

Florida State Response to the Opioid Crisis - (Opioid STR)

Annual Budget Narrative

A. Personnel: **\$ 342,500**

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	To Be Determined	\$65,000	100%	\$65,000
Epidemiologist	Stephanie Moody-Geissler	\$75,000	50%	\$37,500
Total for Headquarters Salaries:				\$102,500
Position	Name	Annual Salary/Rate	Level of Effort	Cost
Peer Specialist - Northeast	To Be Determined	\$40,000	100%	\$40,000
Peer Specialist - Northwest	To Be Determined	\$40,000	100%	\$40,000
Peer Specialist - Central	To Be Determined	\$40,000	100%	\$40,000
Peer Specialist - Suncoast	To Be Determined	\$40,000	100%	\$40,000
Peer Specialist - Southeast	To Be Determined	\$40,000	100%	\$40,000
Peer Specialist - South	To Be Determined	\$40,000	100%	\$40,000
Total for Regional Salaries:				\$240,000
Total Salaries:				\$342,500

JUSTIFICATION:

Project Director Position

A competitive hiring process will be used to select a qualified Project Director. The Project Director will be responsible for planning and coordinating project services and activities; coordinate meetings for key project staff, managing entities, training providers, and the regional peer specialists; conduct preliminary reviews of contracted deliverables; prepare and process draft reports for review and approval; and, assist with the compilation and submission of data.

Epidemiologist Position

The Epidemiologist will manage the contract with FEi Systems and assist with data analysis; develop reports to inform strategic planning and evaluation activities; critically review grant funded reports and analyses; and consult with and advise key project staff and subrecipients regarding surveillance data.

Peer Specialist Position

A competitive hiring process will be used to select qualified peer specialists. These individuals will be based in the six DCF regional Substance Abuse and Mental Health offices and serve as the liaison with the managing entities on grant related activities; assist the Project Director with regional needs assessments; complete quality assurance visits with service providers; and manage ROSC-related activities.

B. Fringe Benefits: \$ 129,646

Component	Rate	Wage	Cost
Mandatory OPS Retirement Contribution	1.45%	\$102,500	\$1,486
ACA Healthcare Contribution	Family Coverage		\$24,936
	Single Coverage		\$0
Total Headquarters Fringe:			\$26,422
Component	Rate	Wage	Cost
Mandatory OPS Retirement Contribution	1.45%	\$240,000	\$3,480
ACA Healthcare Contribution	Family Coverage		\$99,744
	Single Coverage		\$0
Total Regional Fringe:			\$103,224
Total Fringe Benefits:			\$129,646

JUSTIFICATION:

- The State of Florida requires all employees to contribute to their retirement. For OPS employees, the mandatory contribution is 1.45% of total wages.

$$\begin{aligned} \text{Headquarters} &= 1.45\% \times \$102,500 = \$1,486 \\ \text{Regional} &= 1.45\% \times 240,000 = \$3,480 \end{aligned}$$

- 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 \$632.03 x 24.1. This grant is responsible for the full amount of the health insurance for the all 7 positions associated with this grant.

$$\begin{aligned} & \$689.08 \times 24.1 = \$16,624 \\ \text{Headquarters} &= \$16,624 \times 1.5 = \$24,936 \\ \text{Regional} &= \$16,624 \times 6 = \$99,744 \end{aligned}$$

- Please note, in the State of Florida, OPS personnel do not pay regular FICA (Social Security/Medicare tax). They are required to pay into a mandatory retirement plan (see above) that is considered a FICA alternative. In addition, Unemployment Compensation is paid through a regular expense category rather than personnel. This is listed in section H of this Budget Justification.

C. Travel \$ 24,780

Purpose	Location	Item	Rate	Cost
Annual Statewide Planning Meeting (travel for 6 persons)	Tallahassee	Hotel	\$150 / night x 6 persons x 1 night	\$900
		Car Rental	\$28.00 / day x 6 persons x 2 days	\$336
		Meals and Per Diem	\$36 / day x 6 persons = \$216 \$80 last day x 6 persons = \$480	\$696
		Travel Incidentals (Gas, tolls, parking)	\$ 75 x 6 persons	\$450
6 annual Site Visits by Project Director and Epidemiologist to each ME region	Southern, Southeast, SunCoast, Central, Northwest, and Northeast Regions	Hotel	\$150 / night x 2 persons x 12 nights	\$3,600
		Meals and Per Diem	\$36 / day x 2 persons x 12 days = \$864 \$80 last day x 2 persons x 6 days = \$960	\$1,824

