

Date 8/10/18

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures					
Operating Costs	31,486				
External Revenues	(31,486)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0				
# ADDITIONAL FTE POSITIONS (Cumulative)	0				

Is Item Included In Current Budget? Yes _____ No x
Does this item include the use of federal funds? Yes x No _____
Budget Account No.: Fund 0001 Dept 610 Unit 4104 Object _____
Program Code _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

The Florida Department of Health has allocated supplemental grant funding of \$29,322.57 for specialized toxicology testing services provided by the Medical Examiner's Office.

Fund: 0001 - General Fund
Unit: 4104 – FL Enhanced State Opioid Overdose Surveillance Program
Major Program:
Program Period:
Program:

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Robert Brown 7/26/18
OFMB 8/7/18
Contract Dev. and Control 8/9/18

B. Legal Sufficiency:

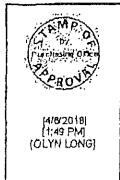
Julia C. Gurr 8/10/18
Assistant County Attorney

C. Other Department Review:

Department Director

Expansion Option: OM
Exemption Status: Yes
Exemption Reason?: 3E

Item	Description	Part Number	Unit	Qty	Need By	Unit Price	Extended Amount
2	Case Records Reproduction Fee		month	2	None	\$1,081.32000 USD	\$2,162.64000 USD
	Case Records Reproduction Fee						
Bill To:							
DOH - Bureau of Emergency Medical Oversight							
4052 Bald Cypress Way, Bin#A-22							
Tallahassee, FL 32399-1722							
United States							
Entity Description: Department of Health							
Organization Code: 64617030000							
Object Code: 000000-461000							
Expansion Option: OM							
Exemption Status: Yes							
Exemption Reason?: 3E							
						Total	\$31,485.21000 USD



Florida Department of Health
Division of Emergency Preparedness and Community Support
Formal Scope of Work
Opioid-Involved Overdoses – Comprehensive and Specialized Toxicology Testing
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1. PURPOSE:

1.1. This statement of work is for providing comprehensive primary, comprehensive enhanced, and specialized toxicology testing services, over and above normal operating levels, for all suspected opioid-involved overdose deaths within Florida’s Medical Examiner District 15 to provide pertinent surveillance data to inform response and prevention efforts specific to the opioid crisis. Contractor will provide these services to the Florida Department of Health.

2. TERM:

2.1. The term of this scope of work will begin on April 1, 2018 or on the date which the order is issued, whichever is later. It will end at midnight, Eastern Time, on August 31, 2018. The state of Florida’s performance and obligation to pay under this purchase order and any subsequent renewal is contingent upon annual appropriation by the Legislature and satisfactory performance of the Contractor.

3. LOCATION OF WORK:

3.1. The work site for this scope of work is the following locations:

Location Name:	Address:
District 15 Medical Examiner’s Office	3126 Gun Club Road West Palm Beach, FL 33406

4. CONTRACTOR QUALIFICATIONS:

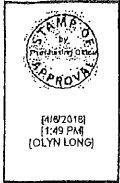
4.1. Contractor must possess, at minimum, the following qualifications:
4.1.1. Hold the position of District Medical Examiner, as a practicing physician in pathology and as appointed by the Governor to his/her respective medical examiner district, as set forth in Section 406.06 (1) (a), Florida Statutes.

5. CONTRACTOR RESPONSIBILITIES:

To satisfy the requirements of the Centers for Disease Control and Prevention’s (CDC) Enhanced State Opioid-Involved Overdose Surveillance (ESOOS) program, the Department requires receipt of comprehensive and specialized toxicology testing data from the state’s Medical Examiner Districts to support fatal overdose surveillance, in accordance with CDC guidance. Provision for the examination and investigation of opioid-involved overdose deaths falls under the authority of the state’s Medical Examiners and their associated Districts, as defined by Chapter 406 of the Florida Statutes.

5.1. SERVICE TASKS:

5.1.1. Contractor will perform the following tasks in the time and manner specified:
5.1.1.1. Report the following toxicology testing services and data to the Department:
5.1.1.1.1. Provide a one-time Medical Examiner Office toxicology testing profile, as well as baseline data for suspected opioid-involved overdoses, to the Department by completing **Attachment A – Medical Examiner Office Toxicology Testing**



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Profile and Baseline Data Information Sheet according to its instructions and submit to the Department within 10 business days of the date the Purchase Order is issued.

5.1.1.1.2. Upon the completion of Task 5.1.1.1.1, provide comprehensive and specialized toxicology testing services and data for suspected opioid involved overdose deaths to the Department by performing the following sub-tasks:

5.1.1.1.2.1. Ordering a comprehensive toxicology test as specified in **Attachment B - CDC Guidance for Comprehensive and Specialized Toxicology Testing**, upon the qualifying death of a human being (Section 406.11 (1), Florida Statutes) occurring within Florida's Medical Examiner District 15 that is suspected to be an opioid-involved overdose death.

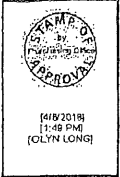
5.1.1.1.2.2. Ordering a specialized toxicology test as specified in **Attachment B – CDC Guidance for Comprehensive and Specialized Toxicology Testing**, upon the qualifying death of a human being (Section 406.11 (1), Florida Statutes) occurring within Florida's Medical Examiner District 15 that is suspected to be an opioid-involved overdose death and when a fentanyl analog or other synthetic opioid is suspected.

5.1.1.1.2.3. Provide five (5) monthly reports on: 1) the total count of ALL suspected opioid-involved overdose deaths during the reporting period; 2) the total number of comprehensive toxicology tests performed for suspected opioid-involved overdose death cases during the reporting period; and 3) total number of specialized toxicology tests for fentanyl analogs and other synthetic opioids performed for suspected opioid-involved overdose death cases during the baseline period, by completing **Attachment D – Monthly Comprehensive and Specialized Toxicology Testing Reports** according to its instructions and submit to the Department on or before May 7, 2018 (first submission), June 7, 2018 (second submission, July 7 (third submission), August 7, 2018 (fourth submission), and September 7 (fifth submission).

5.1.1.1.3. Toxicology testing expenditure support documentation must include copies of laboratory invoices for each test ordered and performed. Support documentation must be maintained and provided with the monthly invoice to substantiate expenses claimed.

5.1.1.2. Provide the following specified case records (data) as requested by the Department:

5.1.1.2.1. Provide a copy of Florida Medical Examiner District 15-ordered toxicology test results and Florida Medical Examiner District 15-produced case reports (e.g. autopsy, investigator, etc.) for each suspected opioid-involved overdose death



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occurring within Florida's Medical Examiner District 15, according to process and instructions specified in **Attachment C – Fatal Opioid-Involved Overdose Reporting – Monthly Data Acquisition Process**, once a month at the request of the Department.

