



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Specialized Opioid Treatment and Residential Substance Abuse Training Program

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

Substance Abuse / Opioid training Program is designed to allow attendees to learn the comprehensive multi-disciplinary programming offered at Here's Help, so they can replicate the successful approach in other areas of Florida. Participants will attend the on-site training and learn the successful procedures and principles of the Here's Help program.

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
544,000		544,000

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):** 544,000

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?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

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

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

No

11. Program Performance:

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

A total of 16 attendees will complete the specialized residential / opioid training program allowing them to learn the successful approach of the Here's Help program.

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

Substance Abuse / Opioid training Program is designed to allow attendees to learn the unique programming offered at Here's Help, so they can replicate the successful approach in other areas of Florida. Attendees will learn the basic principles of the Here's Help program. This program will provide the attendee with techniques and strategies for determining the best available treatment options for the substance abuser and others affected by this disease and the dysfunctional behaviors correlated with it. Dealing with Opioid abuse will be one of the core components in this process.

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	A portion of staff salaries devoted to the On-Site Specialized Residential Substance Abuse / Opioid	400,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	Treatment Training Program.	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Compensation to each attendee to cover temporary housing and food costs while attending the three month training	144,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		544,000

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

N/A - Specialized training project

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

N/A - Specialized training project

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

A total of 12-16 attendees will complete the specialized residential / opioid training program allowing them to learn the successful approach of the Here's Help program. The number of attendees that complete the four month training program.

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?

A percentage of the award will be forfeited based on the deliverables that are not met.

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



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

13. Requestor Contact Information:

- a. **Name:** John Kross
- b. **Organization:** Here's Help, Inc.
- c. **Email:** jkross@hereshelpinc.com
- d. **Phone Number:** (305)525-1473

14. Recipient Contact Information:

- a. **Organization:** Here's Help, Inc.
- b. **County:** Miami-Dade
- 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:** Steve Safron
- e. **E-mail Address:** ssafron@hereshelpinc.com
- f. **Phone Number:** (786)229-3217

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

- a. **Name:** Susan Goldstein
- b. **Firm:** Susan Goldstein Consulting, Inc.
- c. **Email:** skgoldstein@hotmail.com
- d. **Phone Number:** (954)830-6300