		Car Rental	\$28 / day x 18 days	\$504
		Travel Incidentals (Gas, tolls, parking)	\$ 75/ trip x 6 trips	\$450
Local travel for planning meetings, trainings, and provider site visits	Southern, Southeast, SunCoast, Central, Northwest, and Northeast Regions	Vicinity Mileage	\$0.445 / mile x 500 miles x 6 peer specialists x 12 months	\$16,020
			TOTAL	\$24,780

JUSTIFICATION:

Travel (Annual Statewide Planning Meeting):

- \$2,382 annually
- Funds in this travel category will be used for key grant staff members to meet to review grant requirements, goals, objectives, priorities, and components of the needs assessment.

Travel (6 Annual Site Visits by Project Director and Epidemiologist to each ME Region):

- \$6,378 per year
- Funds in this travel category will be used for the Project Director and Epidemiologist to visit each ME region to meet with stakeholders to review progress, identify barriers and best practices, and provide technical assistance.

Travel (Local Travel for Planning Meetings, Trainings, and Provider Site Visits):

- \$16,020 per year
- Funds in this travel category will be used by regional peer specialists for visiting providers as part of quality improvement initiatives.

D. Equipment: \$ 0.00

E. Supplies: \$ 0.00

F. Contract: \$ 26,523,624

Name	Service	Rate	Cost Year 1
CPGSI	PBPS Expansion	\$20,000 per year	\$20,000
To Be Selected	Prevention Evaluator	\$10,000 per year	\$10,000

To Be Selected	School-based Life Skills Training in Rural Counties	\$420,000 per year	\$420,000
To Be Selected	Naloxone Kits (25,000)	\$1,725,000 per year	\$1,725,000
To Be Selected	Hospital-based Buprenorphine Induction	\$300,000 per year	\$300,000
Managing Entities	Behavioral Health Consultants (x6)	\$600,000 per year	\$600,000
FADAA	Vivitrol Expansion	\$3,795,787 per year	\$3,795,787
FADAA	MAT Prescriber Peer Mentoring	\$365,182 per year	\$365,182
FADAA	MAT Training Series	\$40,400 per year	\$40,400
FADAA	Blended Learning Approach for Child Welfare and Courts	\$345,776 per year	\$345,776
FEI Systems	ASAM CONTINUUM Pilot	\$1,014,240 per year	\$1,014,240
Peer Support Coalition of Florida	WRAP and Peer Support Services Training	\$50,000 per year	\$50,000
Florida Certification Board	Peer Training on CQI and Best Practices in Recovery Support	\$50,000 per year	\$50,000
Managing Entities	MAT Services	\$17,787,239 per year	\$17,787,239
Total Contracted Services			\$26,523,624

JUSTIFICATION:

PBPS Expansion

- \$20,000 annually.
- Funds will go to Collaborative Planning Group Systems, Inc. (CPGSI) to create new fields and codes in Florida’s Performance Based Prevention System (PBPS) to capture data related to prevention services.

Prevention Evaluator:

- \$10,000 per year.
- Funds will be used to pay an evaluator for evaluations of the prevention services implemented under this grant. This is a required grant activity.

School-Based Life Skills Training in Rural Counties:

- \$420,000 per year.
- Funds will be used to implement school-based life skills training in the following 6 rural counties: Jackson, Jefferson, Taylor, Hardee, Okeechobee, and Gilchrist. Funds will go through the following Managing Entities: Big Bend Community Based Care, Central Florida Behavioral Health Network, Southeast Florida Behavioral Health Network, and Lutheran Services Florida Health Systems.

Naloxone Kits:

- \$1,725,000 per year.
- Funds will be used to purchase 23,000 NARCAN® Nasal Spray kits, a needle-free naloxone device that requires no assembly prior to use, at \$75 per kit.

Hospital-based Buprenorphine Induction:

- \$300,000 per year
- Funds will be used to implement two hospital-based pilot programs that aim to initiate buprenorphine treatment with individuals with opioid use disorders that have overdosed. The goal is to utilize the time spent in the emergency room following an overdose to engage the individual in treatment and immediately begin buprenorphine induction. The individual is provided a prescription for buprenorphine upon discharge and linked to a maintenance provider in the community. This will keep the individual from experiencing withdrawal symptoms upon release. The pilot programs will use peer specialists to assist with engagement of the individual, provide linkage to the maintenance provider and other community support resources, and provide peer support until the individual is linked with community-based care.

