

LFIR # 3481

1.	Project Title	Mobile Stroke Units at UF Health
2.	Senate Sponsor	Stan McClain
3.	Date of Request	3/20/2025
4.	Project/Program Des	cription
	To REVERT AND RE	APPROPRIATE \$4,800,000 approved in the 2024 budget (line 455) mobile stroke units at

UF Health (HF 3728 and SF 2735) which provides for operation of mobile stroke units in Gainesville, operation and construction of mobile stroke units in Jacksonville and the villages. The mobile stroke unit is a highly specialized ambulance staffed by stroke specialty nurses, CT tech for on truck imaging, and a stroke neurologist (virtually) to bring ER level stroke care into the field to diagnose and begin stroke treatment. This time saves brain cells (each min. is 2 million brain cells saved) and leads to improved outcomes post-stroke. This truck provides support to the county and supports adjacent counties. We are deploying 2 more trucks in the Villages community (Sumter, Lake, Mario), and Jacksonville (Duval). The Gainesville and spanish plains unit will operate 7 days a week for 12 hours a day and the Jacksonville one will operate 24 hrs a day 7 days

5. State Agency to receive re-	quested funds	Department of Health
State Agency contacted?	Yes	

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

Type of Funding	Amount
Operating	4,850,000
Fixed Capital Outlay	0
Total State Funds Requested	4,850,000

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)	4,850,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	4,850,000	100%

8. Has this project previously received state funding? Yes If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2024-25	0	10.000.000	455	No

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	10,000,000	455	No	

9. Is future-year funding likely to be requested?	Yes
a. If yes, indicate nonrecurring amount per year.	5,000,000

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

Hospital funding as there is minimal reimbursement through insurance



The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 3481

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10.	Status of Cons	truction					
á	a. What is the c	urrent phase of t	ne project?				
	Planning	O Design	Construction	O N/A			
ı	b. Is the project	"shovel ready" (i.e permitted)?				
(c. What is the e	stimated start da	te of construction?				
(d. What is the e	stimated comple	tion date of constru	ction?			
•	e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenance	of the project?	
11.			receive, directly or rs of the facility and			tal outlay funding	g. Include the
	UF Health Cor	poration will own t	he mobile units.				

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:	Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Statewide system leader for this program across UF Health and executive leader	180,000			
Other Salary and Benefits	Community outreach work.	50,000			
Expense/Equipment/Travel/Supplies/ Other	insurance, and supplies and international stroke conference	20,000			
Consultants/Contracted Services/Study		0			
Operational Costs					
Salary and Benefits	EMS partner agency staff (EMT plus a paramedic/driver), stroke nurse, CT Tech, and Stroke Neurologists' time. CT Tech Staffing 7.8 FTE, RN Staffing	3,200,000			
Expense/Equipment/Travel/Supplies/ Other	Medication on board, imaging equipment servicing, lab equipment, telemedicine equipment, and fuel for the truck.	1,400,000			
Consultants/Contracted Services/Study					
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
otal State Funds Requested (must equal total from question #6) 4,850,000					

13. Program Performance

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



LFIR # 3481

We bought and are working on deploying 2 more mobile stroke treatment unit ambulances with specialized equipment and teams to improve health outcomes for patients that suffer a stroke. Patients that receive stroke treatment more quickly will suffer less long term disability. The funds specifically related to building the units are encumbered. The Gainesville unit is operational with great results. The Jacksonville will be operational in May and the Spanish Plains unit end of June. Time is brain and these units reduce the time in which people receive care following a stroke.

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

The mobile stroke program brings a specialized neuro emergency department out in to the field upon the 911 dispatch and commences diagnosis and treatment even before the patient is transported to the emergency department.

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

Faster stroke diagnosis and treatment improving health outcomes. We reduce death and disability from strokes and are already experiencing these results.

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

Alachua and surrounding counties, All in the counties of the Villages (Lake and Sumter counties), and Jacksonville (Duval county), . With the ability to serve as a resource to other adjacent counties, there will be service to an even larger area. So far our Gainesville mobile unit has received 1,478 calls.

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

Stroke patients are assigned a modified Rankin scale score upon admission and then at the point of discharge. The modified Rankin score is the standard for measuring the degree of disability or dependence in daily activities one has for those suffering from a stroke. These scores at the point of discharge allows us to see the improvement in a clear way.

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?

Penalties would be not getting funding if we are not achieving the performance measures we set out to achieve. we are currently achieving those measures.

4. Is this project related to mitigation, response, or recovery from a natural disaster? No							
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 da	maged i	nfastructure)			
b. Name of the natural disaster (or Executive Order # for events not under a federal declaration)							
5	. Has	the entity applied for or received federal assistance for this project?					
	□Y	es, Applied					
☐ Yes, Received							
	□N	0					
	□ N	o, but intends to apply					

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



LFIR # 3481

b. Provide the total	I project cost listed on the	e FEMA proj	ect worksheet:	
6. Has the entity app	olied for or received state	assistance	for this project (other tha	n this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	to apply			
Commerce):	e program and state ager	ncy (ex. Loc	al Government Emergend	y Bridge Loan, Der
'. Requester Contact a. First Name	t Information Stephen	Last Name	Motew	
b. Organization	UF Health	Lust Hame	INOCOW	
	Steve.Motew@ufhealth.o	rg		
d. Phone Number	(352)273-7347	Ext.		
. Recipient Contact a. Organization	Information UF Health Shands Hospit	tal		
b. Municipality and	d County Alachua			
c. Organization Ty	ре			
□For Profit Entity				
☑Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	ollege			
□Other (please sp	pecify)			
d. First Name	Traci	Last Name	d'Auguste	
e. E-mail Address	traci@shands.ufl.edu			
f. Phone Number	(352)273-7347	Ext.		



LFIR # 3481

a. Name	Monica L. Rodriguez	
b. Firm Name	Ballard Partners	
c. E-mail Address	monica@ballardpartners.com	
d. Phone Number	(850)577-0444	

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