



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Medication Assisted Treatment Program Expansion

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Memorial Healthcare System requests \$500,000 to expand its Medication Assisted Treatment (MAT) program for pregnant and post-partum women with substance abuse disorders (opioid addiction) from FY 2017 by providing a comprehensive, multidisciplinary approach to treatment for a minimum of 150 individuals. Memorial will also conduct substance abuse outreach for 350 at-risk women and men and reduce the number of infants born with Neonatal Abstinence Syndrome (NAS) in Broward County.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
500,000		500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	50,000	9.1%
Other	0	0.0%
TOTAL	50,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 550,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? 2017-18



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
 e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

Memorial Healthcare System will expand its Medication Assisted Treatment (MAT) program, originally designed to reach 75 pregnant and post-partum women with substance abuse disorders (opioid addiction) in FY 2017. The goals of Memorial's MAT program are to increase the number of persons with opioid use disorders who are enrolled in substance abuse treatment and to decrease the number of opioid-related deaths. By improving access to effective medication assisted treatment, this program will accomplish the following: 1) provide substance abuse outreach for 350 at risk women and men; 2) provide substance abuse treatment for 150 with a comprehensive, multidisciplinary approach to medication assisted treatment; and 3) reduce the number of infants born with Neonatal Abstinence Syndrome (NAS).

**b. What are the activities and services that will be provided to meet the intended purpose of these funds?**

Services in the MAT program expansion include outreach for substance abuse disorders; linkage to substance abuse treatment; linkage to medical treatment; assessment; intervention; medication induction; detoxification; medication management; stabilization; maintenance; case management; toxicology screening; group, individual and family therapy; and peer support services. A unique feature of Memorial's MAT program is our emphasis on immediate access to treatment through outreach, engagement and induction for medication assisted treatment in our emergency department. By starting patients in treatment immediately after a non-fatal opioid overdoses in the emergency department, Memorial's MAT program ensures improved recovery outcomes and improved retention in treatment.

**c. How will the funds be expended?**

Spending Category	Description	Amount



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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Clinical Pharmacist .40 Full-Time Equivalent (FTE) - \$50,064; Clinical Pharmacy Specialist (.42 FTE) - \$59,628; Peer Specialist (1 FTE) - \$40,051; Medical Assistant (1 FTE) - \$37,548; Psychiatrist (.60 FTE) - \$150,000; Case Manager (1 FTE) - \$37,548	449,935
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Prescription Medications: Suboxone for 120 patients = \$46,915; and Subutex for 30 patients = \$3,150	50,065
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Outreach for substance abuse disorders; linkage to substance abuse treatment; linkage to medical treatment; assessment; intervention; medication induction; detoxification; medication management; stabilization; maintenance; case management; toxicology screening; group, individual and family therapy; and peer support services.



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**e. Who is the target population served by this project? How many individuals are expected to be served?**

Drug users (in health services) - Memorial will conduct substance abuse outreach to 350 "at-risk" women and men and provide a comprehensive, multidisciplinary approach to medication assisted treatment for a minimum of 150 persons.

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Memorial will benefit the state by saving more than \$2.5 million per year in Medicaid costs for the following: 1) decrease in Neonatal Intensive Care Unit admission for infants born drug-exposed; and 2) decrease in emergency department visits and inpatient hospitalizations for persons with opioid-related issues. In order to measure these outcomes, Memorial will use the following methodology: 1) # of infants born drug free; 2) # of persons, including pregnant women, enrolled in a medication assisted treatment program; 3) # of persons, including pregnant women, who remain opioid free at 3, 6, and 12 months post program enrollment; 4) # of persons enrolled in medication assisted treatment who have stable housing; 5) # of persons enrolled in medication assisted treatment who are employed; and 6) # of persons enrolled in medication assisted treatment who remain out of the criminal justice system.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Full restitution of amount awarded

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

NA

**13. Requestor Contact Information:**

- a. **Name:** Shane Strum
- b. **Organization:** South Broward Hospital District, d/b/a Memorial Healthcare System
- c. **Email:** sstrum@mhs.net
- d. **Phone Number:** (954)265-3451

**14. Recipient Contact Information:**

- a. **Organization:** South Broward Hospital District, d/b/a Memorial Healthcare System
- b. **County:** Broward
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) Special Taxing District
- d. **Contact Name:** Shane Strum



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e. E-mail Address: [sstrum@mhs.net](mailto:sstrum@mhs.net)

f. Phone Number: [\(954\)265-3451](tel:(954)265-3451)

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

a. Name: [Kelly Mallette](#)

b. Firm: [Ronald L. Book, P.A.](#)

c. Email: [kelly@rlbookpa.com](mailto:kelly@rlbookpa.com)

d. Phone Number: [\(850\)224-3427](tel:(850)224-3427)