Behavioral Health Consultants:

- \$600,000 per year
- Funds will be used by the Managing Entities The Managing Entities will hire six Behavioral Health Consultants (BHCs) to support child protective investigative staff. The BHCs will provide clinical expertise and assist with the identification of parents with opioid disorders in the child welfare system. The BHCs will consult and collaborate with Child Protective Investigators to build expertise with front line staff in the identification of substance use disorders, with specific focus on those with possible opioid disorders, improve engagement with families, and improve access to treatment. They will be required to have a Florida license in the areas of psychology, social work, mental health counseling, or family and marriage therapy, and a minimum three years of experience treating substance use disorders. Knowledge of the child welfare system and motivational interviewing is preferred.

VIVITROL Expansion:

- \$3,795,787 per year
- DCF will also expand an existing contract with the Florida Alcohol and Drug Abuse Association (FADAA) to pay for MAT using VIVITROL for indigent, 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 403 individuals per year. FADAA will reimburse providers for screening, assessment, and medication administration. FADAA will also monitor system capacity, track expenditures, collect data, and conduct random site visits with enrolled providers.

MAT Prescriber Peer Mentoring:

- \$365,182 per year
- Funds will go to FADAA to expand their existing MAT Prescriber Peer Mentoring Project. New expert peer mentors will be brought on to provide guidance to potential prescribers of buprenorphine, methadone, naltrexone, and naloxone and help them develop MAT programs and protocols. The peer mentors will participate in on-site trainings, quarterly technical assistance teleconferences, annual face to face meetings, and a statewide MAT stakeholder session. After all the peer mentors are trained, FADAA will disseminate their contact information and begin linking them up with mentees. The peer mentors will provide expert consultation and technical assistance by phone and through web-based teleconferencing. They will identify strategies for integrating basic addiction and MAT content in the curricula in Florida's medical schools. Mentee recruitment efforts will focus on potential prescribers within Federally Qualified Health Centers, urgent care clinics, emergency departments, and primary care clinics. FADAA staff will review mentor-to-mentee calls and summarize questions asked and the answers given. These summaries will inform training plans and quality improvement initiatives. They will also provide statistics regarding the number of unique contacts, duration of contacts, mentor self-perceived effectiveness ratings, and mentee satisfaction ratings.

MAT Training Series:

- \$40,400 per year.
- Funds will go to FADAA to develop training specific to MAT. FADAA will provide webinars and on-site workshops that present the protocols for each type of MAT and other topics, many of which will be archived for ongoing use. Face-to-face trainings and online learning modules and toolkits will be developed.

Blended Learning Approach for Child Welfare and Courts:

- \$345,776 per year.
- Funds will go to FADAA to assess the training needs of child welfare staff and family court judicial staff and develop and deliver training materials to address those needs.

ASAM CONTINUUM Pilot:

- \$1,014,240 per year
- DCF will contract with FEi Systems to implement a pilot program using the American Society of Addiction Medicine's (ASAM) CONTINUUM software. CONTINUUM is a computerized structured interview and clinical decision support system for use by intake clinicians. It provides the entire treatment team with a computer-guided, structured interview for assessing and caring for individuals with substance use disorders and co-occurring conditions. It facilitates a full biopsychosocial assessment that addresses all six dimensions of the ASAM Criteria. The decision engine uses questions and tools (such as the DSM-5, Addiction Severity Index, Clinical Institute Withdraw Assessment, and Clinical Institute Narcotic Assessment instruments) to generate a comprehensive report which includes a quantitatively-derived, ASAM-endorsed, recommended level of care determination. In year one, FEi Systems will integrate CONTINUUM with 7 service providers' electronic health records and the CONTINUUM Triage with central receiving entities. In year two, integration will occur with an additional 15 service providers. In total, DCF estimates that this will add 500 licensed CONTINUUM users to the system of care. FEi Systems will also provide in-person and web based training sessions and data collection and analytic functions.

WRAP and Peer Support Services Training:

- \$50,000 per year
- DCF execute a new contract with the Peer Support Coalition of Florida to provide training for peer specialists and provider agencies on Recovery-Oriented Systems of Care and Wellness Recovery Action Plans for Addictions. A Wellness Recovery Action Plan (WRAP®) is self-designed prevention and wellness process that helps individuals monitor their feelings, track triggering events and early warning signs of relapse, decrease the severity and frequency of undesirable feelings and behaviors, and improve their functioning and their quality of life. The development of crisis plans and post-crisis plans is also addressed in this training.

