

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Memorial Healthcare System - Medication Assisted Treatment Program

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Shevrin Jones

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

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

If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

b. What is the most recent fiscal year the project was funded?

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

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Full restitution of amount awarded

6. Requester:

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

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Tammy Tucker
- b. Organization: South Broward Hospital District/Memorial Healthcare System
- c. Email: ttucker@mhs.net
- d. Phone #: (954)265-4284

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Kelly Mallette
- b. Firm: Ronald L. Book, PA
- c. Email: kelly@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: South Broward Hospital District/Memorial Healthcare System
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College
- ☒ Other (Please describe) Special Taxing District

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

Memorial Healthcare System will expand its Medication Assisted Treatment (MAT) program for FY 2017 by improving access to substance abuse treatment in order to decrease the number of opioid -related deaths. Memorial's MAT program will accomplish the following: 1) provide substance abuse outreach for 350 at-risk women and men; 2) provide substance abuse treatment for 150 persons; and 3) reduce the number of infants born with Neonatal Abstinence Syndrome (NAS).

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Clinical Pharmacist .40 Full-Time Equivalent (FTE)- \$50,064 / Clinical Pharmacy Specialist (.42 FTE) - \$59,628/ Peer Specialist (1.0 FTE)- \$40,051/ Medical Assistant (1.0 FTE) - \$37,548 etc.	449,935
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Prescription Medications: Suboxone for 120 patients = \$49,915 Subutex for 30 patients = \$3,150	50,065
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The show of community support includes the following: 1) Gov. Rick Scott's Executive Order 17-146 declaring a public health emergency over opioid crisis on May 3, 2017; 2) Broward County Commission' Resolution No. 2017-268 to support federal and state efforts to reduce overprescribing of opioid medications on May 9th.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The need for the funds has been documented in the 2016-2017 Broward County Opiate Action and also in a presentation to the Florida Senates Appropriations Subcommittee on October 25, 2017 "Patterns and Trends of the Opioid Epidemic in Florida" by Jim Hall, Senior Epidemiologist. The presentations details the growing crisis statewide and also in Broward County.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The MAT program activities and services include substance abuse outreach for 350 at-risk individuals and immediate linkage to a comprehensive, multidisciplinary approach to medication assisted treatment for a minimum of 150 persons.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Services in the MAT program expansion includes 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, etc.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☐ Elderly persons
- ☐ Persons with poor mental health
- ☐ Persons with poor physical health
- ☐ Jobless persons
- ☐ Economically disadvantaged persons
- ☐ At-risk youth
- ☐ Homeless
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☒ Drug users (in health services)
- ☐ Preschool students
- ☐ Grade school students
- ☐ High school students
- ☐ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☐ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☒ Other (Please describe): Infants of substance abusing mothers born with Neonatal Abstinence Syndrome.

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☒ 401-800

○>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	A) Number of pregnant women with substance abuse addiction linked to prenatal care; B) Number of neonates bor free of substance abuse; C) Number of neonates requiring hospitalization for Neonatal Abstinence Syndrome in the Neonatal Intensive Care Unit (NICU).	A) Electronic Health Record (EHR) Documentation; Clinical Documentation of prenatal visits; B) EHR documentation; C) EHR documentation.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual?s economic self sufficiency		

<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	A) Number of persons participating in Substance abuse outreach; B) Number of persons enrolled in substance abuse treatment; C) Number of persons remaining drug-free at 3, 6 and 12-months post program enrollment (urinalysis).	A) Outreach Logs; B) Clinical documentation to support number receiving substance abuse treatment and Electronic Health Record (EHR) documentation; C) Toxicology Screening. etc.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	90.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	50,000	9.1%	Yes

5. Other:	0	0.0%	No
TOTAL	550,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No