

LFIR # 1412

1. Project Title	Medication Assis (MATTER)	ted Treatment &	k Teleh	nealth Enhanced F	Recovery				
2. Senate Sponsor	Lauren Book								
3. Date of Request	02/04/2021								
4. Project/Program D	escription								
Medication Assisted access to our continued telehealth platform respond to the opio overdose rates, as day access to a cor	id crisis that has bee well as increased me nprehensive addiction ory and behavioral he	ealth Enhanced stance abuse ar onse to the COV on exacerbated bedical and mental treatment produced.	Recovered to the control of the cont	rery (MATTER). T ntal health treatme pandemic. MATT COVID-19 public th issues among t staffed by a multid	his vital program prent, with a focus on ER increases our conealth emergency, he population. MAT isciplinary team for	rovides immediate			
5. State Agency to re	eceive requested fu	n ds Depart	ment o	of Children and Fa	milies				
State Agency cont	acted? Yes								
		. = 13/	0004						
6. Amount of the Non	recurring Request	tor Fiscal Year	2021-	2022 		-			
Type of Funding				Amount					
Operations					500,000	<u> </u>			
Fixed Capital Outla					0	<u>) </u>			
Total State Funds	Requested				500,000	<u>"</u>			
7. Total Project Cost	for Fiscal Year 202	1-2022 (includir	ng ma	tching funds ava	ilable for this proj	ject)			
Type of Funding				Amount	Percentage]			
	Requested (from que	stion #6)		500,000	94%	,			
Matching Funds									
Federal				0	0%	<u>, </u>			
State (excluding the	e amount of this requ	est)		0	0%	,			
Local				30,000	6%	<u>)</u>			
Other				0	0%	<u>)</u>			
Total Project Cost	s for Fiscal Year 20	21-2022		530,000	100%	,			
8. Has this project pr	reviously received s	state funding?	Y	es					
Fiscal Year	Amount			Specific "	Vetoed				
(уууу-уу) Recurring Nonrecu		NI	a A	Appropriation #					
	Recurring	Nonrecurring				-			
2020-21	Recurring 0	500,0		376	No				
2020-21 9. Is future funding li	0	500,0			No				
9. Is future funding li	0 ikely to be requeste	500,0	000		No]			
9. Is future funding li a. If yes, indicate r	0 ikely to be requeste nonrecurring amou	500,0 d? nt per year.)000 No						
9. Is future funding li a. If yes, indicate r	0 ikely to be requeste	500,0 d? nt per year.)000 No						



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10. H	as the	entity	requesting	this p	oroject	received	any f	ederal	assistance	related	to the	e COVII)-19 pa	ndemic?
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If yes, indicate the amount of funds received and what the funds were used for.

Memorial has received \$184,232,763 in federal CARES Act funding to prevent, prepare for and respond to the pandemic; to maintain service capacity; to convert and upgrade space for surge capacity; to provide skilled nursing facility infection control; to provide PPE, testing and telehealth support for patients with HIV; and for assisting uninsured patients. This includes \$183,220,609 in HHS CARES Relief; \$128,281 in HHS/HRSA/Ryan White; \$236,873 in HHS/ASPR; and \$647,000 in HHS/HRSA/Uninsured.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	APRN (1.0 FTE) \$129,792 (Provides medical and behavioral health evaluations and management of persons with opioid use disorders); Clinical Pharmacist (0.5 FTE) \$69,888 (provides consultations and medications for patients); Licensed Clinical Therapist (1.0 FTE) \$87,360 (initiates plan of care, provides group and individual counseling and engages patients into the program); and Medical Assistant (1.0 FTE) \$39,936 (conducts health screenings and care coordination); Medical Assistant (1.0 FTE).	446,160
Expense/Equipment/Travel/Supplies/ Other	Interactive Telehealth Platform with audiovisual equipment, professional integration services, installation, licensing and maintenance \$32,196; Telehealth Devices for Patients - Ipads (5th generation) with 2-Year Apple Protection and Otterbox Cases \$4,400 Telehealth Devices for Treatment Staff - 6 laptops @ \$1,300 = \$7,800; 6 laptops @ \$1,470 = \$8,820.	53,840
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

