ages 18 and older that used heroin in the past year, using substate estimates from the 2014-2016 National Survey on Drug Use and Health.<sup>2</sup>
- The number of adults ages 18 and older that used heroin in the past year, using substate estimates from the 2012-2014 National Survey on Drug Use and Health.<sup>3</sup>
- The number of deaths caused by at least one opioid in Fiscal Year 16-17, from the Florida Medical Examiners Commission.<sup>4</sup>

The tables below depict each component of the allocation.

<b>Number and Percentage of Adult Heroin and Nonmedical Pain Reliever Users by Managing Entity Region and the Corresponding Portions of the Allocation (50%)</b>				
	<b>Number of Users</b>	<b>Percentage of Statewide Total of Users</b>	<b>MAT/Hospital Allocation</b>	<b>Prevention Allocation</b>
<b>CFBHN</b>	170428.1882	27.97209056	\$3,504,819.87	\$279,720.91
<b>LSFHS</b>	119350.8560	19.58885433	\$2,454,425.27	\$195,888.54
<b>CFCHS</b>	81985.9422	13.45621416	\$1,686,023.67	\$134,562.14
<b>SEFBHN</b>	61175.1195	10.040569	\$1,258,053.47	\$100,405.69
<b>BBHC</b>	52952.2945	8.690970624	\$1,088,952.81	\$86,909.71
<b>SFBHN</b>	70307.6971	11.53948353	\$1,445,863.01	\$115,394.84
<b>BBCBC</b>	53079.3120	8.711817792	\$1,091,564.90	\$87,118.18
<b>TOTAL:</b>	<b>609,279.4095</b>	<b>100%</b>	<b>\$12,529,703</b>	<b>\$1,000,000</b>

## Attachment 2 Allocation Methodology

<b>Number and Percentage of Opioid-Caused Deaths by Managing Entity Region and the Corresponding Portions of the Allocation (50%)</b>				
	<b>Number of Opioid-Caused Deaths</b>	<b>Percentage of Statewide Total of Opioid-Caused Deaths</b>	<b>MAT/Hospital Allocation</b>	<b>Prevention Allocation</b>
<b>CFBHN</b>	1090	24.95992672	\$3,127,404.69	\$249,599.27
<b>LSFHS</b>	940	21.52507442	\$2,697,027.90	\$215,250.74
<b>CFCHS</b>	497	11.38081063	\$1,425,981.77	\$113,808.11
<b>SEFBHN</b>	799	18.29631326	\$2,292,473.71	\$182,963.13
<b>BBHC</b>	525	12.02198305	\$1,506,318.77	\$120,219.83
<b>SFBHN</b>	367	8.403938631	\$1,052,988.55	\$84,039.39
<b>BBCBC</b>	149	3.411953286	\$427,507.61	\$34,119.53
<b>TOTAL:</b>	<b>4,367</b>	<b>100%</b>	<b>\$12,529,703</b>	<b>\$1,000,000</b>

From their total allocation (MAT, hospital bridge programs, and prevention), MEs are provided a little over 5.17% for operational costs to support at least one full-time employee to manage grant activities and other operational activities directly associated with the implementation and oversight of this grant.

<b>Summary of Managing Entity Allocations</b>				
	<b>MAT/Hospital</b>	<b>Prevention</b>	<b>Operational</b>	<b>Total</b>
<b>CFBHN</b>	\$6,261,700.43	\$529,320.17	\$370,524.12	\$7,161,544.73
<b>LSFHS</b>	\$4,863,655.66	\$411,139.29	\$287,797.52	\$5,562,592.45
<b>CFCHS</b>	\$2,938,146.27	\$248,370.25	\$173,859.18	\$3,360,375.69
<b>SEFBHN</b>	\$3,352,169.00	\$283,368.82	\$198,358.18	\$3,833,896.01
<b>BBHC</b>	\$2,450,280.92	\$207,129.54	\$144,990.65	\$2,802,401.12
<b>SFBHN</b>	\$2,359,247.61	\$199,434.22	\$139,603.95	\$2,698,285.79
<b>BBCBC</b>	\$1,434,206.11	\$121,237.71	\$84,866.40	\$1,640,310.22
<b>TOTAL:</b>	<b>\$23,659,406.00</b>	<b>\$2,000,000.00</b>	<b>\$1,400,000.00</b>	<b>\$27,059,406.00</b>

<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2018). *State Opioid Response Grants Funding Opportunity Announcement No. TI-18-015*. Retrieved from [www.samhsa.gov/sites/default/files/grants/pdf/sorfoafinal.6.14.18.pdf](http://www.samhsa.gov/sites/default/files/grants/pdf/sorfoafinal.6.14.18.pdf).

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2018). *2014-2016 National Survey on Drug Use and Health Substate Age Group Tables*. Retrieved from [www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsubstateAgeGroupTabs2016/NSDUHsubstateAgeGroupTabs2016.pdf](http://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsubstateAgeGroupTabs2016/NSDUHsubstateAgeGroupTabs2016.pdf).

## **Attachment 2**

### **Allocation Methodology**

---

<sup>3</sup> Substance Abuse and Mental Health Services Administration (2016). *2012-2014 National Survey on Drug Use and Health Substate Age Group Tables*. Retrieved from [www.samhsa.gov/data/sites/default/files/NSDUHsubstateAgeGroupTabs2014/NSDUHsubstateAgeGroupTabs2014.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateAgeGroupTabs2014/NSDUHsubstateAgeGroupTabs2014.pdf).

<sup>4</sup> Data regarding deaths caused by at least one opioid were obtained from the Florida Medical Examiners Commission's raw spreadsheet for Calendar Year 2016 and the 2017 Interim Report of Drugs Identified in Deceased Persons. Deaths caused by any opioid (including pharmaceutical opioids, illicit heroin, fentanyl and synthetics like U47700) between July 1, 2016 and June 30, 2017 were counted. It should be noted that deaths caused by opioids are not exclusively overdoses. These figures also include deaths by motor vehicle crashes, drowning, etc., where the Medical Examiner determined that an opioid played a causal role after considering the totality of the circumstances. One homicide was excluded because homicides are not relevant for allocating treatment resources for opioid use disorders.