

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Vincent's Healthcare - Saving Lives Project

2. Date of Submission: 11/14/2017

3. House Member Sponsor: W. Cummings

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

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

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					624,105	624,105

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

Our contract with the managing entity LSF requires invoicing for the # of units of service provided. The penalty for failing to meet these deliverable results in lapsed dollars that will be reduced from the original contract.

6. Requester:

- a. Name: Virginia Hall
- b. Organization: St. Vincent's HealthCare
- c. Email: Virginia.Hall@ascension.org
- d. Phone #: (904)308-2855

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

- a. Name: Irene Toto
- b. Organization: Clay Behavioral Health
- c. Email: itoto@theigd.org
- d. Phone #: (904)291-5561

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

- a. Name: Travis Blanton
- b. Firm: Johnson & Blanton
- c. Email: travis@teamjb.com
- d. Phone #: (850)528-5665

9. Organization or Name of entity receiving funds:

- a. Name: St. Vincent's
- b. County (County where funds are to be expended): Clay, Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Clay, Duval

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)

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

Project SAVING LIVES creates 1) A seamless, collaborative, stabilization and treatment solution for the Opioid Overdose (OD) Crisis between three key entities: a Saint Vincent's Hospital Emergency Department (ED) in Duval and Clay counties, Gateway (Gateway Community Services serving Duval, Clay and Nassau for Detox and Residential Services for addiction) and Clay Behavioral Health (CBH). 2) Reduction in opioid-related overdoses, recidivism and death. 3) Identify all supporting partners. 4) If i

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Care Coordinator ? Clay Behavioral Health 1 FTE with Fringe at 0.25 = \$60,000	60,000
<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	Peer Specialists= 2 FTE with Fringe \$55,369 To serve St. Vincent's Riverside and St. Vincent's Clay Clay Behavioral Staff Mental Health Counselor ? St. Vincent's Riverside and Clay 2FTE with Fringe -- \$60,000	175,369
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Vehicle Leasing plus Insurance X 2 = \$23,640 3 Computers*1000 = \$3000 Electronic Health Record License X	96,936

	3*1000 = 3000 Medication = \$28,896 (14 pills@\$4/week/4.3/120 patients) Nurse Visit & Med Management = \$38,400 (1*month)	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	4 Beds *30 *180 = \$21,600*12= \$259,200 @ Gateway Fentanyl Urine Screens OP Services, MAT & Detox = Other State Funding = \$286,220 Clay Behavioral 1 respite bed*180 *365 = 65,700 Gateway Medical Director = In Kind = \$32,500 St. Vincent's ED Director = In Kind = \$32,500	266,800
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Narcan at St. Vincent's Clay ED	25,000
TOTAL		624,105

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:

The state of Florida received \$27 M from the Federal Government to address this issue with MAT and Outpatient services. The City of Jacksonville gave \$1.6 Million for 6 months to do a pilot study of the Saving Lives Intervention. We will have preliminary data by the beginning of February. This current request to the State is to continue the pilot for another year on a smaller basis. We are proposing to the City of Jacksonville to add to this project funding for FY 1; with city funding we could i

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:

There is strong data from CDC, NIDA, the State and local Jacksonville Fire and Rescue Department regarding the need to reduce the number of OD's in the Duval and Clay counties. In 2015 nationally 52,000 people died of drug overdoses with a 21% increase in 2016 of over 64,070; the peak year for AIDS related deaths was 51,000 in 1995. In 2016 more people died in our Nation from drug overdose than in the entire Vietnam War and car crashes, gun violence, and HIV/AIDS ever did in a single year!! With

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?

The Saving Lives Project will fund intervention and assessment services in the Emergency Department, Outreach to family members, Short Term Residential services, Outpatient Services, Peer Specialists and Buprenorphine. These services will be added to currently funded Detox, Continuing Care services and STR funding.

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

The Saving Lives Project will fund intervention and assessment services in the Emergency Department, Outreach to family members, Short Term Residential services, Outpatient Services, Peer Specialists and Buprenorphine. These services will be added to currently funded Detox, Continuing Care services and STR funding.

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)

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 type="checkbox"/> Improve physical health		
<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	Reduce OD visits to hospital Increase # of admissions to SUD treatment	Baseline of hospital statistics Baseline of OUD admits Treatment Services
<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 2018-19 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:	624,105	59.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	419,920	40.2%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,044,025	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost

- <1M
- 1-3M
- >3-10M
- >10M