5.1.1.2.2. Records request expenditure support documentation must include completed copies of **Attachment E - Records Request Expenditure Log**. Support documentation must be maintained and provided with the monthly invoice to substantiate expenses claimed.

5.2. DELIVERABLES:

5.2.1. Contractor will complete and submit the following deliverables to the Department in the time and manner specified:

5.2.1.1. Opioid testing and data reporting in the time and manner specified in Task 5.1.1.1.

5.2.1.2. Specified case records (data) provided, as requested by the Department, in the time and manner specified in Task 5.1.1.2.

6. METHOD OF PAYMENT:

6.1. A purchase order will be issued to the Contractor.

6.2. The Department shall pay the Contractor for the individual, specified toxicology testing incurred as follows:

6.2.1. Up to, and not to exceed, \$300.00 for each Comprehensive Toxicology Test - Primary Toxicology Drug Screen, as specified in **Attachment B - CDC Guidance for Comprehensive and Specialized Toxicology Testing**

6.2.2. Up to, and not to exceed, \$750.00 for each Comprehensive Toxicology Test – Enhanced Toxicology Drug Screen, as specified in **Attachment B - CDC Guidance for Comprehensive and Specialized Toxicology Testing**.

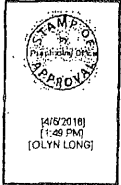
6.2.3. Up to, and not to exceed, \$300.00 for each Specialized Fentanyl Analog and Other Synthetic Opioids Toxicology Test, as specified in **Attachment B - CDC Guidance for Comprehensive and Specialized Toxicology Testing**.

6.3. The Department shall pay the Contractor a fixed rate of \$1081.32 per month, for the specified case records (data) requests.

6.4. The method of payment for this Purchase Order is fixed price and fixed rate.

6.5. The Contractor must submit an invoice monthly – by the 10th calendar day of each month – that provides a detailed accounting of the deliverables performed during the invoice period (previous month) for which payment is being requested.

6.5.1. The support documentation specified in 5.1.1.1.3 and 5.1.1.2.2 MUST be attached to the invoice; failure to include will result in either rejection of the invoice or a delay in processing while the required documentation is obtained.



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6.5.2. The invoice must be on Contractor's letterhead and utilize the invoice template, as specified in Attachment F – Invoice Template.

6.6. The Contractor is responsible for the performance of all tasks and deliverables contained in this scope of work.

7. PERFORMANCE MEASURES:

7.1. All deliverables and related tasks must be completed 100% as specified. Failure to satisfactorily complete or submit a deliverable in the time and manner specified in Section 5.2 will result in a reduction in payment of the invoiced amount or repayment to the Department by the Contractor as indicated in Section 8 Financial Consequences.

8. FINANCIAL CONSEQUENCES:

8.1. Failure to provide each task comprising Deliverable 5.2.1.1 in the time and manner specified will result in a reduction in payment to the Contractor equal to 25 percent of the total invoiced amount.

8.2. Failure to provide each task comprising Deliverable 5.2.1.2 in the time and manner specified will result in a reduction in payment to the Contractor equal to 25 percent of the total invoiced amount.

9. TRAVEL:

9.1. The Contractor will not be reimbursed for travel under this agreement.

10. DEPARTMENT CONTRACT MANAGER:

10.1. The Department Contract Manager for this scope of work is:

Contract Manager			
Name:	Connie L. Clark	Address:	Florida Department of Health Division of Emergency Preparedness and Community Support Bureau of Emergency Medical Oversight 4052 Bald Cypress Way, BIN A-22 Tallahassee, FL 32399-1722
Title:	IT Business Consultant		
Email:	Connie.Clark@flhealth.gov		
Telephone:	850-558-9509		
http://dohiws.doh.ad.state.fl.us/Divisions/General_Counsel/Contract_Unit/Training/Database.xlsx			

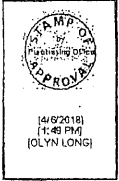
11. CONTROLLING TERMS AND CONDITIONS:

11.1. Health Exemption;

11.2. Department Purchase Order Terms and Conditions;

11.3. Price; and

11.4. Department Statement of Work SOW17-306.



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ATTACHMENT A

MEDICAL EXAMINER OFFICE TOXICOLOGY TESTING PROFILE AND BASELINE DATA INFORMATION SHEET

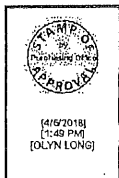
Section I

- 1) District Medical Examiner Office Name: Palm Beach County Medical Examiner Office *
- 2) District Medical Examiner Office Address: 3126 Gun Club Road, West Palm Beach, FL 33406
- 3) Name of Chief Medical Examiner: Michael D. Bell, MD
- * Checks to be made out to Palm Beach County Board of County Commissioners
- 4) Name of Person Completing Information Sheet: Linda Macapayag / Dr. Bell
- 5) Title of Person Completing Information Sheet: Admin Secretary / Chief ME
- 6) Phone Number of Person Completing Information Sheet: 561-688-4587 / 561-688-4575 (main)
- 7) E-Mail of Person Completing Information Sheet: lmacapay@pbcgov.org / mbell@pbcgov.org
- 8) Purchase Order Number:

Section II

To facilitate future surveillance of drug overdose programs, Enhanced State Opioid-Involved Surveillance (ESOOS) programs are *required* to collect and share the following information with the Centers for Disease Control and Protection (CDC). Please provide a response, for your respective Medical Examiner District Office, to each question.

- 1) Name of medical examiner case / records management system in use (if an electronic system is not used, please denote that a paper-based system is in use).
Medical Examiner application / database created by Palm Beach County.
- 2) List of ALL data elements / variables collected in either your electronic case / records management system, or your paper-based system.
See attached list.
- 3) Name of the laboratory used for performing toxicology testing. If multiple laboratories are used, please list each, along with the criteria for use of each by your office.
AXIS Forensic Toxicology Lab



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- 4) Laboratory Information (if multiple laboratories are used please provide a response for each question, for each individual laboratory):
- a) Can your laboratory provide comprehensive testing of typical postmortem submissions (e.g., blood and urine) for volatiles, over-the-counter, prescription, and illicit drugs? Yes
 - b) If applicable, does testing include analyses for: 1) 6-acetylmorphine in blood and urine; 2) morphine, free and total, in blood; 3) naloxone; 4) synthetic opioids including fentanyl and fentanyl analogs
1) Yes; 2) Yes, but not separated; 3) Yes, screen only; 4) Yes
 - c) Is your laboratory ISO/IEC 17025 accredited, with additional accreditation by the College of American Pathologists and/or the American Board of Forensic Toxicology? Yes
 - d) Is the Director of the Laboratory, and point-of-contact, board certified by the American Board of Forensic Toxicology? Yes

Section III

To initiate and best facilitate the Florida ESOOS program, it is necessary to collect the following information. Please provide a response, for your respective Medical Examiner District Office, to each question.

