

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Gateway Community Services - Project Save Lives
2. Date of Submission: 08/19/2019
3. House Member Sponsor: Wyman Duggan
Members Copied: W. Cummings

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		696,267	696,267		747,582	747,582

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
The Project is funded through the managing entity, LSF, which requires monthly invoicing for the number of units of service provided.

6. Requester:

- a. Name: Candace Hodgkins
- b. Organization: Gateway Community Services
- c. Email: chodgkins@gatewaycommunity.com
- d. Phone #: (904)387-4661

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Irene Toto
- b. Organization: Clay Behavioral Health
- c. Email: itoto@theigd.org
- d. Phone #: (904)387-4661

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: GATEWAY, CLAY BEHAVIORAL HEALTH, STARTIN POINT
- b. County (County where funds are to be expended): Clay, Duval, Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Clay, Duval, Nassau

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Project Save Lives is a seamless, collaborative, stabilization and treatment solution for the Emergency Department crises provided by three treatment providers in the three counties funded through the ME, LSF.; 1) St. Vincent's Riverside and Clay, Orange Park Medical Center and Baptist Nassau ED's will be provided appropriate staff by these three entities; 2) Reduction in opioid related overdoses, recidivism and death and high utilization of ED admission for all SUD and MH issues.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Gateway Manager- 10%*55,000=\$5,500 in kind Clay Manager - 10%*55m000=\$5,500 in kind Starting Point - 10%*55,000=\$5,500 in kind	0
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. 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:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	GCS 1 Peer Specialist (at St. V's Riverside) \$33,531 GCS 1 Mental Health Worker (at St. V's Riverside) \$62,000 GCS Nurse Visit & Med Manage \$48,000 = 150 pts*\$320 1st month Clay 1 Care Coordinator	396,383

	\$56,100 3 Peer Specialists \$100,400 1 Mental Health worker \$61,200 Starting Point 1 Peer Specialist \$35,152	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	6 EHR Licences \$6,000 2 computers \$2,000 5 cell phones \$3,400 Patient Transport and Staff Training \$9,000 Buprenorphine 1 month \$58,583 4 Residential Beds \$272,216	351,199
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		747,582

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

This has been partnership for the past three years of Federal, State and Local funding sources.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

During the pilot program a study was done by the University of Florida showing there was a 68% reduction on OD calls, admits to ED and medical issues.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

PSL funds intervention and referral services in the ED, Outreach to family members, short term residential and ongoing Outpatient services, peer services and medication.

17b. Describe the direct services to be provided to the citizens by the funding requested.

PSL funds intervention and referral services in the ED, Outreach to family members, short term residential and ongoing Outpatient services, peer services and medication.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students

- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Reduce visits to the ED Increase connections and appointments with community providers	ED and EMT data Peer Specialists Data
<input checked="" type="checkbox"/> Reduce substance abuse	Reduce visits to the ED Increase connections and appointments with communtiy providers	ED and EMT data Peer specialists data
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	747,582	72.8%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	150,000	14.6%	Yes
4. Local:	130,000	12.7%	Yes
5. Other:	0	0.0%	No
TOTAL	1,027,582	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No