



# The Florida Senate

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

1. **Title of Project:** Savings Lives Project

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 01/12/2018

4. **Project/Program Description:**

A collaborative treatment solution for the opioid overdose crisis between three key entities: St. Vincent's Hospital emergency department in Duval and Clay Counties, Gateway Community Services, and Clay Behavioral Health.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
624,105		624,105

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):** 624,105

9. **Previous Year Funding Details:**

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

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

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

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

e. Complete the following Worksheet.





# The Florida Senate

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

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

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

No

### 11. Program Performance:

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

The funds will continue a pilot program already funded by the State in Duval and Clay Counties for one year.

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

Peer counselors will be paired with overdose patients in the emergency department and assist with future recovery activities which may include inpatient (Gateway) or outpatient (Clay Behavioral) services. The project also includes funding a care coordinator to manage the program and to provide appropriate pharmacy assistance.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Care Coordinator	60,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Peer Specialists	175,369





# The Florida Senate

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

<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Vehicle leasing plus insurance; electronic health record license; medication; nurse visit/medication management.	121,936
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Inpatient expenses	266,800
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		624,105

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

Behavioral and Substance Abuse treatment services.

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

Opioid overdose patients in the emergency department.

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

Reduction in opioid overdoses, recidivism and deaths.

**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?**

The penalty for failing to meet these deliverables would result in lapsed dollars that will be reduced from the contract.

**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:** Virginia Hall
- b. **Organization:** St. Vincent's Healthcare
- c. **Email:** Virginia.Hall@ascension.org
- d. **Phone Number:** (904)308-2855

**14. Recipient Contact Information:**

- a. **Organization:** St. Vincent's HealthCare, Clay Behavioral Health Center, Gateway Community Services
- b. **County:** Clay, Duval
- c. **Organization Type:**





# *The Florida Senate*

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

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Virginia Hall

**e. E-mail Address:** Virginia.Hall@ascension.org

**f. Phone Number:** (904)308-2855

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

**a. Name:** Travis Blanton

**b. Firm:** Johnson and Blanton

**c. Email:** travis@teamjb.com

**d. Phone Number:** (850)528-5665