1. Project Title  
City of Gainesville Community Resource Paramedic Program Funding

2. Senate Sponsor  
Keith Perry

3. Date of Request  
01/26/2021

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  
Department of Health

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>325,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>325,000</strong></td>
</tr>
</tbody>
</table>

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

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

8. Has this project previously received state funding?  
No

9. Is future funding likely to be requested?  
Yes

a. If yes, indicate nonrecurring amount per year.  
125,000

b. Describe the source of funding that can be used in lieu of state funding.  
Grant Funding as well as partnerships with existing Health Insurance Companies.
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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary</td>
<td>Salary and Benefits</td>
<td>0</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Fully stocked Mobile Clinic (ALS ambulance) 280,000 and diagnostic equipment and technology 25,000. Electronic Health Record and Program Management System 20k</td>
<td>325,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total State Funds Requested (must equal total from question #6)</td>
<td></td>
<td>325,000</td>
</tr>
</tbody>
</table>

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.
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.
14. Requestor Contact Information
   a. First Name  Joanne  Last Name  Rice
   b. Organization  City of Gainesville - Gainesville Fire Rescue
   c. E-mail Address  riceje@cityofgainesville.org
   d. Phone Number  (352)334-5078  Ext.

15. Recipient Contact Information
   a. Organization  City of Gainesville
   b. Municipality and County  Alachua
   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  Joanne  Last Name  Rice
   e. E-mail Address  riceje@cityofgainesville.org
   f. Phone Number  (352)334-5078

16. Lobbyist Contact Information
   a. Name  Angela Drzewiecki
   b. Firm Name  Peebles, Smith, & Matthews
   c. E-mail Address  angela@psmfl.net
   d. Phone Number  (850)545-8872