



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2541

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

The Integrated Medication Assisted Treatment Response (iMATR) program is needed to reduce health disparities that have lifelong negative impacts within disadvantaged communities. iMATR will provide high-quality, comprehensive outpatient care for Broward County residents experiencing a substance use disorder. iMATR will provide comprehensive psychosocial/behavioral therapy and pharmacotherapy to address the underlying issues that contribute to the substance abuse and/or co-occurring conditions, as well as expand services for labor/delivery and babies born with neonatal abstinence syndrome. Therapeutic services will aim to support and assist individuals in the acquisition of skills and resources that reduce the risk of relapse, to aid in improving self-sufficiency, and achieving their treatment plan goals. iMATR will be implemented under the leadership of Broward Health, who has served the community for more than 80-years.

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	999,238
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>999,238</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)	999,238	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 2025-2026</b>	<b>999,238</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	999,238	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.**



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At the moment, Broward Health does not have a source of funding that can be used in lieu of state funding. If state funding is not provided, the applicant will continue to pursue funding from other sources, including donations and grant-making activities.

## 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	Broward Health is requesting \$874,008 to support current and expanded salary and benefits for overall program cost. Staff will work as a multidisciplinary, cohesive unit to support participants' needs. Five additional staff members will be added to the program to support expanded services including specialized pharmacists, case managers, social workers, and outreach staff.	874,008
Expense/Equipment/Travel/Supplies/Other	Broward Health is requesting \$125,230 to support overall program supplies and staff training. Supplies include those needed for office operations and direct patient care.	125,230
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>999,238</b>



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#### 13. Program Performance

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

The Integrated Medication Assisted Treatment Response (iMATR) program is needed to reduce health disparities that have lifelong negative impacts within disadvantaged communities. iMATR will focus on general social welfare for all Broward County residents and its goal is to provide high-quality, comprehensive outpatient care for County residents experiencing a substance use disorder.

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

To meet the intended purpose of these funds, iMATR will encompass a person-centered, trauma-focused treatment approach for treating substance use disorders and/or co-occurring conditions. iMATR will provide comprehensive psychosocial/behavioral therapy and pharmacotherapy to address the underlying issues that contribute to the substance abuse and/or co-occurring conditions, as well as expand services for labor/delivery and babies born with neonatal abstinence syndrome. Therapeutic services will aim to support and assist individuals in the acquisition of skills and resources that reduce the risk of relapse, to aid in improving self-sufficiency, and achieving their treatment plan goals.

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

The following direct services will be provided to citizens by the appropriation project:

- Screening & orientation to treatment
- Multidisciplinary diagnostic assessments and exams
- Nursing assessments
- Medication for addiction
- Medication administration
- Group therapy meetings
- Weekly individual and/or family therapy sessions
- Drug testing & breathalyzer tests
- Structured daily check-ins
- Peer/Recovery support
- Family psychoeducation sessions & support groups
- Aftercare/continuing care planning & referrals
- Treatment planning
- Case management services

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

The target population are vulnerable and/or underserved populations residing in Broward County, who is defined as persons age 18+ who may belong to low socioeconomic status (SES); who may be indigent, underserved, uninsured, and/or underinsured; and, who experiencing a substance use disorder. Low SES will be determined by the Financial Assistance Program Policy, which utilizes income as a percentage of the most current Federal Poverty Guidelines issued by US Department of Health and Human Services. The appropriation project expects to serve 280 individuals from the target population.

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

Integrating evidence-based clinical and community strategy to reduce the misuse of addictive substances have been successful. The United States Preventive Services Task Force (USPSTF) (2019) cited various examples of programs where the integration of preventive strategies in clinical and community settings successfully contributed to behavior change and modification. One example, tobacco control, demonstrated comprehensive tobacco treatment programs were successful in reducing the prevalence of tobacco use among adults by more than 50%.

##### 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?

Broward Health is open to discuss any and all penalties for failing to meet deliverables or performance measures provided for in the contract. Please note that if only partial funding was granted, the number of persons served would be modified. In order to maintain true to the evidence-based clinical and community strategy, the services and treatment protocols cannot be modified.



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14. Is this project related to mitigation, response, or recovery from a natural disaster?

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**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**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)

**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.*