12. Program Performance

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

Medication Assisted Treatment and Telehealth Enhanced Recovery (MATTER) will reduce substance abuse and improve the physical and mental health of adults with opioid use disorder in Broward County. Memorial's multidisciplinary team will decrease opioid-related overdoses, fatalities and neonates born free of illicit substances through same-day access to medication assisted treatment and ongoing recovery support. MATTER will also improve the participant's physical health by providing an integrated primary and behavioral health home for persons in recovery from opioid use disorder.

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



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Memorial will provide a comprehensive addiction treatment program, an integrated primary and behavioral health home and ongoing recovery support services using both an in-person and an enhanced telehealth platform. A multidisciplinary staff will conduct outreach and education on the physical and mental health toll caused by the COVID-19 pandemic, including approaches to treat anxiety, depression and opioid use disorders.

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

Memorial will provide substance abuse outreach and education, along with emergency department addiction treatment induction (detoxification), overdose prevention, medication assisted treatment, psychiatric treatment, integrated primary and behavioral health, prenatal care, infectious disease treatment, co-morbidity treatment, COVID-19 testing and treatment and ongoing recovery support. Services will be available both in-person and through an enhanced telehealth platform.

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

Memorial will benefit the state by targeting the following: 1) adults in Broward County with opioid use disorders and/or poor physical health, including pregnant women, who access services at Memorial's emergency departments, hospitals or outpatient facilities; 2) adults who are referred by community providers; or 3) adults who self-refer for program services. Memorial will also provide substance abuse outreach and education for a minimum of 500 at-risk adults; immediate access to comprehensive substance abuse treatment, including medication assisted treatment (MAT), for a minimum of 100 persons; and an integrated health home for 100 adults with opioid use disorders (OUD).

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

Medication Assisted Treatment &Telehealth Enhanced Recovery (MATTER) will result in an annual cost savings of \$1.64 million in reduced NICU stays, inpatient hospitalizations and emergency department visits.

The methodology includes the following:

- The average Medicaid reimbursement for an infant requiring a NICU stay (APR-DRG 6251) due to Neonatal Abstinence Syndrome is \$8,016 versus \$961 for a normal newborn (APR-DRG 6261). For 20 babies born drug-free each year, Memorial could save the state \$141,000 for the hospital stay.
- The average Medicaid reimbursement for inpatient hospitalizations due to opioid complications is \$16,000 versus \$486 for a non-fatal opioid overdose treated in the ED. For 100 persons engaged in this program through the ED and linked to medication assisted treatment, Memorial could save the state \$1.5 million.
- 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 the contract?

Memorial Healthcare System is willing to discuss additional penalties with the contracting agency as part of the contract negotiation process.

13.	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.	
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14.	14. Requestor Contact Information									
	a. First Name	Aurelio M	l	Last Name	Fernandez, III	, FACHE				
	b. Organization	South Broward Hospital District d/b/a Memorial Healthcare System								
	c. E-mail Address	afernande	afernandez@mhs.net							
	d. Phone Number	(954)265	-5085	Ext.						
15.	Recipient Contact	Information	on							
	a. Organization	South Bro Memorial	oward Hospital D Healthcare Syste	vistrict, d/b/a em						
	b. Municipality and	d County	Broward							
	c. Organization Ty	ре								
	□For Profit Entity									
	□Non Profit 501(d	it 501(c)(3)								
	□Non Profit 501(d	:)(4)								
	□Local Entity]Local Entity								
	□University or Co	llege								
	☑Other (please sp	pecify) Spe	ecial Taxing Dist	rict						
	d. First Name	Lubby		Last Name	Navarro					
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16.	Lobbyist Contact I	nformatio	n							
	a. Name	Kelly Ma	llette							
	b. Firm Name	Ronald L	. Book, PA							
	c. E-mail Address	kelly@rlb	ookpa.com							
	d. Phone Number	(786)295-1199								