- 1) Please provide your office's definition of a "suspected opioid-involved overdose death."
Death of person with history of opioid use and/or scene evidence of recent opioid use.
- 2) Please provide your office's definition of a "comprehensive" toxicology test.
Toxicology test that covers all illicit drugs and psychiatric drugs and seizure medications.
 - a) Please describe your office's criteria (trigger) for conducting a "comprehensive" toxicology test.
Cases that appear to be a drug overdose.
- 3) Please provide your office's definition of a "specialized" toxicology test for fentanyl analogs and other synthetic opioids. Test that looks for fentanyl analogs.
 - a) Please describe your office's criteria (trigger) for conducting a "specialized" toxicology test for fentanyl analogs and other synthetic opioids. When comprehensive testing fails to reveal any drugs that would explain apparent drug overdose.



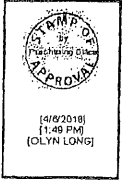
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4) Please provide a response, for your respective Medical Examiner District Office, to each item in the table below, for the baseline period of September 1, 2017 through March 30, 2018:

Provide the total count of ALL suspected opioid-involved overdose deaths during the baseline period.	475
Provide the total number of comprehensive toxicology tests performed for suspected opioid-involved overdose death cases during the baseline period.	475
Provide the total number of specialized toxicology tests for fentanyl analogs and other synthetic opioids performed for suspected opioid-involved overdose death cases during the baseline period.	495

Please complete the information above and return the completed form to the Department within 10 business days of the date the Purchase Order is issued. There are two options for returning the completed form to the Department:

1. Send an electronic copy (.DOC or .PDF) via e-mail it to the FL-ESOOS Program Principal Investigator: Dr. Karen Card (FLESOOS@flhealth.gov)
2. Mail a printed copy to the FL-ESOOS Program Principal Investigator: Florida Department of Health, c/o Dr. Karen Card, 4052 Bald Cypress Way, BIN A-22, Tallahassee, FL 32399-1722



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ATTACHMENT B
CDC GUIDANCE FOR COMPREHENSIVE AND SPECIALIZED TOXICOLOGY TESTING

Testing parameters are stratified into escalating levels of comprehensiveness to allow jurisdictions to adapt the testing guidance to their context. This flexibility is necessary to address geographic variations in drug availability and usage, varying economic constraints of Medical Examiner budgets, and varying capacities of the laboratories utilized.

Toxicology testing in medico-legal death investigations is based upon an evaluation of the presenting clinical evidence, pathology findings at autopsy, and other potentially available information such as evidence at the death scene including drug paraphernalia. When opioids are suspected as a contributing substance in a drug overdose death based on clinical symptoms consistent with the opioid toxidrome (e.g., pinpoint pupils, altered mental status, respiratory depression) and/or autopsy findings consistent with an opioid-involved overdose (e.g., presence of a “foam cone,” pulmonary edema), confirmatory/quantitative testing for opioids is indicated.

Comprehensive Toxicology Testing

Primary Toxicology Drug Screen

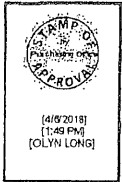
For purposes of fatal overdose surveillance, the minimum level of toxicological testing for suspected opioid-involved overdose deaths should include screening and confirmatory/quantitative testing for commonly prescribed medications including benzodiazepines and opioids, as well as commonly ingested illicit drugs including cocaine, fentanyl, heroin, and methamphetamine. Unconfirmed positive screening test results alone offer only weak (potentially disputable) evidence of the presence of an opioid, are potentially falsely positive or negative, and are not adequate for establishing a definitive medico-legal cause of death.

Primary Toxicology Drug Screen
Immunoassay screen to include amphetamines, benzodiazepines, cocaine metabolite, fentanyl, methadone metabolite (EDDP) and opioids (including oxycodone/oxymorphone)
Drug identification and quantitation of:
• Amphetamine, Methamphetamine
• Alprazolam, Clonazepam, Diazepam, Nordiazepam, Oxazepam, Temazepam, Lorazepam
• Cocaine, Cocaethylene and Benzoyllecgonine
• Fentanyl*
• Codeine, Hydrocodone, Hydromorphone, Morphine, Oxycodone, Oxymorphone, 6-Acetylmorphine

*Fentanyl only analysis is not adequate in regions where fentanyl analogs are prevalent.

Enhanced Toxicology Drug Screen

When economically feasible, expanded testing should be conducted in order to obtain a more comprehensive assessment of potential drugs involved in suspected opioid-involved overdose deaths.



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Enhanced Toxicology Drug Screen
Immunoassay screen to include amphetamines, benzodiazepines, cocaine metabolite, fentanyl, methadone metabolite (EDDP) and opioids (including oxycodone/oxymorphone)
Comprehensive chromatographic-based screen and confirmatory analysis of common over-the-counter, prescription/therapeutic and illicit drugs; for example – antidepressants, antihistamines, antipsychotics, hallucinogens, sedatives and stimulants.
Fentanyl and fentanyl analog testing to include relevant analogs common to the region
Drug quantitation of all toxicological-relevant drugs

Specialized Fentanyl Analog and Other Synthetic Opioids Toxicology Testing

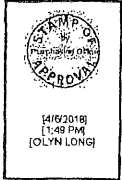
Further expanded testing of suspected opioid-involved overdose deaths may be necessary when a fentanyl analog or other synthetic opioid is suspected. This may occur when:

1. An opioid-involved overdose is highly suspected based on scene, clinical, and/or autopsy findings, but all opioid screening tests were either negative, or positive results were insufficient to support a toxicological cause of death.
2. A case of suspected opioid-involved overdose death tests positive for fentanyl by immunoassay, but is negative for fentanyl upon confirmatory testing.

Utilization of specific fentanyl analog testing should consider economic feasibility, availability of fentanyl, fentanyl analogs and other synthetic opioids in the region, as well as the capabilities of the laboratory utilized by the Medical Examiner. The following drugs are recommended for inclusion in comprehensive testing for fentanyl analogs and other illicit synthetic opioids.

Fentanyl Analog Testing**	
Fentanyl Analogs	
◦ Acetyl Fentanyl	◦ 4-Methoxybutyrylfentanyl
◦ Acrylfentanyl	◦ 4-Methylphenethyl Acetyl Fentanyl
◦ 4-ANPP	◦ 3-Methylfentanyl
◦ Butyryl Fentanyl	◦ Beta-hydroxythiofentanyl
◦ Carfentanil	◦ Valeryl Fentanyl
◦ ortho-Fluorofentanyl	Other Synthetic Opioids
◦ para-Fluorobutyryl Fentanyl/FIBF	◦ AH-7921
◦ para-Fluorofentanyl	◦ MT-45
◦ Furanyl Fentanyl	◦ U-47700
◦ Isobutyryl Fentanyl	◦ U-49900
	◦ U-50488

**This list of fentanyl analogs will be updated as needed to reflect identified analogs.



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If results from the above comprehensive testing are negative and do not support the toxicological cause of death, further probative testing should be considered to assess whether a fentanyl analog/other synthetic opioid was involved. This may require discussion with the lab to clarify their capabilities beyond the range of fentanyl analogs/other synthetic opioids listed above.

