



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3046

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Joint project between 2 USF colleges designed to both lower opioid use statewide and to assist counties to better plan for and respond to opioid overdoses that do occur. USF's College of Nursing (CON) will expand program offerings to health care professionals to teach alternatives to opioid pain management strategies and interventions. USF's College of Behavioral and Community Sciences (CBCS) will develop simulation modeling tools for counties to respond to overdoses more effectively thru efficient distribution of opioid antagonists & other data-driven methods.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	3,900,500
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,900,500</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,900,500	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>3,900,500</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	2,900,500	458	Yes

9. **Is future funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

USF has received institutional COVID-19 assistance funding from the federal government but the funds we received did not allow for the payment of the operational expenses of administering this program.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction   
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salary for nursing faculty, research faculty, project manager, graduate students, data manager and academic support.	500,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Training and software and participant services.	1,400,000
Consultants/Contracted Services/Study	Statistical modeling and support, internal and external.	2,000,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,900,500</b>

### 14. Program Performance

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



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

The funds will expand an innovative program for licensed health care providers. The curriculum in each course will address the pathophysiology of pain, strategies to handle the physiological and emotional aspects of pain without opioids & prescriptive non-opioid approaches for chronic and acute pain management. The funds will also provide tools to develop simulation modeling to allocate resources.

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

USF will deliver the Integrative Pain Management Program to enrolled licensed health care providers and will work directly with Florida counties to provide data & simulation models on how to best allocate resources to more effectively reduce overdose interventions. Combined, the efforts will both lessen overall opioid use & dependence while offering better prep for & response to overdoses.

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

Persons with poor mental health, persons with poor physical health, economically disadvantaged persons, drug users, university students, drug offenders. >800 individuals are expected to be served. Also licensed healthcare providers will receive continuing education training in effective ways to treat pain without the use of opioids.

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

Developing and disseminating the modeling tool, and training on best practices for implementing simulation modeling to build the capacity of all Florida counties for model-driven decision-making to strategically allocate resources to effectively reduce overdose incidents. Opioid overdose incidents will decline in areas that receive the simulation tools. To train licensed health care providers with the skills needed to address the pathophysiology of pain, strategies to handle the physiological and emotional aspects of pain without opioids, and prescriptive non-opioid approaches for chronic and acute pain management. Increasing the number of trained health care providers in opioid prevention and reductions in community opioid dependence.

**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?**

Reductions in funding for unmet deliverables.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity



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- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number