

GATEWAY COMMUNITY SERVICES
Project Save Lives
FY 2021-2022 City Grant Proposal Term Sheet

Grant Recipient: Gateway Community Services, Inc. (“GCS”)

Program Name: Project Save Lives (the “Program”)

City Funding Request: \$1,128,348.00

Contract/Grant Term: October 1, 2021 – September 30, 2022

Any substantial change to this FY 2021-2022 City Grant Proposal Term Sheet (the “Term Sheet”) or the attached Program budget will require City Council approval.

PROGRAM OVERVIEW:

The Program goal is to reduce overdoses, recidivism and deaths in the City of Jacksonville that are related to opioid-related use disorder (OUD) overdoses, other substance use disorders (SUD) or co-occurring substance use disorders (CSUD) and Mental Health Disorders (MHD). The Program works with seven designated hospital emergency room departments (each an “ED”), and other community partners. All City Program funds will be used programmatically.

PROGRAM SCOPE OF WORK AND DELIVERABLES:

GCS will provide a Peer Support Specialist (“PSS”) who will talk with the patient in the ED about the Program after stabilization then provide support and education to family members and identified significant others. Patients that agree to participate in the Program and sign a consent (“Participants”) will be referred to either detox/stabilization services, inpatient services or outpatient services based upon the results of a comprehensive assessment by GCS professionals and assessment tools in the ED. The PSS will transport and accompany OUD and other SUD/CSUD Participants to GCS detox/stabilization, GCS inpatient services, or the first outpatient GCS appointment. The PSS will make a referral for MHD participants to appropriate hospital psychiatric services or community-based treatment providers. GCS or the ED will notify Florida Department of Health of any Participants who are women of childbearing age and at risk of pregnancy or currently pregnant and refer for linkage to care to reduce the risk of Neonatal Abstinence Syndrome. PSS will provide education to family and identified significant others on discharge from ED, including Marchman Act and Baker Act and other resources process if patient refused treatment. PSS will also educate and refer for obtaining a Narcan Kit.

GCS will provide three (3) residential treatment beds (1.5 rooms) dedicated to residential services for the Program and its Participants. The charge for bed reservations may be temporarily reduced from three (3) to two (2) per month based on current activity levels. GCS will provide information on daily occupancy in quarterly reports and monthly invoices to the City.

Standardized residential treatment services will consist of comprehensive, innovative, and cost-effective substance use treatment services and may include Medication Assisted Treatment (MAT) that includes Vivitrol, Buprenorphine or Suboxone, and/or other appropriate medications as indicated at discharge from residential services. GCS will transition Participants to outpatient services.

GCS will provide and/or partner with community supportive housing vendors to provide three (3) transitional rooms for individuals on buprenorphine for MAT for Opioid Use Disorder. GCS will provide information on daily occupancy in quarterly reports and monthly invoices to the City. GCS

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will provide one (1) counselor to assist individuals in the transitional beds with medication dosage and provide relapse prevention groups and/or treatment groups as needed.

GCS will provide individual and group outpatient services in accordance with an individualized treatment plan for each Participant. Outpatient services will include regular urine screening. GCS will provide medication management treatment services through our MAT clinic using Buprenorphine, Suboxone and Vivitrol. GCS will transition Participants to continuing care services at the conclusion of outpatient services.

GCS will create and distribute PSAs and flyers and will hold public outreach presentations and meetings to inform and update community on status of opioid crisis and implement an Addiction Training portal to educate and train additional recovery PSS.

PROGRAM COSTS/PAYMENT TERMS:

GCS will be paid on a reimbursement basis for Program services rendered in accordance with the terms outlined herein, including the Program budget attached hereto, and any contract between GCS and the City of Jacksonville.

PROGRAM IMPACT & REPORTING:

GCS will collect, maintain, and evaluate data from all Participants and all other individuals identified as potential Program participants. GCS maintains a software program to create and implement a mechanism for Gateway Electronic Health Record ("EHR") integration with the Care Coordination Platform that tracks community residential treatment beds. GCS will collect and analyze data captured from the software and our EHR, with no Patient Health Information (PHI) disclosed.

