



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2091

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Orlando Health seeks to expand Opioid Navigator services throughout our hospital system and service area. An Opioid Navigator is an individual employed by a hospital whose job it is to direct patients with opioid addiction to services they need, and guide them into treatment post-hospital discharge. The Navigator also educates hospital staff – including physicians, nurses, administrators, etc. – to understand opioid addiction and to address addiction with patients before it takes place.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	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 2024-2025	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	522	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

As a medical provider, Orlando Health received over \$80M in resources from the Provider Relief Fund. This funding was used for two purposes: (1) to cover COVID-19-related preparation and spending, and (2) to cover losses directly related to the COVID-19 pandemic. Any funding received that was not accounted to either of those purposes must be returned to the Federal Government.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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	Orlando Health seeks to employ Opioid Navigators to provide services at our emergency departments systemwide. Additional funding will pay for supervision by our Opioid Navigator Supervisor at our flagship hospital in Orlando.	600,000
Expense/Equipment/Travel/Supplies/Other	Orlando Health seeks funding for tools to assist Opioid Navigators in completing their duties. These may consist of clinical tools, pharmaceuticals, printed materials, and travel expenses.	400,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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

An Opioid Navigator is an individual employed by a hospital whose job it is to direct patients with opioid addiction to services they need, and guide them into treatment post-hospital discharge. The Navigator also educates hospital staff – including physicians, nurses, administrators, etc. – to understand opioid addiction and to address addiction with patients before it takes place.

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

An Opioid Navigator is an individual employed by a hospital whose job it is to direct patients with opioid addiction to services they need, and guide them into treatment post-hospital discharge. The Navigator also educates hospital staff – including physicians, nurses, administrators, etc. – to understand opioid addiction and to address addiction with patients before it takes place.

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

Individuals who arrive at Orlando Health facilities suffering from overdoses or who have suspected opioid use disorders. During FY 2022/23 Orlando Health's opioid navigator interacted with over 800 individuals patients.

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

Our goal is to expand the scope of Orlando Health's current opioid navigator program into our emergency departments systemwide. We can measure success by comparing the number of individuals receiving opioid navigator services throughout Orlando Health's system to the same number from the prior year. A decline in patients receiving services may indicate a decreasing need for such services which, paired with other related data, we would consider a success.

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?

Appropriate funding will be returned to the state if performance measures are not met.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number