



# The Florida Senate

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

1. **Title of Project:** Screening, Referral, and Treatment for Opioid Use Disorder

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/11/2018

4. **Project/Program Description:**

The purpose of the program is to address the opioid epidemic in Miami-Dade County by screening patients at risk for opioid use disorder, referring affected patients to detoxification facilities, and subsequently providing patients with medication assisted treatment (MAT) and behavioral health care services.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
1,013,757		1,013,757

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

Type	Amount	Percent
Federal	175,700	17.3%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	175,700	17.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,013,757

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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

**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?**

The goal is to provide Medication Assisted Treatment (MAT) and behavioral health services to 100 individuals experiencing opioid use disorder in a one-year period.

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

Miami Beach Community Health Center will screen patients at risk for opioid use disorder. Patients with opioid use disorder will be referred to detoxification facilities. Once clean, these patients will be provided with medication assisted treatment (MAT) and behavioral health care services in order to assist them in recovery. MAT patients will receive all routine health screenings, in addition to screenings for chronic diseases for which they are at increased risk, such as HIV, Hepatitis B, and Hepatitis C.

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Director at 40% of \$75,000 annual salary	34,500
<input checked="" type="checkbox"/> Other Salary and Benefits	Medical Doctor project oversight at 10% of federal maximum annual salary of \$187,000	32,258
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies (\$20,000); Assessment & Recovery	166,974



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	software and supplies (\$50,000); Indirect costs based on 21% of Administrative and Operational Salaries, Wages, & Benefits (\$96,974)	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	1.0 FTE Psychiatrist at 20% of \$187,000 federal maximum annual salary of \$187,000 (\$43,010); 4.0 FTE Medical Doctors at 20% of \$187,000 federal maximum annual salary each (\$172,040); 2.0 FTE LCSWs at 25% of \$75,000 annual salary each (\$43,125); 1.0 FTE Case Manager at \$63,250 annual salary; 4.0 FTE Medical Home Coordinator LPNs at 20% of \$42,500 annual salary each (\$39,100); 4.0 FTE Patient Support Clerks at 20% of \$37,500 annual salary each (\$34,500)	395,025
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Pharmaceuticals (\$125,000); Office Supplies (\$35,000); Educational conferences and Travel (\$75,000)	235,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Outside consulting (\$125,000); Outside laboratory (\$25,000)	150,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,013,757



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

Medical diagnosis and treatment of patients with opioid use disorder.

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

Low-income and uninsured individuals; 100 individuals with opioid use disorder are expected to be served.

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

The expected outcome is that 50% of patients who commit to therapy will be retained in care after 12 months. We expect to screen for opioid use disorder at least 90% of MBCHC patients aged 18 and older. It is anticipated that all patients receiving MAT will experience improved physical health as a result of being screened for routine and chronic health conditions. Also anticipated is that 60% of MAT patients will attend regular counseling resulting in improved mental health. MBCHC will use its electronic health record to produce the data and measure the number of patients in the program who have been screened and retained in care in the program; the number of patients screened for routine and chronic health conditions, and the number of patients regularly participating in mental health counseling.

**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?**

None

**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.**

Not applicable

**13. Requestor Contact Information:**

- a. **Name:** Mark Rabinowitz
- b. **Organization:** Miami Beach Community Health Center
- c. **Email:** mrabinowitz@mbchc.com
- d. **Phone Number:** (786)288-6674

**14. Recipient Contact Information:**

- a. **Organization:** Miami Beach Community Health Center
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Mark Rabinowitz



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e. E-mail Address: [mrabinowitz@mbchc.com](mailto:mrabinowitz@mbchc.com)

f. Phone Number: [\(786\)288-6674](tel:(786)288-6674)

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

a. Name: [Ronald Book](#)

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

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

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