

Community Paramedic Project; Mobile Outreach Team

*RFP for Coronavirus State and Local Fiscal
Recovery Funds*

Buncombe County Government

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Organization Type*

Public

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

Name of Project.*

Community Paramedic Project; Mobile Outreach Team

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

Updated version of previously submitted proposal

Amount of Funds Requested*

\$1,144,000.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Homelessness

Brief Project Description*

Provide a short summary of your proposed project.

The Community Paramedic Project is asking for 2 years of funding to staff and operate a Community Outreach Team dedicated to the overwhelming amount of calls we receive outside of our current funding parameters (overdoses). This team has been renamed from the "Homeless outreach team" to avoid stigmatizing language or assumptions about housing status, but is the same concept submitted in our original request. They will utilize the van ambulance and SUV purchased with our previous ARP reward. This pilot team will strategically integrate into the efforts of our stakeholders to build synergistic, trusting relationships that enable us to provide medical care and case management to all communities and reduce the burden on the 911 system. We will use our existing relationships and ties in the community to provide mutual aid to our partners with a focus on supporting downtown businesses, local neighborhoods/communities, and shelters.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

This team will continue to use the Interdisciplinary model that has worked best for our PORT (post overdose response) and MAT (medication assisted treatment) teams, particularly when attempting to gain trust in the communities we are trying to serve. This will include EMT's, Community health workers, peer support, and adjunct medical care. Our EMT's will provide daily and nightly scheduled assessments, medical triage, transport, and education to homeless shelters, neighborhoods/communities, and businesses who sign

up for regular support from CP outreach team. The EMT's will also use their experience to assess if higher levels of care or 911 resources are needed situationally. Our Community Outreach Workers will have relevant life experience and deep knowledge of specific community needs, and will be stationed in participating neighborhood community centers to serve as liaisons to Community Paramedic Team/public safety/one another. This staff will use their relationships with residents and community members to identify needs and coordinate outreach in these designated areas together. They will collaborate with EMS project manager to create new metrics and collect data, review and train with EMS teams, and provide access in community to free EMS and Peer trainings. The NP will be in the field with our outreach team, available 2-3 hours a week, utilizing our previously purchased van for mobile, on-site advanced wound care and appointments arranged by other outreach team members. The NP will also serve as a liaison to outpatient wound care and make necessary referrals/appointments for urgent wound care needs. Our mobile peer support worker will provide patient transportation and coordination of wrap around services for the entire outreach team, check in daily with Community Health workers, and report back to Peer Coordinator. All members of this team will regularly train with EMS staff.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

Over the last year, our Post Overdose Response team has tripled its weekly call volume- particularly because we began transporting and medically triaging people at homeless shelters during code purple, assisting other public safety agencies, and filling gaps for community stakeholders where they became reliant on our after hours services for non-traditional support that require medical personnel. The roles we have identified and proposed for this team are based on our advanced assessment of what is needed to effectively meet our new outcomes. The new mobile outreach team will have the right roles and bandwidth to focus entirely on these non-emergent medical calls and issues related to supporting individuals struggling with chronic issues like housing needs- allowing our PORT and MAT teams to focus on high acuity opioid misuse and getting MAT patients into their appointments. This will begin to notably reduce the burden on the larger 911 system and allow the scope of the Community Paramedic Program to widen and for us to fill gaps where we are needed. Ultimately, this effort could also dovetail into any alternative destination transport or high access shelter development. Our capabilities to deliver lasting care and create solutions greatly increase when we have trusted access to vulnerable communities, and the addition of community health workers and peers who operate within our Community Paramedic Team grants us this access.

This pilot will allow us to problem solve complex issues on the ground level and record data that will help shape and implement permanent, effective solutions in the future. Ultimately, this effort would also dovetail into any alternative destination transport or shelter effort

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

Since November of 2020, our PORT team has responded to 36,040 calls related to substance use, homelessness, or mental health requiring medical services. Of those calls, 883 were active opioid overdoses. We have identified a large gap in services, particularly after hours and on weekends that could be filled by a mobile team dedicated to this work with community members struggling to recover after the pandemic. This outreach team would remove barriers to care and create a system to help us accurately document the populations of people who remain displaced in Buncombe County after COVID-19. Understanding who these

populations are, how they have been harmed, and which resources they will consistently utilize is crucial from an EMS standpoint.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

Over the last year our team has worked organically with partners in faith-based communities, the housing authority, public safety, non-profit and grassroots groups, homeless shelters, the emergency department, local businesses, rehab facilities, and other organizations to fill gaps and provide supportive services to people outside the hospital system seeking medical help. This has involved collaborating with stakeholders to troubleshoot the intersection of mental health, substance misuse, and the housing crisis- particularly after hours and on weekends. The populations we serve range from unhoused people, to residents, to other agencies addressing mental health and substance use.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

The project will make an impact on the larger 911 system and on the businesses in downtown Asheville, in addition to making an impact on underserved communities in Buncombe County.

