

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Memorial Healthcare - Medication Assisted Treatment - Community Expansion (MAT-CE)

2. Date of Submission: 11/12/2019

3. House Member Sponsor: Ana Rodriguez

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded? 2019-20
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,000,000	1,000,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

N/A

6. Requester:

- a. Name: Aurelio Fernandez
- b. Organization: South Broward Hospital District d/b/a Memorial Healthcare System
- c. Email: afernandez@mhs.net
- d. Phone #: (954)265-5805

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Lubby Navarro
- b. Organization: South Broward Hospital District d/b/a Memorial Healthcare System
- c. Email: lubbynavaro@mhs.net
- d. Phone #: (954)265-9912

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Kelly Mallette
- b. Firm: Ronald L. Book, PA
- c. Email: kelly@rlbookpa.com
- d. Phone #: (786)295-1199

9. Organization or Name of entity receiving funds:

- a. Name: South Broward Hospital District d/b/a Memorial Healthcare Sys.
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe) Special Taxing District

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Medication Assisted Treatment Community Expansion (MAT-CE) will provide same-day access to our vast continuum of care for substance abuse addiction treatment services to increase our community's capacity to respond to the opioid crisis. MAT-CE will also decrease the number of opioid-related overdoses, fatalities and neonates born free of illicit substances. MAT-CE will also provide an integrated primary & behavioral health home for persons in recovery from substance abuse.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Same Day Comprehensive Addiction Intake and Treatment Program Staff Members: (includes salary and benefits) APRN - (Behavioral Health) - (.60 FTE); \$92,851; Clinical Pharmacist (1.0 FTE); \$139,776; Medical Assistant (1.0 FTE); \$47,424; Licensed Clinical Therapists (2.0 FTE); \$164,736; and Outreach Workers (2.0 FTE) \$99,840	544,627
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Lease and renovation of approximately 3,000 square foot for	455,373

	the Same-Day Comprehensive Addiction Treatment Program	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Community support includes the following: 1) “#Know the Facts” Community Meeting, United Way of Broward County Commission on Substance Abuse, January 31, 2019; 2) Town of Davie Opiate Education/Suicide Prevention Community Outreach Panel, December 3, 2018; 3) Broward County Commission' Resolution No 2017-268 to support federal & state efforts to reduce overprescribing; and 4) Broward Mayor's Opioid Epidemic Town Hall Meeting, August 2017.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

1) Broward County Drug Epidemiology Networks (DEN) Report, December 18, 2018; 2) 2018 Broward County Opiate Action Plan, United Way of Broward County's Commission on Substance Abuse; 3) Florida Opioid Research: Summary of Key Findings, October 22, 2018; 4) All in for Florida Report, August 2018 by FADAA and FHA; 5) "Patterns and Trends of Substance Abuse in Florida", June 2018, FL DCF & FADAA; 6) Neonatal Abstinence Syndrome (NAS) in Florida - ACHA.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Memorial's MAT-CE will provide comprehensive, cutting edge services to address the opioid crisis in Broward County. MAT-CE will ensure same-day access to substance abuse addiction treatment services staffed by a multidisciplinary team for a minimum of 200 persons transferred from peer support networks and other community providers. Memorial will also conduct community-based outreach services to 1,000 persons and 50 agencies per year.

17b. Describe the direct services to be provided to the citizens by the funding requested.

MAT-CE will provide the following direct services: community outreach and education for adults at-risk of substance abuse disorders to promote access to services; outreach to community agencies to promote program referrals; same-day comprehensive addiction treatment services; assessment; intervention; detoxification; medication induction; medication management; stabilization; maintenance; case management; toxicology screening.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students

- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Infants of substance abusing mothers born with illicit substances.

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	(A) # persons with opioid use disorders referred for same-day access to a comprehensive addiction treatment program; (B) # persons who complete initial assessment through same-day access program; (C) # persons who complete induction phase; (D) # of pregnant women enrolled in substance abuse treatment; (E) # neonates born free of illicit substances; (F) # persons enrolled in an integrated health home; (G) # persons screened and treated for infectious diseases (i.e.	(A) Same-Day Access Program Referral Log; (B) Electronic Health Record (EHR) documentation; (C) EHR; (D) EHR; and (E) EHR; (F) EHR; (G) Clinical Log.

	HIV, Hepatitis A, Hepatitis C)	
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	(A) # of persons participating in substance abuse outreach & education; (B) # of agencies participating in outreach & education; (C) # persons completing initial assessment through same-day access program; (D) # persons completing initial induction; (E) # persons remaining in medication assisted treatment (MAT) for a minimum of 3 months; and (F) #	Outreach Logs; (B) Outreach Logs; (C) Clinical Documentation; (C) Clinical Documentation/EHR; (D) EHR; (E) EHR; and (F)Clinical Documentation.

	persons in MAT enrolled in a medical home for ongoing care.	
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	90.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	100,000	9.1%	Yes
5. Other:	0	0.0%	No
TOTAL	1,100,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No