Further Considerations for Specialized Fentanyl Analog and Synthetic Opioid Toxicology Testing

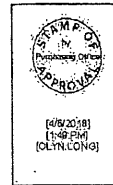
If economically feasible, there are certain situations in which broader fentanyl analog and other synthetic opioid testing should be considered. This includes:

- ◊ Suspected opioid-involved overdose deaths that test positive for fentanyl immunoassay and confirmatory testing. Common co-mixing of fentanyl with fentanyl analogs indicates it is useful to test these overdose deaths, or
- ◊ Suspected opioid-involved overdose deaths testing positive for 6-acetylmorphine and morphine. Common co-mixing of heroin with fentanyl analogs indicates it is useful to test these overdose deaths.

However, if economic constraints are a limiting factor, then the Medical Examiner could consider testing only a subset of such overdoses.

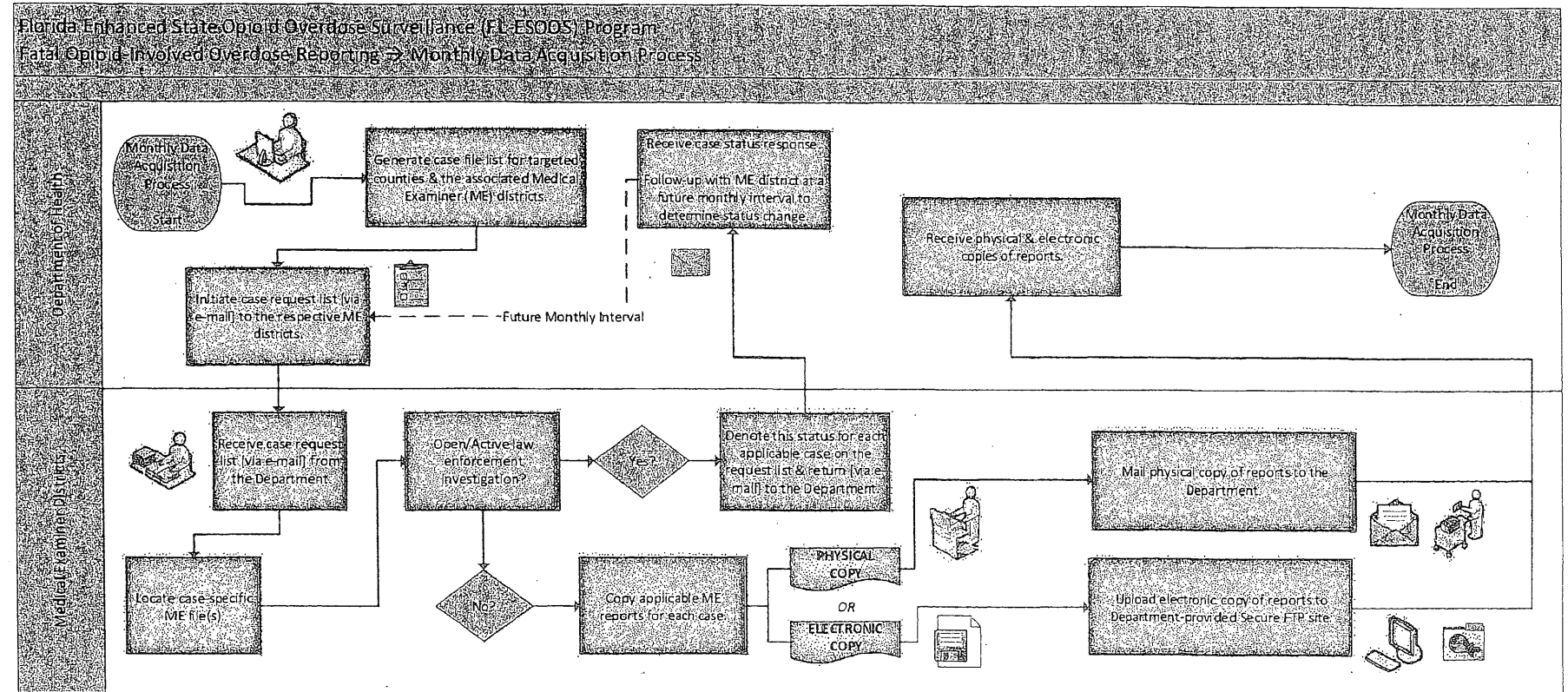
If additional testing remains feasible after all above testing is completed, further testing to consider would be:

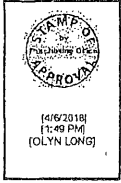
- ◊ Any suspected opioid-involved overdose where illicit drugs or injection use was involved. If this captures too many deaths, testing a sample of such deaths could be considered.
- ◊ Testing a random sample of all opioid-involved overdose deaths.



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ATTACHMENT C
FATAL OPIOID-INVOLVED OVERDOSE REPORTING – MONTHLY DATA ACQUISITION PROCESS





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ATTACHMENT D
MONTHLY COMPREHENSIVE AND SPECIALIZED TOXICOLOGY TESTING REPORTS

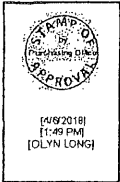
Section I

- 1) District Medical Examiner Office Name:
- 2) District Medical Examiner Office Address:
- 3) Name of Chief Medical Examiner:
- 4) Name of Person Completing Report:
- 5) Title of Person Completing Report:
- 6) Phone Number of Person Completing Report:
- 7) E-Mail of Person Completing Report:
- 8) Purchase Order Number:

Section II

Please select from the options below, which monthly reporting period you are submitting for:

- ☐ Reporting Period 1 (April 1 – 30, 2018) – Due Date: May 7, 2018
- ☐ Reporting Period 2 (May 1 – 31, 2018) – Due Date: June 7, 2018
- ☐ Reporting Period 3 (June 1 – 30, 2018) – Due Date: July 7, 2018
- ☐ Reporting Period 4 (July 1 – 31, 2018) – Due Date: August 7, 2018
- ☐ Reporting Period 5 (August 1 – 31, 2018) – Due Date: September 7, 2018



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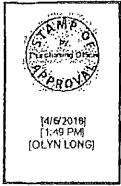
Section III

Please provide a response, for your respective Medical Examiner District Office, to each item in the table below:

Provide the total count of <i>ALL</i> suspected opioid-involved overdose deaths during the reporting period.	
Provide the total number of <i>comprehensive toxicology tests</i> performed for suspected opioid-involved overdose death cases during the reporting period.	
Provide the total number of <i>specialized toxicology tests for fentanyl analogs and other synthetic opioids</i> performed for suspected opioid-involved overdose death cases during the reporting period.	

