



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1802

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

4. **Project/Program Description**

The City of Gainesville through Gainesville Fire Rescue provides a paradigm for delivering medical and behavioral health services called the Community Resource Paramedic Program. This program addresses social determinants of health that worsen chronic medical problems. The program is successful in reducing 911 calls, reducing repeat hospital visits, and increasing the quality of life for Gainesville citizens. Leading the EMS 3.0 initiative with a trailblazing program, the CRP Program serves as a state and nation model for the development of patient centric programs embedded in the current infrastructure to meet the needs of citizens. The City of Gainesville is requesting \$325,000 to support an increase in capacity and scalability for the CRP's telehealth and community health programs. We are requesting one time money for a mobile clinic, diagnostic equipment and technology, and an electronic health record and program management system.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	325,000
Fixed Capital Outlay	0
Total State Funds Requested	325,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	325,000	51%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	48%
Other	5,000	1%
Total Project Costs for Fiscal Year 2021-2022	630,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.**
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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.

\$1.2M towards PPE, logistics, and staff towards pandemic costs.

11. 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		0
Expense/Equipment/Travel/Supplies/Other	Fully stocked Mobile Clinic (ALS ambulance) 280,000 and diagnostic equipment and technology 25,000. Electronic Health Record and Program Management System 20k	325,000
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)		325,000

12. Program Performance

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

The City of Gainesville is requesting \$325,000 to support an increase in capacity and scalability for the CRP's telehealth and community health programs. We are requesting one time money for a mobile clinic, diagnostic equipment and technology, and an electronic health record and program management system.

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

We will increase our telehealth program allowing physicians to reach vulnerable patients.

The mobile clinic, equipment and patient care management system will all facilitate case management/patient care services.

These programs have already proven to reduce 911 usage and hospital readmission rates.

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

1. Telemedicine is a program that uses mobile/teleconferencing technology allowing the nurse practitioner and primary care providers to have regular patient care appointments for patients with limited access and mobility.

2. Case management for all patients involves medication reconciliation, assistance enrolling in local services, coordination with primary care physicians, and assistance with housing and food insecurity.

3. The overdose response program is a program that provides case management and addiction services to overdose patients on the scene of their overdose call.



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

The CRP Program impacts a range of patients including those with social problems, living with poorly managed chronic diseases, communities with poor health outcomes, low income community, the elderly population, homeless, drug users, and patient's of the local health system that struggle to manage complicated chronic disease due to health literacy, transportation and access. Through the variety of programming over 5,000 individuals will be served.

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

The overall outcome of this intervention is to increase health equity while improving health outcomes and reducing the burden on emergency medical services including the emergency room. This is measured through a series of quantitative variables including hospital utilization pre/post the CRP intervention, primary care compliance, 911 calls, quality of life score pre/post intervention, days enrolled in the CRP Program. The community health program including health education, preventative care and screenings/testing measure success by the number of people reached through a particular service. It is expected that with the level of support listed in this document the impact will be over 2,000 individuals. As a result, cost of care will diminish and burden on the local healthcare system relieved.

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?

None.

13. 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.

The recipients of this funding would be the City of Gainesville.
The City of Gainesville owns the facilities that house the Community Resource Paramedic program.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number