



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2534

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Memorial Healthcare System (Memorial) respectfully requests \$1 million to expand our capacity to respond to the ongoing overdose crisis through enhanced clinical and care coordination that identifies and addresses the behavioral components of addiction and ensures a warm hand-off to outpatient services. Through Destination Recovery, Memorial will provide 200 individuals, including pregnant women, with immediate addiction screening in the emergency department and comprehensive substance use disorder treatment. Destination Recovery will also feature an integrated primary care and behavioral health home for 200 persons that provides ongoing recovery support, an extensive community outreach and education campaign that targets 1,000 persons at risk of substance use disorder in conjunction with community agencies and harm reduction resources (Narcan Kits).

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	92%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	90,220	8%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,090,220</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	377	No

9. Is future-year 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.

At this time there is no other source in lieu of State Funding that can be used.



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**10. 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

**11. 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.**

**12. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	SALARIES: 1 Medical Practice Manager = \$87,402 1 Advanced Practice Registered Nurse (Family Practice) (50%) = \$71,895 1 Registered Nurse = \$93,600 1 Licensed Therapist = \$81,120 2 Social Workers = \$158,080 1 Patient Financial Services Rep. = \$72,800 1 Senior Data Analyst = \$118,560; and 1 Peer Specialist = \$47,590 TOTAL = \$731,047 BENEFITS: @ 23% = \$168,141	899,188
Expense/Equipment/Travel/Supplies/Other	Marketing Materials - website development, community outreach and educational campaign materials = \$28,812 Program Space Rental @ \$3,000/month X 12 months = \$36,000 Patient Transportation (Lyft) @ \$3,000/month X 12 months = \$36,000	100,812
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>1,000,000</b>
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**13. Program Performance**

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

Memorial will achieve the following goals:

- 1) reduce the number of opioid-related overdoses and fatalities in adults, including pregnant women, through screening programs for substance use disorder in medical settings and immediate access to medication-assisted treatment.
- 2) increase the number of neonates born free of illicit substances; and
- 3) improve the physical health of adults through an integrated primary and behavioral health home for ongoing recovery support.

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

- 1) an extensive community outreach and education campaign for adults, including pregnant women, who are at-risk of substance use disorder (SUD);
- 2) screening for SUD within Memorial's medical settings to identify persons in need of addiction treatment services.
- 3) care coordination and case management for patients as they transition from addiction treatment services to outpatient services.

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

Services include:

- 1) addiction treatment induction (detoxification) services.
- 2) medication-assisted treatment (MAT) services.
- 3) integrated primary care and behavioral health care services.
- 4) care coordination services.
- 5) infectious disease treatment.
- 6) prenatal care services.
- 7) peer support services; and
- 8) ongoing recovery support services.

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

- 1) 200 adults through its comprehensive SUD treatment program;
- 2) 200 adults through its integrated primary care and behavioral health home for ongoing recovery support; and
- 3) 1,000 persons at-risk of SUD through its extensive community outreach and education campaign in conjunction with community agencies.

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

Memorial will reduce substance abuse and improve the physical health of adults, including pregnant women in Broward, Palm Beach and Miami-Dade County. The methodology for this return on investment includes:  
 The sum of Medicaid reimbursement for an infant requiring a NICU stay (APR-DRG 6253) due to Neonatal Abstinence Syndrome is \$31,723 versus \$679 for a normal newborn (APR-DRG 6401). For 20 babies born drug-free each year, Memorial could save the state \$620,885.  
 The sum of Medicaid reimbursement for an inpatient hospitalization due to opioid complications is \$2,607,743 versus \$60,918 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 \$2,546,824.  
 Combined, this program could result in an annual savings of \$3.1 million in reduced hospitalizations, NICU stays and ED 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 in the contract?**

Memorial Healthcare System is willing to discuss additional penalties with the contracting agency as part of the contract negotiation process.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No



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**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

<b>a. First Name</b>	<input style="width: 95%;" type="text" value="Shane"/>	<b>Last Name</b>	<input style="width: 95%;" type="text" value="Strum"/>
<b>b. Organization</b>	<input style="width: 95%;" type="text" value="South Broward Hospital District, d/b/a Memorial Healthcare System"/>		
<b>c. E-mail Address</b>	<input style="width: 95%;" type="text" value="sstrum@mhs.net"/>		
<b>d. Phone Number</b>	<input style="width: 95%;" type="text" value="(954)265-5805"/>	<b>Ext.</b>	<input style="width: 95%;" type="text"/>

**18. Recipient Contact Information**



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**a. Organization**

**b. Municipality and County**

**c. Organization Type**

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

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*