Please complete the information above and return the completed form to the Department no later than the reporting period due date (outlined above) that you are submitting for. There are two options for returning the completed form to the Department:

3. Send an electronic copy (.DOC or .PDF) via e-mail it to the FL-ESOOS Program Principal Investigator: Dr. Karen Card (FLESOOS@flhealth.gov)
4. Mail a printed copy to the FL-ESOOS Program Principal Investigator: Florida Department of Health, c/o Dr. Karen Card, 4052 Bald Cypress Way, BIN A-22, Tallahassee, FL 32399-1722



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ATTACHMENT E – RECORDS REQUEST EXPENDITURE LOG

Section I

- 1) District Medical Examiner Office Name:
- 2) District Medical Examiner Office Address:
- 3) Name of Chief Medical Examiner:
- 4) Purchase Order Number:
- 5) Service Period: *Example:* April 1 – 30, 2018
- 6) Invoice Number:

Section II

A records request is a once a month, written request by the Department to the Medical Examiner District for a copy of the Medical Examiner-ordered toxicology test results and Medical Examiner-produced case reports (e.g. autopsy, investigator, etc.) for each suspected opioid-involved overdose death occurring within the Medical Examiner District (Required follow-ups and subsequent interaction related to the once a month, written request by the Department do NOT constitute a new request. If no written request by the Department is received for a given month (e.g. Service Period), the Medical Examiner District is NOT eligible to be paid the fixed rate for records requests, for the given Service Period).

A fixed rate of \$1081.32 monthly is allocated to cover costs associated with fulfilling the specified case records (data) requests, as requested by the Department.

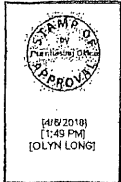
Number of Records Requests Made by the Department to the Contractor During the Service Period	0
Total Invoice Amount (for one or more Records Requests during a Service Period, a fixed rate of \$1081.32 monthly)	\$0.00

I certify that to the best of my knowledge and belief the above records request numbers are true and correct and reimbursement has not been previously requested. All records requests have been fulfilled with the terms and conditions of the agreement and payment is now due.

Authorized Signature: _____

Name and Title:

Date: <MM/DD/YYYY>



Florida Department of Health
Division of Emergency Preparedness and Community Support
Formal Scope of Work
Opioid-Involved Overdoses – Comprehensive and Specialized Toxicology Testing
SOW17-306

ATTACHMENT E – INVOICE TEMPLATE

Invoice

Service Period
Example: April 1 – 30, 2018

Date	Invoice #
<MM/DD/YYYY>	<Enter Here>

Bill To
Florida Department of Health Bureau of Emergency Medical Oversight ATTN: Kaylin M. Williams 4052 Bald Cypress Way, BIN A-22 Tallahassee, FL 32399-1722

Opioid-Involved Overdoses – Comprehensive and Specialized Toxicology Testing

Term		Due Date	Purchase Order #	
Net 30		<MM/DD/YYYY>	<Enter Here>	
Description		Quantity	Rate	Amount
1) Comprehensive Toxicology Test - Primary Toxicology Drug Screens		0	\$0.00	\$0.00
2) Comprehensive Toxicology Test – Enhanced Toxicology Drug Screens		0	\$0.00	\$0.00
3) Specialized Fentanyl Analog and Other Synthetic Opioids Toxicology Tests		0	\$0.00	\$0.00
4) Records Requests		0	\$0.00	\$0.00
Total Paid To-Date: <\$Enter Here>				
			TOTAL	\$0.00

Contractor Name	Phone Number	E-Mail Address

Contractor Authorized Signature	Date of Signature
	<MM/DD/YYYY>



Florida Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program

MEDICAL EXAMINER INFORMATION PACKAGE

National Program

In 2016, the Centers for Disease Control and Prevention (CDC) established the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program (aka ESOOS), which seeks to enable states to develop and adapt surveillance systems to address the rising rate of overdoses attributable to opioids, including a specific focus on heroin and synthetic opioids such as illicitly manufactured fentanyl, by providing more timely and comprehensive data on fatal and non-fatal opioid overdoses and risk factors associated with fatal overdoses. Twelve states were funded in the program's first round of implementation in 2016.¹ In 2017, the CDC funded an additional 20 states, plus the District of Columbia (D.C.).² This is an important and timely effort, which will directly support President Trump's recent declaration of a Nationwide Public Health Emergency to address the opioids crisis.

The Opioid Epidemic in Florida

Data from the Florida Department of Health's (Department) Bureau of Vital Statistics indicates Florida had 2,175 unintentional and undetermined drug overdose (UUDO) deaths in 2014, 2,805 UUDOs in 2015 (a 29% increase), and 4,672 UUDOs in 2016 (a 67% increase). Florida's Statewide Drug Policy Advisory Council (DPAC) 2016 Annual Report states that "Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). The observed progress in some prescription drug-related outcomes is a positive development in Florida, but new challenges have emerged. There has been a substantial increase in deaths associated with fentanyl and heroin-related drug use."³

Florida has passed two laws considered important policy tools in the fight against opioid abuse and misuse; the Prescription Drug Monitoring Program (PDMP), section 893.055, Florida Statutes (F.S.), and the Pill Mill Law on Opioid Prescribing and Utilization, section 458.3265, F.S. However, despite the success of the PDMP and increased regulation of opioid prescriptions, the Department recognizes the increasing rate of opioid-involved drug overdose deaths as a growing public health issue. In Spring 2017, Florida's Governor issued an executive order regarding, and the State Surgeon General issued a declaration of, a statewide public health emergency for the opioid epidemic. Additionally, the Florida Legislature passed House Bill 249 (required controlled substance overdose reporting) during its 2017 session.

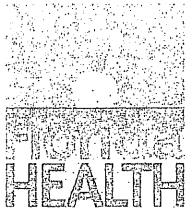
Core Grant Overview

In Florida, data relevant to opioid-involved overdoses is available, but not collected in a manner or system that allows for proactive and impactful public health response. The Department's Bureau of Emergency Medical Oversight seeks to build a system and infrastructure that will allow a collaborative and targeted

¹ Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Rhode Island, West Virginia, and Wisconsin.

² Alaska, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Nevada, New Jersey, North Carolina, Tennessee, Utah, Vermont, Virginia, and Washington.

³ Florida Department of Health (2016, December 1). *Statewide Drug Policy Advisory Council 2016 Annual Report*. Retrieved from Florida Health: <http://www.floridahealth.gov/provider-and-partner-resources/dpac/DPAC-Annual-Report-2016-FINAL.pdf>.