Peer Training on CQI and Best Practices in Recovery Support:

- \$50,000 per year
- DCF will expand an existing contract with the Florida Certification Board to provide training for peer specialists and provider agencies. The six peer specialists who will be employed in the regional DCF offices will be trained to review assessments, treatment plans, and progress notes for evidence of recovery-oriented principles and practices and to participate in quality improvement initiatives for individuals receiving MAT services.

MAT Services:

- \$17,787,239 per year
- Grant funds will be used to pay for methadone or buprenorphine maintenance treatment for indigent, uninsured, and underinsured individuals in need, which may include

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 will develop a need-based allocation methodology for distributing funds to each of the MEs, who will in turn contract with methadone or buprenorphine maintenance treatment providers. DCF will work with each managing entity to develop an implementation plan outlining the greatest area of need in their region, current MAT capacity and how to increase it, and service targets.

G. Construction: \$ 0.00

H. Other: \$ 66,878

Collocated Costs	Year 1	# of (HQ) Employees	Total (HQ)
Telephone line/use	\$530	1.5	795
Postage	\$141	1.5	\$212
Printing & Reproduction	\$121	1.5	\$182
Repair & Maintenance	\$121	1.5	\$181
Office Supplies	\$385	1.5	\$578
Building Rental	\$3,866	1.5	\$5,799
Software & Training	\$851	1.5	\$1,277
Data Communications	\$682	1.5	1,023
Computing Equipment	\$989	1.5	\$1,483
Subtotal (HQ)			\$11,530
Collocated Costs	Year 1	# of (Region) Employees	Total (Region)
Telephone line/use	\$530	6	\$3,180
Postage	\$141	6	\$846
Printing & Reproduction	\$121	6	\$726
Repair & Maintenance	\$121	6	\$726
Office Supplies	\$385	6	\$2,310
Building Rental	\$3,866	6	\$23,196
Software & Training	\$851	6	\$5,106
Data Communications	\$682	6	\$4,092
Computing Equipment	\$989	6	\$5,934
Subtotal (Region)			\$46,116
Total Collocated Costs:			\$57,646

Other Expenses	Average Single Cost	Frequency Per Year	Total Estimated Cost
Unemployment Compensation	\$2,098	4	\$8,392
DMS Personnel Assessment	\$120	7	\$840
Total Per Year			\$9,232

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. This calculation involves 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 has been revised to reflect 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, DMS Personnel Assessments are required upon hire for all Departmental positions.

I. Indirect Costs: \$ 62,975

Total Wages and Fringe (HQ)	Indirect Cost Rate (HQ)	Total (HQ) Indirect
\$128,922	19.03%	\$24,534
Total Wages and Fringe (R)	Indirect Cost Rate (R)	Total (R) Indirect
\$343,224	11.20%	\$38,441
Total (All) Indirect		\$62,975

Total Amount of Federal Request: \$ 27,150,403

Budget Narrative Summary

Administration	
Activity	Amount
Personnel (SSA Level)	\$601,999
MIS System	\$0
Data Collection	\$20,000
Other (to be specified)	\$34,780
Total	\$656,779

- Personnel (SSA Level) includes salary, fringe benefits, indirect cost rate and other personnel related expenses as listed under section H on pages 54 and 55 of this budget justification.
- Data Collection includes the expansion of the current Performance Based Prevention System (PBPS).
- Other (to be specified) includes all grant related travel expenses and the contract for a prevention evaluator.

Treatment	
Activity	Amount
Outpatient Services	\$0
Individual and Family Support	\$1,014,240
MAT	\$21,883,026
Peer Recovery Support Services	\$0

Provider Training	\$1,451,358
Total	\$24,348,624

- Individual and Family Support includes the ASAM CONTINUUM Pilot.
- MAT includes Hospital-Based Buprenorphine Induction, Vivitrol Expansion and MAT services through the Managing Entities.
- Provider Training includes, Behavioral Health Consultants within the Managing Entities, MAT Prescriber Peer Mentoring, MAT Training Series, Blended Learning Approach for Child Welfare and Courts, WRAP and Peer Support Services Training and Peer Training on CQI and Best Practices in Recovery Support.

Prevention	
Activity	Amount
Education	\$420,000
Media Campaigns	\$0
Training	\$0
Naloxone Purchase	\$1,725,000
Total	\$2,145,000

- Education includes School-Based Life Skills Training in Rural Counties.
- Naloxone Purchase includes the purchase of 23,000 naloxone kits.