

LFIR # 1970

1. Project Title Lauderhill Community Paramedic Resource Access Program (RAP)

2. Senate Sponsor Rosalind Osgood

3. Date of Request 12/05/2023

4. Project/Program Description

The City of Lauderhill's Fire Rescue' Community Paramedic Response Access Program (RAP) focuses on medically and socially under-served populations at higher risk of utilizing emergency services. Our program helps close health care gaps and improves access while decreasing healthcare costs. Access to healthcare is a growing concern within our community. The City continues to have the highest rate, 27%, of residents without health insurance in Broward County. Residents lacking primary care consistently use 911 services and subsequent emergency department visits, of which most are avoidable. We will target the medically underserved with patient-centric services such as: alternative destinations, homeless outreach, in-home patient monitoring, unmet social needs, falls assessments, readmission avoidance and care coordination. This will reduce unnecessary fire-rescue transports and preventable emergency responses for a significant cost savings for the health care system.

5. State Agency to receive requested funds

Department of Health

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	346,745
Fixed Capital Outlay	0
Total State Funds Requested	346,745

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	346,745	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	346,745	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	693,490	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	258,287	458	No	

9. Is future funding likely to be requested?

Yes 346,745

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

City would need to seek grant funding resources with potential to be used in lieu of State funding.



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.

American Rescue Plan \$18,959,010. Used for Public Health, Economic Impact for Small Businesses, Affordable Housing and Governmental Services.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

Planning	O Design	 Construction 	O N/A	
b. Is the project	"shovel ready" (i.e permitted)?		
c. What is the es	timated start da	te of construction?		
d. What is the es	stimated comple	tion date of construe	ction?	

12. List 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.

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13. 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	Base salary for two (2) full-time positions at \$248,315 and fringe benefits at \$98,430	346,745
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	346.745

14. Program Performance

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



The two (2) Paramedics goal is to implement structural changes to create sustainable solutions that provide appropriate community and health systems resources that align with residents needs in order to reduce consequences of no/under reimbursed care, reduce preventable hospital re-admissions, and reduce hospice revocations due to number of ambulance trips to ER. The Community Paramedic Resource Access Program's highly trained healthcare professionals deliver resources and quality services through risk reduction strategies to improve residential health.

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

Services provided by the two paramedics will be patient-centric services such as alternative destinations, homeless outreach, public health collaboration, in-home health visits, falls assessment, medicine regiments to prevent medication errors, education on disease management, readmission avoidance, care coordination and access to telehealth. This information will be the basis for the Paramedics development of an Avoidance Plan for preventable hospital transports and an in-home prevention plan. Continuation of the services are detrimental to meeting funding purpose.

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

Direct services are provided to All residents that include a full assessment of the individuals needs such as in-home preventative care, wheelchairs, ramps, canes, grip bars, home safety modifications, ensure chronic disease patients understand and follow their doctor's instructions, referrals to social agency partners that can provide meal delivery, mental health services, nutritional health services, medication education, coordinate pharmacy for medication home delivery, provide follow-up hospital visits, fall injury prevention, and a Opioid project that installs Free Reversal Kits at various locations.

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

The target audience will be all residents. However; initially the project will focus on the 3,847 residents receiving Preventable hospital transports. The age groups receiving the most transports are Seniors 60 and over and Adults age 20 to 39. With Lauderhill's highest rate of uninsured population in Broward County at 27%, it is anticipated that over 5,000 residents in these age groups will be serviced initially. The project's outreach will include all residents which will elevate the number of residents served with chronic diseases, opioid abuse, and other health issues.

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

The outcome will be increased health equity while improving health outcomes. Methods include measurement through quantitative data collection such as; hospital utilization pre/post data, primary care compliance, reduced 911 calls, and days enrolled in the program. During the month of October 2023, 15 In-home visits were made, 8 referrals made to social agencies, 6 medication recorder pocket pal completed, 5 connected to meal delivery services and 5 high frequency 911 callers were REDUCED to 0 calls and 1 high frequency call decreased from 4 calls to 1. 18 Naloxone kits installed free.

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?

Standard agency contract penalties are sufficient.

15. Requester Contact Information

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a. First Name	Desorae	Last Name	Giles-Smith		
b. Organization	City of Lauderhill				
c. E-mail Address	citymanager@lauderhill-fl	.gov			
d. Phone Number	(954)730-3000	Ext.			
16. Recipient Contact Information					
a. Organization	City of Lauderhill				
b. Municipality and	d County Broward				

c. Organization Type



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□For Profit Entity					
□Non Profit 501(c	□Non Profit 501(c)(3)				
□Non Profit 501(c	□Non Profit 501(c)(4)				
☑Local Entity	☑Local Entity				
University or Co	□University or College				
□Other (please specify)					
d. First Name	Jane	Last Name	Sullivan		
e. E-mail Address	jsullivan@lauderhill-fl.gov				
f. Phone Number	(786)290-6848				
17. Lobbyist Contact Information					
a. Name	Yolanda Cash Jackson				
b. Firm Name	Becker & Poliakoff PA				
c. E-mail Address	yjackson@beckerlawyers	.com			
d. Phone Number	(954)985-4132				