Florida Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program

response to address the growing challenge presented by opiate-based drugs through the timely dissemination of surveillance data to stakeholders who develop and implement strategic initiatives that will positively impact the community at risk.

The FL-ESOOS program will execute the core grant's three strategies:

- ❖ **Strategy 1 → Increase the timeliness of aggregate non-fatal opioid overdose reporting**
 - Utilizing Florida's Emergency Medical Services Tracking and Reporting System (EMSTARS)⁴, produce state and county quarterly reports on emergency medical services (EMS) responses to suspected overdoses involving any-drug and any-opioid within three (3) months of the overdose.
 - EMSTARS receives records from 194 licensed EMS agencies, which is 70% of Florida's total, and contained just over 3.23 million incident-patient records in 2016, representing ~90% of the total number of pre-hospital EMS runs in Florida.
 - The dates of non-fatal opioid-involved overdoses to be included in reporting will range from October 1, 2017 through May 31, 2019; the Department will submit its first quarterly report to the CDC by April 2018.
- ❖ **Strategy 2 → Increase the timeliness of aggregate fatal opioid overdose and associated risk factor reporting**
 - Abstract standardized case-level data from the death certificate (DC)⁵ and medical examiner/coroner (ME/C) reports on fatal opioid-involved overdoses within eight (8) months of death using the CDC's National Violent Death Reporting System (NVDRS) platform – State Unintentional Drug Overdose Reporting System (SUDORS) module.
 - Data will be extracted on a subset of counties whose residents account for a minimum of 75% of unintentional and undetermined overdose (UUDO) deaths in the state (required CDC minimum).
 - The Department is targeting 14 Medical Examiner (ME) districts covering 29 counties that account for approximately 82% of all 2015 UUDO's, based on 2015 death data from the CDC's WONDER database. (**Appendix A**)
 - The dates of fatal opioid-involved overdoses to be included in reporting will range from July 1, 2017 through December 31, 2018; the Department will submit its first semi-annual report to the CDC by December 2018.
- ❖ **Strategy 3 → Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses (inclusive of sharing data with the CDC to support improved multi-state surveillance of, and response to, opioid-involved overdoses)**

Supplemental Grant Overview

Many of Florida's MEs have carved out budget dollars to help facilitate their ability to request comprehensive and specialized toxicology testing. As such, the Department seeks to assist the MEs, by providing them with access to supplemental financial resources (should they not have an adequate level

⁴ An existing Department system to which incident-level, pre-hospital EMS data is reported monthly.

⁵ The Bureau of Emergency Medical Oversight has an existing relationship – developed through previous projects – and a data use agreement in place with the Bureau of Vital Statistics for DC data.



Florida Enhanced State Opioid Overdose Surveillance
(FL-ESOOS) Program

of local funding), to 1) increase the frequency of comprehensive toxicology testing performed for ALL suspected opioid-involved overdose deaths, and / or 2) increase the frequency of specialized toxicology testing to identify specific fentanyl analogs and other specific synthetic opioids (when needed) in suspected opioid-involved overdose deaths.

Should a given ME district have an adequate level of local funding for conducting comprehensive toxicology testing for all suspected opioid-involved overdose deaths, and for conducting specialized toxicology testing to identify specific fentanyl analogs and other specific synthetic opioids (when needed) in suspected opioid-involved overdose deaths, the Department will accept concept proposals from the ME district for an alternative way to use the funding to enhance the timeliness and quality of ME investigations of suspected opioid-involved overdose deaths. All concept proposals will be submitted to the CDC for review and approval/denial.

Funding

For the core ESOOS program, Florida was awarded \$493,571 for the budget period of September 1, 2017 – August 31, 2018. For the ESOOS program supplement, Florida was awarded \$197,428 for the budget period of September 1, 2017 – August 31, 2018.

FL-ESOOS Program Contacts

Leah Colston	Bureau Chief	FL-ESOOS@flhealth.gov	(850) 245-4693
Joshua Sturms	Administrator – Health Information and Policy Analysis Section (HIPAS)	FL-ESOOS@flhealth.gov	(850) 558-9549
Dr. Karen Card (Principal Investigator)	Epidemiologist Reporting & Analysis Unit Manager	FL-ESOOS@flhealth.gov	(850) 558-9506
Connie Clark (Program Manager)	IT Business Consultant – HIPAS	FL-ESOOS@flhealth.gov	(850) 558-9509

Medical Examiner District Partnerships

To execute Strategy 2 of the core grant, the Department is seeking to establish formal, collaborative partnerships with each of the targeted 14 ME Districts, which cover the state’s 29 counties that account for approximately 82% of all 2015 UUDO’s. The Department will seek to formally add additional counties (and associated ME Districts) to the program during Grant Year 2; however, any county (and associated ME district) outside of the target area that is interested in participating ahead of this timeframe will be incorporated into the program.

Request to Targeted ME Districts – Core Grant

- ❖ The Department will use its Vital Statistics’ DC data for identifying – monthly – a list of decedents that meet the CDC’s case definition (**Appendix B**) for suspected opioid-involved overdose deaths, within the targeted subset of counties (and associated target ME districts).
- ❖ The Department will use this list to generate specific requests –monthly – to the in-scope ME districts.



Florida Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program

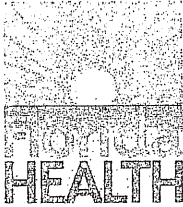
- The ME districts will be asked to provide **COPIES** – for all suspected opioid-involved deaths – of associated ME reports (e.g. autopsy, toxicology, investigator, etc.) that are available and able to be distributed from the respective ME district office.
 - It is understood that each ME district will differ in terms of what reports it can provide to the Department.
 - It is understood that not all ME Districts have ME Investigators, and as such not all ME districts will have those associated reports.
 - It is understood that any case that is under an active / open investigation with Law Enforcement will not be available to the Department until it is closed.
 - It is understood that some ME districts may require the utilization of a public records request to provide the requested report copies to the Department.
 - The Department will work with each ME district to fully document what reports are available from each ME district, based on the data elements required by the CDC, as well as how each ME district will be able to provide the reports (e.g. via a MOU/MOA, public records request, etc.) – the goal is to limit the need for any unnecessary follow-ups with the ME district by the Department when the monthly requests are made, which is understood to be highly preferable to due ME district workloads and competing priorities.
- The Department has developed multiple alternatives for ME districts to provide report copies.
 - **Electronic Copy [Preferred Method]**
 - The in-scope ME offices will be provided with access to a Secure FTP site for uploading report copies to the Department.
 - **Hard Copy**
 - The in-scope ME offices will be provided with pre-addressed, postage-paid envelopes to enable them to quickly drop the report copies in the mail to the Department, with no cost to the respective ME office.
 - To cover the cost of paper and ink, as well as labor, for making copies of the required reports for the Department, ME offices will be provided financial compensation (reimbursement) of \$0.50 per page.
 - **On-Site Abstraction**
 - The Department has budgeted travel costs to enable its Abstractors to travel (as needed / desired) to the ME district offices and perform on-site record abstraction.
- ❖ The Department will hire two (2) full-time, qualified, Other Professional Services (OPS) positions to perform **ALL** data abstraction from both the DC and ME reports -- for the available risk factor, toxicology, and other CDC-requested data elements -- and perform entry into the NVDRS SUDORS module.
 - The Abstractors will look for trends in these source documents to help improve data collection.
 - Feedback will be provided to help improve standardization and quality of the source documents.
- ❖ The ME districts will be provided with access to all surveillance findings, analyses, reports, dashboards, etc. that are produced by the Department.
- ❖ Please reference the included “**Fatal Opioid-Involved Overdose Process Flow**” diagram for a visual depiction of the Department’s request to the ME districts.