GCS will submit monthly Program data elements to the City (JFRD) to include number of individuals offered Program services, number of individuals who consented to SUD services, peer services, including reporting on those services administered with and without outpatient or residential, and number of current, active Participants. These data elements will be aggregated and redacted by JFRD for recidivism data information.

GCS and Ascension Health Systems St. Vincent's Hospitals (Riverside & Southside), Memorial Hospital, Orange Park Medical Center (Park West), Southern Baptist Hospitals (North and Main), and UF Health Downtown Emergency Departments will obtain data from the Florida Department of Health, the Florida Department of Children and Families, and any other community partners who participate in the Program and include such data in its evaluation and reporting.

ADDITIONAL GRANT REQUIREMENTS AND CONDITIONS:

Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the *Jacksonville Ordinance Code*, and the terms and conditions of any contract entered into between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or the approved Program budget will require City Council approval.

**GATEWAY COMMUNITY SERVICES, INC.
COJ - PROJECT SAVE LIVES
YEAR 5 at 7 EMERGENCY DEPARTMENTS
OCTOBER 1, 2021 - SEPTEMBER 30, 2022 (12 months)**

		2021/22 Proposal
* Any substantial change will require Council approval.		
Residential bed days	Up to 3 bed days @ \$180 for 365 days (10/01/21 - 9/30/2022) May be reduced by 1 bed day during decreased activity	\$ 197,100
Housing Units for patients in recovery	3 beds per day @ \$16.44 per day	18,002
Physician	12 months salary + 24% fringe (\$250k base) @ .33 FTE	102,300
Physician Assistant	12 months salary + 24% fringe (\$93k base) @ .33 FTE	38,056
Nurse	12 months salary + 24% fringe (\$52k base) @ .33 FTE	21,278
Customer Service Representative	12 months salary + 24% fringe (\$13/hr base) @ .33 FTE	11,065
Data and Office Coordinator	12 months salary + 24% fringe benefits (\$56k base) @ .88FTE	61,107
Lead Care Coordinator	12 months salary + 24% fringe benefits (\$52k base) @ .95FTE	61,256
Assistant Lead Care Coordinator	Deleted position	-
Counselor	12 months salary + 24% fringe benefits (\$40k base)	49,600
Pooled funding for 12 Peer Specialists at EDs 1 & 3 - 7	Pooled funding to meet varying ED work loads	526,154
2 Peer Specialists St. Vincent's Southside ED #2	Funded by State grant	-
7 Cell Phones - one for each ED	One cell phone (\$30 / month) for each ED for 12 months	2,520
LYFT/UBER Vouchers	71 Roundtrips per year x 7 EDs x \$30 each	14,910
Education	PSA's and public outreach meetings	5,000
Software	Connection of health record system to current bed data platform	20,000
TOTAL 12 MONTH BUDGET		<u>\$ 1,128,348</u>

FOOTNOTES

Additional Funding to Project Save Lives contractors:

ED #1 will have 1 State Funded Lead Peer Specialist

ED #2 will have 3 State funded positions consisting of 1 Lead Peer Specialist and 2 Peer Specialists

EDs #3 - 7 will self-fund 1 Lead Peer Specialist each @ \$16/hr + 24% benefits = annual rate of \$41,267 * 5 = \$206,335

Gateway Campus Detox will have 1 State Funded Peer Specialists

ED #1 - 7 will each have 1 Peer Hospital Navigator funded by a DOH CDC restricted grant of \$327,687

*** The City's Grant Manager may approve budget transfers totaling no more than 15 percent of the total budget.**

The Peer Specialists are the core of the program's success, flexibility is needed to meet varying patient demand among the EDs. Hourly base pay is increased from \$13 to \$15 to keep up with current market compensation. Pool equivalent of \$2 per hour is established for overtime and holiday overtime as hours worked vary widely by ED by patient demand.