



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Wrap-Around Services in Response to the Opioid Crisis

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

A response to addressing Lee County's opioid crisis by expanding access to care and services.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
606,529		606,529

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 606,529

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

Yes

a. If yes, indicate non-recurring amount per year.

\$606,529

**11. Program Performance:**

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

Increase accessibility to care and reduce opioid overdoses and deaths due to overdoses.

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

Wrap-around services post-detox discharge from a community-based treatment team comprised of a case manager, clinician, nurse, psychiatrist and peer specialist. With the added support of a manager, support specialist, incidental funding, and allocated doctor time, this team would be able to provide a variety of services that are not currently available in our community in one compact team

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Admin/Support & Overhead Costs	90,485
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	SalusCare staff of case manager, LPN, clinician, peer specialist, psychiatrist and support staff.	491,044
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Media/marketing campaign to alert community of services available.	25,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		606,529

**d. What are the direct services to be provided to citizens by the appropriations project?**

Direct services include wrap around community-based treatment including identifying a patient's goals and needs, individual therapy utilizing evidence-based practices, collaboration between primary care and behavioral health care, and medication assistance and compliance.

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

Adults suffering from a substance use issue in Lee County. Expect to serve 300/yr.

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

Increase accessibility to care, decrease recidivism for higher levels of care, increase recovery from substance use issues. Information will be gathered through the agency's electronic health record, and a FARS (Functional Assessment Rating Scale) Assessment at discharge in order to measure outcomes.

**g. 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 in the contract?**

Implementation of a mutually agreed upon corrective action plan

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

a. **Name:** Stacey Cook-Hawk



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- b. **Organization:** SalusCare, Inc.
- c. **Email:** scookhawk@saluscareflorida.org
- d. **Phone Number:** (239)791-1546

### 14. Recipient Contact Information:

- a. **Organization:** SalusCare, Inc.
- b. **County:** Lee
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Stacey Cook-Hawk
- e. **E-mail Address:** scookhawk@saluscareflorida.org
- f. **Phone Number:** (239)791-1546

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Carole Green
- b. **Firm:** Capitol Strategies
- c. **Email:** carole@capitolstrategiesinc.com
- d. **Phone Number:** (850)590-2206