Performance measures will include:

- overall decreased call response monthly by public safety including PORT to non-emergent issues related to homelessness.
- increased racial diversity documented in patient population served/supported by Community Paramedic Project.
- increased documentation of residents utilizing Community Paramedic services at Outreach events
- decrease in emergency room admissions for issues related to substance use, mental health, and homelessness.
- increase in calls made by downtown businesses utilizing community paramedic resources
- provide Narcan, CPR, or general trainings on how to navigate a medical emergency to 35% or more of the businesses in Asheville.
- decrease in police or PORT team transport to code purple locations from Nov-April
- decrease in poly-substance related deaths per capita annually

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

In addition to utilizing our newly purchased case management software and Peer Coordinator position, we will subcontract part time with a local consultant who is familiar with our needs, the agencies we work with, and our goals. We will work within our team and with our software to display and analyze our data. With this bandwidth we will also create a system to capture our anecdotal evidence and outcomes effectively. Through our collaboration with Mahec on our MAT pilot, we have learned what kind of internal support, staff, data collection and methodology are needed for our program. All contracted vendors will be supplied with necessary infrastructure and required to report regularly to our Peer Coordinator and actively collaborate.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

This effort directly engages with the populations most impacted by COVID-19 and invites them to actively participate in collective recovery. Whether we are working with underserved populations or with businesses, we will be working with and serving people who have been effected by the pandemic in different ways. Our commitment to collaborating authentically with community groups and stakeholders greatly diversifies the demographics of people we serve, in addition to building and implementing projects that feel equitable to the community as a whole and incorporate a broad range of voices. We are striving to educate and provide services to other organizations that will empower them to participate in this work with us, taking the burden off of any one entity during this recovery process.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

The agencies we have identified as potential partners and intend to subcontract with are:

- Asheville housing authority or ABIPA for community outreach workers. reference project plan for detailed role description (30% overall work)
- ABIPA or Sunrise recovery and wellness for our peer worker. reference project plan for detailed role description (10% of work)
- Independent contractor affiliated with HCA outpatient wound healing and hyperbaric center for mobile wound care 2-3 hours a week. reference project plan for detailed role description (10%)
- Independent consultant familiar with local agencies for program support, data analysis, and general consultation (15%)

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Over the past year and a half, when they are not responding to overdoses, the Community Paramedics have answered hundreds of calls related to unsheltered homeless and offered to serve as the much-needed glue between existing efforts. This has given us a clear blueprint for how to staff and implement a team dedicated to these Non-PORT/MAT related issues including:

- Day-time medical triage and crisis support at participating businesses, community centers and shelters (coordinating between shelters, transport, contacting existing resources, basic crisis intervention, calling in other appropriate 911 resources if needed)
- Code purple after hours coordination, triage, crisis/medical support and transport,
- Free education for participating businesses, neighborhoods, and organizations on when/how to use the 911 system “How to address your concern for a homeless or intoxicated individual”
- Outreach including pop up medical clinics, job fairs, wound care, and CPR/ Narcan trainings for Peer Support Organizations, Community Centers and local businesses who ask for it.
- Wound Care and culturally competent mobile medical outreach and wrap around services in community centers

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery Funds 2022.xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

Outreach Team.pptx

This proposal includes funding for 2 years. The annual ask is 572K with a total ask of 1,144K for 2 years.

We realize that the bulk of our current request is operating cost, largely because we were awarded the funds to cover the capitol costs for this project in our initial ARP proposal.

This cutting-edge, collaborative pilot with community partners creates unique opportunities to collect vital data, problem solve in the field, and implement well-informed, custom-tailored programs in the future using the relationships we build and the data we collect. The outcome of this 2-year pilot will determine which positions are requested to be part of the annual budget, and which positions can be absorbed or funded by other entities long term. We are also currently exploring our abilities to bill for transportation and tele-health services in the future.

