



# The Florida Senate

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

1. **Title of Project:** G2Z (Getting to Zero) Connect

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

The goal of this project is to develop and implement a county-wide integrated system of HIV/AIDS care including a county-wide treatment consent process and data sharing agreement. This consent process and data sharing agreement will be used to allow data sharing between the FDOH, pharmacy, and local medical service providers to decrease the number of persons living with HIV/AIDS that are not currently in care. The breakdown of the project is as follows: YR1--Coordinate with local leaders and researchers, determine technological/infrastructure needs and plan for implementation, research and address HIPAA concerns, produce county-wide consent form; YR2--Utilize developed county-wide consent form, build bi-directional data sharing system and implement in one major hospital in Miami-Dade County (Jackson Memorial Hospital); YR3--Evaluate effectiveness of consent form and data sharing system to reengage persons who are living with HIV/AIDS with care.

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
500,000		500,000

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

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

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000



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### 9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

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

### 10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

\$500,000

### 11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

To develop and implement a county-wide integrated system of HIV/AIDS Care utilizing a comprehensive treatment consent form and data-sharing agreement to decrease the number of persons living with HIV/AIDS who are out of care.

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

1. Develop a county-wide treatment consent form; 2. Develop a county-wide data-sharing agreement between Department of Health, federally qualified health centers, and hospitals; 3. Implement the treatment consent form and data sharing agreements; 4. Develop and implement a data-sharing platform for bidirectional messaging and data exchange.

- How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	President/CEO Salary + Benefits	7,994
<input checked="" type="checkbox"/> Other Salary and Benefits	Director of Operations	11,220
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Legal	6,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Project Staff Salaries + Benefits	304,998
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel/Supplies/Expenses/Data Platform	94,788
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	IT Consultant Services	75,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Reengagement in care for HIV/AIDS

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

Persons living with HIV/AIDS; 30,000

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

Miami-Dade County has the highest rate of new infections of any major metropolitan area in the United States. This project will improve linkage to and retention in care for persons living with HIV/AIDS. The outcomes of this project will be the percentage of persons living with HIV/AIDS who are linked to care, retained in care, and, ultimately, with suppressed viral loads. Additionally, the rate of new HIV/AIDS infections will be a measurable outcome for long-term progress.

**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?**

Withhold payment until deliverables are met.

**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.**



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NONE

**13. Requestor Contact Information:**

- a. **Name:** Marisel Losa
- b. **Organization:** The Health Council of South Florida
- c. **Email:** mlosa@healthcouncil.org
- d. **Phone Number:** (786)535-4361

**14. Recipient Contact Information:**

- a. **Organization:** The Health Council of South Florida
- 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:** Marisel Losa
- e. **E-mail Address:** mlosa@healthcouncil.org
- f. **Phone Number:** (786)535-4361

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

- a. **Name:** Jose Diaz
- b. **Firm:** Robert M. Levy Associates, Inc.
- c. **Email:** jdiazj@robertmlevyassociates.com
- d. **Phone Number:** (850)681-0254