Florida Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program

Request to Targeted ME Districts – Supplement Grant

- ❖ The Department is proposing a direct distribution of all supplement funds -- via a contractual mechanism -- to be made to the individual, targeted ME districts that are in need.
- ❖ The Department will execute contractual agreements with those targeted ME districts who are in need, as the mechanism for distribution of all supplemental funds.
 - The total amount will be divided based on the proportional number of suspected opioid-involved overdose cases that each of the target ME districts has, relative to the total number of suspected opioid-involved overdose cases (**Appendix C**).
- ME districts will be requested – as a contract provision and deliverable – to provide information to the Department regarding:
 - The ME data system and a list of variables / data elements collected.
 - Name and other specifics of the toxicology testing laboratory used.
 - Initial (to create a baseline) and semi-annual (to track progress) data on the percentage of suspected opioid-involved overdoses that receive a comprehensive toxicology test and/or that receive a specialized toxicology test.
- ME Districts will be requested to submit to the Department:
 - An annual statement / letter of attestation that supplemental grant monies provided have been used only for conducting comprehensive and specialized toxicology testing for suspected opioid-involved overdoses.
 - A summary of dollars spent on comprehensive and specialized toxicology tests for suspected opioid-involved overdoses (in comparison to total grant dollars made available).



Florida Enhanced State Opioid Overdose Surveillance
(FL-ESOOS) Program

APPENDIX A – TARGET MEDICAL EXAMINER DISTRICTS

In-Scope ME Districts	District ME	Counties Covered	Covered By (ME District)?	Also Covers (ME District)?	Additional Counties Covered?
1	Andrea N. Minyard, M.D.	Escambia Okaloosa Santa Rosa Walton	N/A	N/A	N/A
4	Valerie J. Rao, M.D.	Clay Duval Nassau	N/A	3	Columbia Hamilton
6	Jon R. Thogmartin, M.D.	Pasco Pinellas	N/A	N/A	N/A
7	Marie A. Herrmann, M.D.	Volusia	N/A	24	N/A
9	Joshua D. Stephany, M.D.	Orange	N/A	25	Osceola
10	Stephen J. Nelson, M.A., M.D., F.C.A.P.	Hardee Highlands Polk	N/A	N/A	N/A
11	Emma O. Lew, M.D.	Miami-Dade	N/A	N/A	N/A
12	Russell S. Vega, M.D.	DeSoto Manatee Sarasota	N/A	N/A	N/A
13	Mary K. Mainland, M.D.	Hillsborough	N/A	N/A	N/A
15	Michael D. Bell, M.D.	Palm Beach	N/A	N/A	N/A
17	Craig Mallak, M.D.	Broward	N/A	N/A	N/A
18	Sajid S. Qaiser, M.D.	Brevard	N/A	N/A	N/A
21	Rebecca A. Hamilton, M.D.	Glades Hendry Lee	N/A	N/A	N/A
24	Marie A. Herrmann, M.D.	Seminole	7	N/A	N/A



Florida Enhanced State Opioid Overdose Surveillance
(FL-ESOOS) Program

The 16 counties that comprise just over 75% (76.70%) of the core grant required UUDO's, are part of 14 different ME districts. Given that the targeted ME districts often cover more than one county, this then provides an additional 13 counties for which data would be collected, bringing the total count to 29 and comprising just over 82% (82.10%) of the UUDO's.

2015 UUDO Data - CDC WONDER Database							
In-Scope ME Districts & Core Counties	#	County	Deaths	Population	Crude Rate	% of Total Deaths (UUDOs)	ME District Covered By
	1	Palm Beach County, FL	265	1,422,789	18.6	9.50%	15
	2	Broward County, FL	253	1,896,425	13.3	9.10%	17
	3	Orange County, FL	173	1,288,126	13.4	6.20%	9
	4	Miami-Dade County, FL	170	2,693,117	6.3	6.10%	11
	5	Pinellas County, FL	161	949,827	17	5.80%	6
	6	Hillsborough County, FL	156	1,349,050	11.6	5.60%	13
	7	Duval County, FL	146	913,010	16	5.30%	4
	8	Manatee County, FL	137	363,369	37.7	4.90%	12
	9	Brevard County, FL	132	568,088	23.2	4.70%	18
	10	Pasco County, FL	95	497,909	19.1	3.40%	6
	11	Lee County, FL	90	701,982	12.8	3.20%	21
	12	Polk County, FL	86	650,092	13.2	3.10%	10
	13	Volusia County, FL	84	517,887	16.2	3.00%	7
	14	Sarasota County, FL	83	405,549	20.5	3.00%	12
	15	Seminole County, FL	54	449,144	12	1.90%	24
	16	Escambia County, FL	52	311,003	16.7	1.90%	1
Extra Counties Covered by In-Scope ME Districts	#	County	Deaths	Population	Crude Rate	% of Total Deaths (UUDOs)	ME District Covered By
	17	Clay County, FL	41	203,967	20.1	1.50%	4
	18	Okaloosa County, FL	39	198,664	19.6	1.40%	1
	19	Osceola County, FL	37	323,993	11.4	1.30%	25
	20	Santa Rosa County, FL	23	167,040	13.8	0.80%	1
	21	Columbia County, FL	10	68,348	Unreliable	0.40%	3
	22	Walton County, FL	Suppressed	63,508	Suppressed	Suppressed	1
	23	Hamilton County, FL	Suppressed	14,295	Suppressed	Suppressed	3
	24	Nassau County, FL	Suppressed	78,444	Suppressed	Suppressed	4
	25	Hardee County, FL	Suppressed	27,502	Suppressed	Suppressed	10
	26	Highlands County, FL	Suppressed	99,491	Suppressed	Suppressed	10
	27	DeSoto County, FL	Suppressed	35,458	Suppressed	Suppressed	12
	28	Glades County, FL	Suppressed	13,670	Suppressed	Suppressed	21
	29	Hendry County, FL	Suppressed	39,119	Suppressed	Suppressed	21

