1. **Title of Project:** Marion County Hospital District Opioid Amnesty Program
2. **Senate Sponsor:** Keith Perry
3. **Date of Submission:** 02/11/2019
4. **Project/Program Description:**
   Reduction of local overdose-related incidents and deaths through a collaboration between the Marion County Hospital District and the Ocala Police Department’s Amnesty Program. The goal of the program is to offer amnesty to individuals with opioid addiction who seek assistance through law enforcement. The individuals seeking treatment will not be arrested but instead will be transported by law enforcement to a local treatment center to be assessed and admitted into appropriate treatment.
5. **State Agency to receive requested funds:** Department of Children and Families
   State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>1,000,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,000,000</td>
<td>66.67%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>500,000</td>
<td>33.33%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>1,500,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020
LFIR#: 1752

### Benefits
| Other Salary and Benefits | Expense/Equipment/Travel/Supplies/Other
|---------------------------|---------------------------------

### Consultants/Contracted Services/Study
- Contracted services through local mental health and substance abuse treatment centers selected by the Marion County Hospital District for participants in the Amnesty Program. These services include patient detox, Medication Assisted Treatment (MAT), inpatient/outpatient treatment and counseling, and residential substance abuse treatment when appropriate. Treatment costs vary, based on the treatment plan prescribed upon intake. 1,000,000

### Operational Costs:
| Salary and Benefits | Expense/Equipment/Travel/Supplies/Other
|---------------------|---------------------------------
|                     | Consultants/Contracted Services/Study

### Fixed Capital Construction/Major Renovation:
<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
</tr>
</thead>
</table>

### Total State Funds Requested (must equal total from question #6)
- **1,000,000**

11. **Program Performance:**
   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      Reduction of local overdose-related incidents and deaths through a collaboration between the Marion County Hospital District and the Ocala Police Department’s Amnesty Program. The goal of the program is to offer amnesty to individuals with opioid addiction who seek assistance through law enforcement. The individuals seeking treatment will not be arrested but instead will be transported by law enforcement to a local treatment center to be assessed and admitted into appropriate treatment.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      Substance Abuse Treatment, largely specific to opioid addiction, for citizens who request help through law enforcement. Ultimately narrowing the local use of opioids, saving lives, and reducing drug related crime and dependency within the City of Ocala.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      These services include coordination and transport to treatment, patient detox, counseling, inpatient/outpatient care, intensive outpatient treatment, in-patient residential substance abuse treatment, follow-up treatments/counseling, peer support and continuing education/support group participation, based on each client’s needs.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      
      100-200 Drug users.

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome is measured?**
will be measured?
Reducing recidivism. Measured by tracking individuals using post treatment contact for a minimum of three to six months and compare to the previous calendar year to ensure continued sobriety. Reducing Substance abuse. Numbers will be tracked quarterly.

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?
Reduction in award, loss of funding.

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.
N/A

13. Requestor Contact Information:
a. Name: Curt Bromund
b. Organization: Marion County Hospital District
c. E-mail Address: curt@mchdt.org
d. Phone Number: (352)622-3662

14. Recipient Contact Information:
a. Organization: Marion County Hospital District
b. County: Marion
c. Organization Type:
   ○ For Profit
   ○ Non Profit 501(c) (3)
   ○ Non Profit 501(c) (4)
   ○ Local Entity
   ○ University or College
   ○ Other (Please specify) Special District
d. Contact Name: Curt Bromund
e. E-mail Address: curt@mchdt.org
f. Phone Number: (352)622-3662

15. Lobbyist Contact Information
a. Name: None
b. Firm Name: None
c. E-mail Address:
d. Phone Number: