



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2326

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The Park Place Emergency Department Diversion Project will focus on patient-centered care coordination and make available certain substance abuse services in an effort to address the needs of persons identified as at risk for substance abuse disorders.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="300,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="300000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	300,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits	Two Licensed Social Workers or Professional LMHC/CAP.	140,000
Expense/Equipment/Travel/Supplies/Other	Medical supplies, office supplies, purchased services and other operation equipment.	35,000
Consultants/Contracted Services/Study	Contracted services including peer counseling, education and other substance abuse treatments.	125,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		300,000



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11. Program Performance

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

The Park Place Emergency Department Diversion Project will focus on patient-centered care coordination and make available substance abuse services in an effort to address the needs of persons identified at risk for or experiencing a substance use disorder, or surviving an opioid or other drug poisoning (overdose).

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

Once an overdose occurs, a navigator makes contact with the patient in the ER. If willing, after initial treatment at the ER, the patient will be given counseling and treatment for addiction by professionals.

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

Navigation, peer recovery support services, brief intervention, support withdraw management, MAT, outreach. Treatment planning, progress monitoring, advocacy, discharge planning, relapse prevention planning, support network development and aftercare are all part of the process.

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

Substance Abuse patients in emergency rooms. This project is expected to serve 25-50 individuals.

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

Increasing wrap around services will improve physical and mental health, reduce recidivism, reduce substance use and divert from the Criminal/Juvenile Justice System.

- 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?

Refund of unused portion.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.