BOLD = In-Scope ME District



Florida Enhanced State Opioid Overdose Surveillance (FL-ESOOS) Program

APPENDIX B - CDC CASE DEFINITION FOR OPIOID-INVOLVED DEATHS

- ❖ Opioid-involved deaths are drug poisoning deaths where the ME/C report indicates that an opioid contributed to the death. Opioids are any drug contributing to death that would be captured by the following *International Classification of Disease, Tenth Revision* (ICD-10) classification coding scheme:
 - ICD-10 underlying cause-of-death codes on the death certificate are X40–44 (unintentional) or Y10–Y14 (undetermined intent) AND any of the ICD-10 codes T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6 are indicated in the multiple cause-of-death codes.
- ❖ Because awardees are collecting data from DC and ME/C reports, examples of drug overdoses considered opioid-involved and not opioid-involved are provided below.
 - Meets fatal opioid-involved overdose case definition
 - The ME/C report indicates that a pharmaceutical opioid (e.g., oxycodone) or heroin contributed to the death, but the DC multiple cause-of-death code does not list any of the following ICD-10 codes, T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6, in the multiple cause-of-death codes.
 - The ME/C report does not indicate that a pharmaceutical opioid (e.g., oxycodone) or heroin contributed to the death, but the ICD-10 underlying cause of death code on the DC is one of the following, X40–44 (unintentional) or Y10–Y14 (undetermined intent) AND any of the following ICD-10 codes, T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6, are indicated in the DC multiple cause-of-death codes.
 - The ME/C report indicates that a pharmaceutical opioid (e.g., oxycodone) or heroin contributed to the death AND the ICD-10 underlying cause of death code on the DC is one of the following, X40–44 (unintentional) or Y10–Y14 (undetermined intent) AND any of the following ICD-10 codes, T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6, are indicated in the DC multiple cause-of-death codes.
 - Does not meet the fatal opioid-involved overdose case definition
 - The ME/C report indicates that a pharmaceutical opioid (e.g., oxycodone) or heroin was detected by toxicology but did not contribute to the death AND the DC multiple cause-of-death code does not list any of the following ICD-10 codes, T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6, in the multiple cause-of-death codes.

It is understood that the CDC case definition may not match (exactly) how Florida defines an opioid-involved death.



Florida Enhanced State Opioid Overdose Surveillance
(FL-ESOOS) Program

APPENDIX C – TARGET MEDICAL EXAMINER DISTRICT SUPPLEMENT FUNDING

2016 Opioid-Involved Deaths (OIDs)* - Target ME Districts (MEDs) (Source : Bureau of Vital Statistics - Death Certificates)									
In-Scope MEDs	District ME	Counties Covered	Covered By (MED)?	Also Covers (MED)?	Additional Counties Covered?	MED OID Count	% of MED OID Count Total	Available Supplement Funding	Estimated Monthly OID Case Average
1	Andrea N. Minyard, M.D.	Escambia Okaloosa Santa Rosa Walton	N/A	N/A	N/A	85	3.44%	\$ 6,791.33	7
4	Valerie J. Rao, M.D.	Clay Duval Nassau	N/A	3	Columbia Hamilton	402	16.27%	\$ 32,119.00	34
6	Jon R. Thogmartin, M.D.	Pasco Pinellas	N/A	N/A	N/A	140	5.67%	\$ 11,185.72	12
7**	Marie A. Herrmann, M.D.	Volusia	N/A	24	N/A	75	3.04%	\$ 5,992.35	6
9	Joshua D. Stephany, M.D.	Orange	N/A	25	Osceola	234	9.47%	\$ 18,696.14	20
10	Stephen J. Nelson, MA, M.D., F.C.A.P.	Hardee Highlands Polk	N/A	N/A	N/A	27	1.09%	\$ 2,157.25	2
11	Emma O. Lew, M.D.	Miami-Dade	N/A	N/A	N/A	305	12.34%	\$ 24,368.90	25
12	Russell S. Vega, M.D.	DeSoto Manatee Sarasota	N/A	N/A	N/A	212	8.58%	\$ 16,938.38	18
13	Mary K. Mainland, M.D.	Hillsborough	N/A	N/A	N/A	150	6.07%	\$ 11,984.70	13
15	Michael D. Bell, M.D.	Palm Beach	N/A	N/A	N/A	367	14.85%	\$ 29,322.57	31
17	Craig Mallak, M.D.	Broward	N/A	N/A	N/A	266	10.76%	\$ 21,252.87	22
18	Sajid S. Qaiser, M.D.	Brevard	N/A	N/A	N/A	46	1.86%	\$ 3,675.31	4
21	Rebecca A. Hamilton, M.D.	Glades Hendry Lee	N/A	N/A	N/A	110	4.45%	\$ 8,788.78	9
24**	Marie A. Herrmann, M.D.	Seminole	7	N/A	N/A	52	2.10%	\$ 4,154.70	4
						2,471	100.00%	\$197,428.00	206

*Where death occurred in Florida and the Medical Examiner/Coroner was called to determine cause of death.

**MEDs 7 & 24 have a combined 2016 OID count of 127 (or 5.14% of the MED OID Count Total), making them eligible for a combined \$10,147.50 in Supplement funding. Together, they have an estimated monthly OID Case Average of 10.

NOTE: The 29 counties comprised within these 14 MEDs account for 89.11% of ALL opioid-involved overdoses in the state of Florida (total 2016 count of opioid-involved overdoses for Florida is 2,773)

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

Page 1 of 1 pages

BGEX - 670 - 07191800000000001633
BGRV - 670 - 07191800000000000440

FUND 0001 - General Fund

Use this form to provide budget for items not anticipated in the budget.

ACCOUNT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED 7/19/2018	REMAINING BALANCE
Revenue								
0001-670-4104-3129	Fed Grant Other Public Safety	0	0	29,323		29,323		
	Total Revenue and Balance	1,304,996,516	1,335,740,509	29,323	0	1,335,769,832		
Expense								
0001-670-4104-3401	Other Contractual Services	0	0	10,000		10,000	0	10,000
0001-670-4104-3431	Laboratory Testing	0	0	15,000		15,000	0	15,000
0001-670-4104-5233	Laboratory Supplies	0	0	4,323		4,323	0	4,323
	Total Appropriation and Expenditures	1,304,996,516	1,335,740,509	29,323	0	1,335,769,832		

MEDICAL EXAMINER

INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Signatures

Date

Michael Beer 7/20/18

By Board of County Commissioners

At Meeting of

8/14/2018

Deputy Clerk to the

Board of County Commissioners

Attachment 4.