



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1619

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Memorial Healthcare System requests funding to address the continuing opioid epidemic in South Florida by implementing the Medication Assisted Treatment (MAT) Community Enhancement (MAT-CE) program. This program will build on the success of Memorial's award-winning Mothers in Recovery (MIR) program which treats pregnant women addicted to opioids and its Medication Assisted Treatment (MAT) by providing same-day access to our vast continuum of care for substance abuse and mental health treatment 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 through an integrated primary and behavioral health home for 200 persons, community outreach for 1,000 persons at risk of substance abuse and outreach and education to 50 community agencies.

5. **State Agency to receive requested funds**
- State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="1,000,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
<b>Total State Funds Requested</b>	<input type="text" value="1,000,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="1000000"/>	<input type="text" value="91.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="100,000"/>	<input type="text" value="9"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<input type="text" value="1,100,000"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text" value="2019-20"/>	<input type="text" value="00"/>	<input type="text" value="1,000,000"/>	<input type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Same Day Comprehensive Addiction Intake and Treatment Program Staff Members (including salary and benefits): APRN - (Behavioral Health) - (0.6 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; Outreach Workers (2.0 FTE) \$99,840.	544,627
Expense/Equipment/Travel/Supplies/Other	Lease and renovation of approximately 3,000 square foot for the Same-Day Comprehensive Addiction Treatment Program.	455,373
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		1,000,000



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#### 11. Program Performance

##### a. What specific purpose or goal will be achieved by the funds 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.

##### b. What activities and services will be provided to meet the intended purpose of these 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, and an integrated primary care and behavioral health home for 200 persons.

##### c. What direct services will be provided to citizens by the appropriation project?

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; access to an integrated primary care and behavioral health home for persons in recovery from OUD; screening and treatment for infectious diseases (i.e. HIV, Hepatitis A, Hepatitis C); and vaccines for Hepatitis A.

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

The target population includes a minimum of 200 adults with substance use disorders, including pregnant women, who are in need of same-day comprehensive addiction treatment services who are referred by peer support networks and community agencies. MAT-CE will also target the following populations: 1,000 adults at-risk of substance abuse through community outreach and education; 50 community agencies who may provide referrals; 200 adults in recovery who need access to an integrated primary care and behavioral health clinic to support their recovery.

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

Memorial's MAT-CE program will result in an annual cost savings of more than \$7.5 million in Medicaid costs based on the following: 1) decrease in inpatient hospitalizations and emergency department visits for persons with substance abuse complications; and 2) decrease in Neonatal Intensive Care Unit (NICU) admissions for neonates born with illicit substances. Memorial will measure these savings based on the following: 1) # persons with opioid use disorders referred for same-day access to a comprehensive addiction treatment program; 2) # persons who complete initial assessment through same-day access program; 3) # persons who complete induction (detox) phase; 4) # neonates born with NAS requiring NICU stays; 5) # persons enrolled in an integrated clinic; and 6) # persons screened and treated for infectious diseases (i.e. HIV, Hepatitis A, Hepatitis C). The methodology includes: Same-Day Access Program Referral Log and Electronic Health Record (EHR) documentation.

##### f. 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?

The standard contract penalties for failing to meet contract deliverables or performance measures are adequate.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.