

Project Save Lives
2018-2019 Scope of Services

Any substantial change will require Council approval.

Goal: To reduce opioid-related overdoses, recidivism and deaths in the City of Jacksonville

Project:

Gateway Community Services (“GCS”) will work with up to 7 designated hospital emergency room departments located within Duval County (each an “ED”), and other community partners, including the Florida Department of Health, Jacksonville Fire and Rescue (“JFRD”) and the Medical Examiner’s Office to create a seamless, innovative, collaborative, stabilization and treatment solution (the “Program”) on a reimbursement basis to include the following:

Initial Evaluation and Referral to the Program

- Upon admission, ED will triage and stabilize patient and obtain a urine drug screen in accordance with the ED’s policies and procedures and will cooperate with GCS to allow patients to receive the Program’s services
- GCS will provide a Recovery Peer Specialist (“RPS”) to provide support and education to family members and identified significant others
- The RPS will talk with patient about the Program after stabilization
- The RPS may use the Screening, Brief Intervention and Referral to Treatment evidence-based practice tool (“SBRT”) or other indicated assessment tools and processes to assess and refer patients to participate in the Program (“Participants”)
- Participants that agree to participate will be referred to either detox/stabilization services, residential treatment services or outpatient services based upon the results of the comprehensive assessment
- The RPS will transport and accompany Participants to GCS detox/stabilization, GCS residential treatment services or first outpatient GCS appointment
- Participant and significant other having been assessed for outpatient services will be referred for obtaining a Narcan dose before leaving ED
- 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 in order to reduce the risk of Neonatal Abstinence Syndrome
- RPS will provide education to family and identified significant others on discharge from ED, including Marchman Act and other resources process if patient refused treatment. RPS will also educate and refer for obtaining Narcan dose.

Residential Treatment Services

- GCS will provide 4 residential treatment beds (2 rooms) available at all times for residential treatment services for the Program. City agrees to pay GCS \$180.00 per day per reserved bed regardless of occupancy in consideration for providing Program participants immediate access to residential treatment services. GCS will provide information on daily occupancy in quarterly reports to the City.

- Standardized residential treatment services will consist of comprehensive, innovative and cost-effective substance abuse treatment services and include Vivitrol, buprenorphine and/or other appropriate medications as indicated and room and board
- On discharge from residential treatment services, GCS will transition Participants to outpatient services
- GCS will partner with Sulzbacher to purchase 3 transitional beds for men and 3 transitional beds for women on Buprenorphine for Medicated Assisted Treatment for Opioid Use Disorder
- GCS will provide one counselor to work at Sulzbacher Women's Village to assist with individuals in the transitional beds with medication dosage and provide relapse prevention groups or treatment groups as needed to all substance using individuals

Outpatient Services

- 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
- GCS will transition Participants to continuing care services at the conclusion of outpatient services

Public Awareness and Outreach

- GCS will create and distribute PSAs and flyers, hold public outreach presentations and meetings to inform and update community on status of opioid crisis.

Training

- GCS will implement an Addiction Training portal to educate and train additional recovery peer specialists

Administrative

- An onsite Lead Peer Specialist will supervise the ED scope of the Program from identification of OD victim to discharge from the ED, including data collection
- GCS will provide a full-time Lead Care Coordinator for the Program who will provide overall management and direction of interagency seamless service delivery and act as the liaison between Gateway, all EDs and JFRD
- GCS will provide a full-time Peer Specialist Manager
- JFRD and the City's Director of Finance will administer and monitor the contracts to be entered into by the City in connection with the Program
- GCS will submit monthly invoices to JFRD for services at the rates shown in the attached budget for the Program

Data Collection and Evaluation

- UF Health will provide a PHD and qualified assistants to analyze all data collected from the Program during the 6 month pilot period from November 15, 2017 through May 15, 2018 with a final report due November 15, 2018
- GCS will provide a full-time on-site Research Coordinator for the Program as a continuation of the original pilot program which ends on November 15, 2018
- GCS will continue this position as a Data and Office Coordinator for the period November 16, 2018 through September 30, 2019.
- St. Vincent's Riverside will provide an ED Project Coordinator through November 15, 2018 to work with UF in the analysis of data collected from the Program
- GCS will collect, maintain and evaluate data from all Participants and all other individuals identified as potential Participants; such data will be less comprehensive than the data collected during the first six months of the program and will not be analyzed by UF for inclusion in the final report
- GCS will purchase a software program to create and implement mechanism to track community residential treatment beds and outpatient treatment slots
- GCS will collect and analyze data captured from software
- GCS will submit program data to JFRD no less than monthly
- GCS, in cooperation with all EDs, 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

