



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1436

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Project Save Lives is a seamless, collaborative, stabilization and treatment solution for the emergency department crises provided by three treatment providers in the three northeast counties funded through the managing entity Lutheran Services of Florida: (1) St. Vincent's Riverside and Clay, Orange Park Medical Center and Baptist Nassau Emergency Departments will be provided appropriate staff by these three entities; and (2) reduction in opioid related overdoses, recidivism and death, and high utilization of emergency department admissions for substance use disorders and mental health issues.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	741,030
Fixed Capital Outlay	0
Total State Funds Requested	741,030

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	741,030	86%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	123,801	14%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	864,831	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	747,582	367	No

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.

This project is already using local funds to enhance this project. Without this funding we would not be able to fund the staff to provide the services to the substance use and mental health issues that present in the emergency departments.

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



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No

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

I am speaking only for Gateway. No federal assistance funding for this fiscal year 21-22. We used the funds for last fiscal year which we reported in last year's Senate LIFR.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	GATEWAY MANAGER - 10%*55,000=\$5,500 IN KIND CLAY MANAGER - 10%*55,000=\$5,500 IN KIND STARTING POINT- 10%*55,000=\$5,500 IN KIND	0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	GATEWAY MEDICAL DIRECTOR- \$32,500 IN KIND CLAY MEDICAL DIRECTOR- \$32,500 IN KIND STARTING POINT MEDICAL DIRECTOR- \$32,500 IN KIND	0
Operational Costs: Other		
Salary and Benefits	GCS 1 Peer Specialist (at St. V's Riverside) \$41,267 GCS 1 Mental Health Worker (at St. V's Riverside) \$68,200 GCS Nurse Visit & Med Manage \$48,000 = 150 pts*\$320 1st month Clay 1 Care Coordinator \$62,500 Clay 3 Peer Specialists \$124,800 Clay 1 Mental Health worker \$68,750 Starting Point 1 Peer Specialist \$43,264	456,781
Expense/Equipment/Travel/Supplies/Other	EHR Licences \$7,000 5 cell phones \$3,400 Patient Transport and Staff Training \$9,000 Buprenorphine 1 month \$58,583 2 Residential Beds \$272,216	284,249
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)		741,030

12. Program Performance

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

The program provides intervention and referral services in the emergency department, outreach to family members, short term residential and ongoing peer recovery specialists services for 90 days, and medication for the first month of Medicated Assisted Treatment.

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

The program provides intervention and referral services in the emergency department, outreach to family members, short term residential and ongoing peer recovery specialists services for 90 days, and medication for the first month of Medicated Assisted Treatment.

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

PSL funds intervention and referral services in the ED, Outreach to family members, short term residential and ongoing peer recovery specialists services for 90 days and medication for the first month of Medicated Assisted Treatment.



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

The target population served are individuals who present at the Emergency Department with Opioid, Other Substance Use and Co-Occurring Mental Health Disorders. The target population would include the homeless. The number of individuals expected to be served is approximately 401-800.

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

Improve mental health by Increasing referrals to Mental Health Community Providers measured by collecting and reporting ED data, collecting and reporting EMS data and collecting and reporting Peer Specialists Data. Reduce recidivism by reducing visits to the ED and increasing connections and appointments with community providers measured by collecting and reporting ED data, collecting and reporting EMS data and collecting and reporting Peer Specialists Data. Reduce substance abuse by reduced visits to the ED, increase connections and appointments with community providers measured by collect and report ED data, collect and report EMS data, collect and report Peer Specialists Data.

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?

Failure to meet performance measures may lead to corrective action, contract termination, and/or return of funds.

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.

N/A



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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