

LFIR # 1347

1. Project Title	Integrated Medica Recovery (I MAT		reat	ment & Technology I	Enhanced	
2. Senate Sponsor	Lauren Book					
3. Date of Request	11/01/2021					
4. Project/Program Des	scription					
health issues fueled be Integrated Medication team will offer immed monitoring and an integrated primary an	by the COVID-19 pands the COVID-19 pands assisted Treatment in a comment of the comment of the comment of the covered by the comment of the covered by the c	andemic which int & Telehealth prehensive substitution This platform. This prome for 200 continuize clients' a	nclu Enh stan prog clien acce	Ide anxiety, depression anced Recovery (I Mode abuse treatment for am will also ensure ts. Overall, I MATTI as to the life skills ne	on and increased IATTER), Memoria or 200 persons us ongoing recovery ER will increase treeded for sustained	support through an eatment retention, track d recovery. I MATTER
5. State Agency to rece	eive requested fur	n ds Depar	tme	nt of Children and Fa	amilies	
State Agency contact	ted? Yes					
6. Amount of the Nonre	ecurring Request t	or Fiscal Year	202	2-2023		
Type of Funding				Amo	unt	
Operations					1,000,000	<u>)</u>
Fixed Capital Outlay						<u>)</u>
Total State Funds R	equested				1,000,000	
7. Total Project Cost fo	r Fiscal Year 2022	-2023 (includir	ng n	natching funds avai	lable for this pro	ject)
Type of Funding				Amount	Percentage	
Total State Funds Re	quested (from ques	stion #6)		1,000,000	94%	
Matching Funds						
Federal				0	0%	<u> </u>
State (excluding the a	amount of this requ	est)		0	0%	7
Local				60,000	6%	
Other				0	0%	<u>)</u>
Total Project Costs	for Fiscal Year 20	22-2023		1,060,000	100%	
8. Has this project prev	viously received s	tate funding?		Yes		
Fiscal Year	Amo	unt		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	9	Appropriation #		
2021-22	0	426,6	604	367	No	
9. Is future funding like	ely to be requeste	d?		No		
a. If yes, indicate no	nrecurring amour	nt per year.				
b. Describe the sour	rce of funding that	can be used i	n lie	eu of state funding.		



LFIR # 1347

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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; for PPE/testing/telehealth support for patients with HIV; and for assistance in serving 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	Project Manager - Outreach/Education @ 1FTE = \$89,856 Medical Assistant @ 1.0 FTE = \$54,912 Licensed Clinical Therapist @ .80 FTE = \$69,888 Counselor @ 1FTE = \$74,880 Social Worker @ 1FTE = \$79,872 Peer Specialist @ 1 FTE = \$44,928 Patient Registration @ 1 FTE \$49,920 Clinical Pharmacist @1 FTE = \$149,760 Research Scholar @ 1 FTE = \$112,320 Senior Data Analyst @ 1.FTE = \$129,792	856,128
Expense/Equipment/Travel/Supplies/ Other	Interactive Telehealth Platform with audiovisual equipment, professional integration services, installation, licensing and maintenance - \$93,000 Telehealth Devices for Patient Onboarding- lpads (5th generation) with 2-Year Apple Protection and Otterbox Cases 5 @ \$400 = \$2,000 Electronic Health Record (EHR) Patient Portal Technology and Educational Content - \$48,872	143,872
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)	1,000,000

12. Program Performance

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

I MATTER will reduce substance abuse and improve the physical and mental health of adults, including pregnant women, with opioid use disorders in Broward County. Memorial's multidisciplinary team will decrease opioid-related overdoses, fatalities and increase the number of neonates born free of illicit substances through same-day access to medication-assisted treatment and ongoing recovery support. I MATTER will improve participant's physical health by providing an integrated model of care which includes services by a multidisciplinary team provided in coordination with remote client monitoring and education through a digital platform.



LFIR # 1347

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

Memorial's activities and services include a comprehensive addiction treatment program staffed by a multidisciplinary team with integrated primary and behavioral health clinic and ongoing recovery support services that include in-person and telehealth access. Services will also include population health screening for substance abuse in medical settings such as emergency departments, primary care settings and OB/GYN offices. Memorial's staff will conduct community-based education and outreach on the physical and mental health toll caused by the COVID-19 pandemic, including integrated 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 the following direct services both in person and through telehealth: outreach; education; emergency department addiction treatment induction; overdose prevention; medication-assisted treatment; psychiatric treatment; behavioral health counseling; integrated primary and behavioral health care; prenatal care; infectious disease treatment and prevention; and recovery support.

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 substance 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 and courts; or 3) adults who self-refer for program services. Memorial will also provide substance abuse outreach and education for a minimum of 1,500 at-risk adults and staff from community agencies; provide immediate access to comprehensive substance abuse treatment, including MAT, for a minimum of 200 persons; and provide an integrated health home for 200 adults with opioid use disorders.

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

Return on Investment

- The average Medicaid reimbursement for an infant requiring a NICU stay (APR-DRG 6251) due to Neonatal Abstinence Syndrome is \$6,357 versus \$905 for a normal newborn (APR-DRG 6261). For 20 babies born drug-free each year, Memorial could save the state \$109,000.
- The average Medicaid reimbursement for an inpatient hospitalization due to opioid complications is \$14,271 versus \$168 for a non-fatal opioid overdose treated in the ED. For 200 persons engaged in this program through the ED and linked to medication assisted treatment, Memorial could save the state more than \$2.8 million.
- I MATTER will result in an annual cost savings of more than \$2.9 million in reduced NICU stays, inpatient hospitalizations and emergency department visits.
- 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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	N/A	
	N/A	



LFIR # 1347

14. Requestor Contact	intormat	ion					
a. First Name	Aurelio M		Last Name	Fernandez			
b. Organization	South Bro System	oward Hospital D	istrict, d/b/a	Memorial Healthcare			
c. E-mail Address	afernande	ez@mhs.net					
d. Phone Number	(954)265	-5805	Ext.				
15. Recipient Contact	Informatio	on					
a. Organization		oward Hospital D Healthcare Syst					
b. Municipality and	d County	Broward					
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(c	:)(3)						
□Non Profit 501(c	5)(4)						
□Local Entity							
□University or Co	llege						
☑Other (please sp	pecify) Spe	ecial Taxing Dist	rict				
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f. Phone Number							
16. Lobbyist Contact I	nformatio	n					
a. Name	Kelly C. I	Mallette					
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