

The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Emergency Mobile Access Team (E-MAT)

Senate Sponsor: George Gainer
 Date of Submission: 11/09/2017

4. Project/Program Description:

Bridgeway Center Inc. (BCI) is requesting funds to pay for continuation and expansion from 16 hours to 24 hours per day of the Emergency Mobile Access Team (E-MAT). The E-MAT team provides intervention and behavioral health services for individuals experiencing behavioral health disorders. The E-MAT decreases psychiatric hospitalizations, incarcerations, impatient detoxifications, homelessness, suicide, death by overdose and promote individual and family wellness by providing on-site intervention services to military and non-military citizens of Okaloosa County. The E-MAT will provide diversion from incarceration or hospitalization by providing a recovery-oriented system of early intervention strategies and care.

5. State Agency Contacted? Yes

- a. If yes, which state agency? Department of Children and Families
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
710,000		710,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	40,000	5.3%
TOTAL	40,000	5.3 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 750,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1



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- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

710,000

11. Program Performance:

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

<u>Cost Avoidance: The EMAT will provide a return on investment through diversion from costly inpatient treatment. The EMAT will increase personal and community safety by stabilizing individuals and families while decreasing the use of hospital emergency departments and crisis stabilization units.</u>

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

Care coordination that includes referrals for supportive counseling, case management to coordinate continuum of care with key organizations, direct care in support providers: (1) Diagnostic assessments of clinical disorders by clinical staff; (2) Psychiatric evaluation services with Licensed medical staff prescribers to determine the need for psychotropic medication management, (3) Relapse prevention with development of skills; (4) Substance use addiction intervention; (5) Advocate for the client; and (6) Assist SRO's with assessment and care coordination for students experiencing a behavioral health crisis.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and	Allocation of CEO	3,000



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Benefits		
☑Other Salary and Benefits	G & A (Accounting, HR, Quality Assurance, etc.)	40,500
☑Expense/Equipment/Travel/Supplies/Other	Occupancy, insurance, professional fees and audit	31,500
□Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	Staff	354,361
☑Expense/Equipment/Travel/Supplies/Other	Occupancy, insurance, professional fees and audit	262,039
☑Consultants/Contracted Services/Study		18,600
Fixed Capital Construction/Major Renovation		
□Construction/Renovation/Land/Planning Engineering		
TOTAL		710,000

d. What are the direct services to be provided to citizens by the appropriations project?

_E-MAT will provide emergency on-site care coordination for children ages four (4) and older and adults of all ages who are experiencing a behavioral health crisis and presented to an Okaloosa County Sheriff's Office School Resource Officer or an Okaloosa County hospital emergency department.

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

Residents of Okaloosa County who enter hospital emergency departments or encounter law enforcement while experiencing a mental health and / or substance abuse crisis. According to figures from the Fort Walton Beach Medical Center approximately 1,080 persons will be served annually by the E-MAT.

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

Improve behavioral health through persons served being diverted from psychiatric admissions. Reduce recidivism as persons served will have a decreased number of psychiatric admissions. Reduce substance abuse as persons served will be diverted from ED visits or have decreased frequency of ED Visits. Divert from Criminal/Juvenile justice system through entry into the Recovery Oriented System of Care. Outcomes will be measured through BCI and FWBMC admission data.

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- g. 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?

 The state agency's current standard penalties for noncompliance are adequate.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

 N/A
- 13. Requestor Contact Information:

a. Name: Daniel Cobbs

b. Organization: Bridgeway Center, INC

c. Email: <u>CEO@Bridgeway.Org</u>d. Phone Number: <u>(850)833-7512</u>

14. Recipient Contact Information:

a. Organization: Bridgeway Center, Inc

b. County: Okaloosac. Organization Type:

O For Profit

● Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Lisa Lydston

e. E-mail Address: official@Bridgeway.Org f. Phone Number: (850)833-7500 Ext. 203

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Larry Overton

b. Firm: Larry J. Overton and Associates, Inc

c. Email: <u>loverton@loverton.net</u>d. Phone Number: (850)224-2589