File Attachment Summary

Applicant File Uploads

- Recovery Funds 2022.xlsx
- Outreach Team.pptx

Total	\$	572,000.00		
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Community Paramedic Mobile Outreach Team

A mobile, integrated approach to
Community Wellness in Buncombe
County

Brief Overview

Currently the Community Paramedic Project includes our traditional team-PORT, in addition to our newly grant funded MAT team (start date 3/3/2022)

Other updates:

We Hired a full time Peer coordinator to provide supervision and oversight to our subcontracted and affiliated peer team from Mahec, community vendors, and HHS.

We are in the process of securing the placement of our mental health clinician through HHS grant funding.

Next Step: Mobile Community Outreach Team (M-COT)

(Traditional Street Outreach meets Mobile Medical Triage in the community)

Over the last year our team has worked organically with partners in faith-based communities, the housing authority, public safety, non-profit and grassroots groups, homeless shelters, the emergency department, local businesses, rehab facilities, and other organizations to fill gaps and provide supportive services to people outside the hospital system seeking medical help. This has involved collaborating with stakeholders to troubleshoot the intersection of mental health, substance misuse, and the housing crisis—particularly after hours and on weekends.

With **M-COT**, we can focus on the non-emergent medical calls relating to unhoused or intoxicated individuals- allowing our PORT and MAT teams to focus on high acuity opioid misuse. This will continue to reduce the burden on the larger 911 system and allow the scope of the Community Paramedic Program to widen. Ultimately, this effort would also dovetail into any alternative destination transport.



OUTREACH TEAM ROLES

- **EMT's** = provide daily scheduled assessments, medical triage, medical care, and general support to homeless shelters, neighborhoods/communities, and businesses who sign up for regular support from CP outreach team. EMT's also use experience to assess if higher levels of care or support are needed situationally.
- **Mobile Peer** = provides patient transportation and coordination of services for EMT team, checks in daily with Community Health workers, reports back to Peer Coordinator, trains with EMS staff.
- **Stationed Community Health Workers** = Full Time Community Outreach Workers with relevant life experience and deep knowledge of specific community needs stationed in participating community centers to serve as liaisons to Community Paramedic Team/public safety/one another. This staff would identify needs and coordinate outreach in these designated areas together. They would collaborate to create metrics and collect data, review and train with EMS teams, and provide access in community to free EMS and Peer trainings.
- **Wound Care NP**= NP available 3 hours a week utilizing CP van for mobile, on-site advanced wound care and appointments arranged by other outreach team members.

Staff Needs to operate for *two* *years*

As a fully functioning
interdisciplinary team

Necessary Staffing for one year

- 4 Full Time EMT's : 289k
- 3 FT Stationed Community Health Worker liaisons: 156K
- Health Worker Supervision/Overhead: 20K
- 1 Full Time Mobile Outreach Peer (with fringe benefits): 52K
- PT Mobile Wound Care NP (3 hours a week= 576 hours annual) : 12K
- Funds for Mobile Wound Care and Medical supplies: 10K
- Training and related supplies: 15K
- Consultation/data analysis/program support: 18k

Total Annual Request: 572 K

TOTAL REQUEST FOR 2 YEARS: 1,144k

Future Funding

This truly cutting-edge, collaborative pilot with the community creates unique opportunities for us to collect new data, problem solve in real time, and implement well-informed, custom-tailored programs in the future using the relationships we build. The outcome of this 2-year pilot will determine which positions are requested to be part of the annual budget.

Overview:

(what does this team allow us to do, and what burden does it allow us to remove from MAT and 911 services?)

This team would take over the huge amount of Community Paramedic calls related to unsheltered homeless and serve as the much-needed glue between existing local efforts. This includes All Non-PORT related issues, coordination and case management tasks such as:

- Day-time medical triage and crisis support at participating businesses, community centers and shelters (coordinating between shelters, transport, contacting existing resources, basic crisis intervention, calling in other appropriate 911 resources if needed)
- Code purple after hours coordination, triage, crisis/medical support and transport,
- Free education for participating businesses, neighborhoods, and organizations on when/how to use the 911 system “How to address your concern for a homeless or intoxicated individual”
- Outreach including pop up medical clinics, job fairs, wound care, and CPR/Narcan trainings for Peer Support Organizations, Community Centers and local businesses who ask for it.

SUMMARY

- **Teamwork!** The Community Paramedic Project is one of many local efforts forming to bring healing and wellness back into our community. Our mobile team will strategically integrate into the efforts of our stakeholders to build a synergistic relationship. We will strive to use our ties in the community to provide mutual aid and support to our partners with a focus on downtown businesses and local neighborhoods/communities.

