



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2737

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To use clinically effective Medication-assisted treatment (MAT) for the greater Gainesville community's comprehensive behavioral health needs which consists of coordinated recovery services and the ability to live a self-directed life.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 500,000 |

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) | 500,000 | 26% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 1,433,330 | 74% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 1,933,330 | 100% |

8. **Has this project previously received state funding?** Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2022-23 | 0 | 500,000 | 458 | No |

9. **Is future 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.**

Other grant opportunities

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

Yes

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



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CARES \$2,107,023-PPE/COVID expenses/homeless food; CARES 5307 \$11,611,603-RTS buses; CESF DOJ \$207,151-Police Department; ARPA HOME \$15,750-homeless; ARPA FTA \$3,116,484-RTS buses; CRRSAA FTA \$15,000-transit supplement; ARPA \$16,204,402-housing, nonprofits, revenue replacement, urgent care clinic construction, violence intervention, vision zero, paramedicine, homelessness, & central receiving facility; CARES CDBG \$541,167-resident/business rent/mortgage/utilities; CARES 5311 \$38,015-ADA transit

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 | Maintain year 1 staffing level of 2 Program Responder I, 2 Program Responder II, 1 Program Coordinator - accounting for raises and any needed overtime. | 275,000 |
| Expense/Equipment/Travel/Supplies/Other | ePCR for EMSTARS reporting, Telephone plan and Tough book connectivity, Office supplies, durable goods, food resources, medication cost (subutex.suboxone), fuel and vehicle maintenance | 215,000 |
| Consultants/Contracted Services/Study | Medical Direction | 10,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |

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?

Medication-assisted treatment for a continuing pilot program. The funding will provide 2 teams from the Gainesville Fire Rescue Community Resource Paramedicine Program (CRP) dedicated to MAT only. The funding will also provide the operational resources to support those teams.

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

Citizens who have been identified through healthcare providers as having an active opioid use disorder (OUD) will be provided MAT through coordination with GFR CRP.

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

The following target populations between 201 - 400 will be served: elderly, persons with either poor mental or poor physical health, economically disadvantaged persons, homeless, physically disabled, drug users in health services, university/college students, and current/former incarcerated persons.

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

- * Improve physical health through decrease of patients reporting moderate to severe pain, decrease in 911 calls for substance abuse; methodology includes Pre-test and 6 month post tests with enrolled patients, EMS data analysis, and Pain scale.
- *Improve mental health through decrease of patients reporting anxiety, decrease of patients reporting major depressive levels, decrease of patients reporting being unable to carry out normal daily activities, and increase in long-term treatment enrollment; methodology includes Pre-test and 6 month post tests with enrolled patients (tests will include the GAD-7 and PHQ-9)
- *Protect the general public from harm through decreased utilization of needles for IDU; methodology includes Pre-test and 6 month post tests with enrolled patients.
- *Increase/improve economic activity through an increase in the number of days worked by enrolled patients; methodology includes Pre-test and 6 month post tests with enrolled patients.

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?

The Community Resource Paramedicine Team has provided support and connection to resources to vulnerable members of the community for years. Our ability to effectively provide these services without interruption has allowed us to establish a reputation that is beyond reproach and is evident in the improved health outcomes and quality of life we see in our patients. We are confident that we will meet the stated outcomes and deliverables. No penalties are suggested.

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



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number