Reporting

- GCS, UF Health and St. Vincent's Riverside will provide a detailed final report from the original pilot to JFRD no later than November 15, 2018

Collaboration

- GCS will identify potential community partners providing complementary services and funding, including the Florida Department of Health, the Florida Department of Children and Families and community non-profits and make appropriate referrals as may be in the best interest of Participants
- GCS and each ED will enter into MOUs necessary to carry out the program as well as all Business Associates Agreements as may be necessary to protect the privacy of patients in compliance with HIPAA and other applicable laws
- GCS and the ED will have all Participants complete and sign a Release of Information Form that complies with 42 CFR which allows communication of Participant clinical and demographic information exchange between GCS and the ED.

**COJ - PROJECT SAVE LIVES FISCAL YEAR 2018/19
CITY FUNDING TO GATEWAY COMMUNITY SERVICES, INC.
YEAR 2 EXPANSION FROM 4 TO 7 EMERGENCY DEPARTMENTS ("EDs")**

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Residential bed days	4 beds days @ \$180 for 365 days	\$ 262,800
Housing Units for patients in recovery	6 Housing Units @ \$500 per month	36,000
Physician	12 months salary + 24% benefits (\$200k base) for .33 FTE	81,840
Physician Assistant	12 months salary + 24% benefits (\$85k base) for .33 FTE	34,782
Nurse	12 months salary + 24% benefits (\$50k base) for .33 FTE	20,460
Customer Service Representative	12 months salary + 24% benefits (\$12.50/hr base) for .33 FTE	10,639
Data and Office Coordinator	10.5 months salary + 24% benefits (\$50k base)	54,250
Lead Care Coordinator	12 months salary + 24% benefits (\$52k base)	64,480
Assistant Lead Care Coordinator	12 months salary + 24% benefits (\$44k base)	54,560
Counselor	12 months salary + 24% benefits (\$32k base)	39,680
2 Peer Specialists St Vincent's Riverside ED #1	12 months salary + 24% benefits (\$13/hr base) x 2	67,059 *
2 Peer Specialists St Vincent's Southside ED #2	Funded by State grant, see note below	-0- *
2 Peer Specialists ED #3	12 months salary + 24% benefits (\$13/hr base) x 2	67,059 *
2 Peer Specialists ED #4	12 months salary + 24% benefits (\$13/hr base) x 2	67,059 *
2 Peer Specialists ED #5	12 months salary + 24% benefits (\$13/hr base) x 2	67,059 *
2 Peer Specialists ED #6	12 months salary + 24% benefits (\$13/hr base) x 2	67,059 *
2 Peer Specialists ED #7	12 months salary + 24% benefits (\$13/hr base) x 2	67,059 *
3 Laptops, 1 each for new EDs #5-7	1 Laptop @ \$1800 for each of 3 additional EDs #5-7	5,400
7 Cell Phones - one for each ED	One cell phone for each ED for 12 months	6,300
LYFT/UBER Vouchers	260 Roundtrips per year x 7 ED's x \$20	36,400
Education	Create and distribute PSAs and flyers, also hold public outreach presentations and meetings	20,000
Software and implementation	Software for City wide Treatment Services Availability and Data Collection / Analysis	20,000

MAXIMUM TOTAL 12 MONTH BUDGET

\$ 1,149,945 **

* **Additional State 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 @ \$14/hr + 24% benefits = annual rate of \$36,108.80
- Gateway Campus Detox will have 1.5 State Funded Peer Specialists

The 12 month budget shall be reduced at the discretion of the City's Grant Manager by the amount that the carryovers from the Project Save Lives contracts enacted by Ordinance 2017-426-E and 2018-253-E total less than \$909,945. After that reduction for the carryover, the City's Grant Manager may approve budget transfers totaling no more than 15 percent of the total adjusted budget after any reductions for a carryforward shortfall. For example, if the proposed maximum amount of \$909,945 is carried forward, the total adjustments can be no more than \$172,491.75.

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