



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1763

1. **Title of Project:** SMART Program
2. **Senate Sponsor:** Debbie Mayfield
3. **Date of Submission:** 02/19/2019
4. **Project/Program Description:**

Citizens in Central Florida are experiencing a growing mental health crisis, made worse by the opioid epidemic and the urgent need for drug addiction treatment programs and counselors. The SMART program will offer addiction recovery support via our e-therapy service for citizens who are unable to attend in-person therapy sessions. E-therapy is an Innovative approach for treating and reducing the effects of substance use disorders (SUDs). Sustained support is important to remain in recovery, and e-therapy helps persons served to be self-accountable, remain compliant, and stay meaningfully connected to STEPS professional clinicians. A study published in February 2015 by the Journal of Clinical Psychiatry noted that depression is the leading cause of disability for U.S. adults ages 15-44 and results in nearly 400 million disability days per year. These statistics indicate that unmet behavioral health needs have a significant impact on our daily lives.

5. **State Agency to receive requested funds :** Department of Children and Families  
State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	240,625
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>240,625</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	240,625	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>240,625</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No



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**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Clinical and Direct Care staff salaries.	230,000
Expense/Equipment/Travel/Supplies/Other	Office supplies and equipment.	10,625
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>240,625</b>

**11. Program Performance:**

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

The specific purpose of the funds requested will ensure that Floridians have access to a comprehensive and effective system of coordinated mental health and substance abuse treatment services. The SMART program will expand access to treatment services and aftercare in a very promising way that uses e-therapy by means of audio-video technology services that are delivered via highly secure and encrypted video conferencing software. The goal of the SMART program is to remove barriers and deliver both treatment and aftercare services with maximum impact and minimal cost to remove the barriers of time and distance for individuals who are most in need of substance abuse treatment services. The SMART program will also offer a viable solution to provide improved access to treatment for those who are unable or unwilling to seek traditional care because of mobility issues, physical disability, hearing or visual impairment or concerns about stigma.

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

Activities and services that will be provided to meet the purpose of the funds will include delivering evidenced based substance use treatment services through E-Therapy that includes a comprehensive evaluation, group and individual counseling and individualized treatment planning.

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

Citizens will be provided evidenced based substance use treatment services that will provide the most effective care that is available, with the aim of improving client outcomes. Direct client services will include a comprehensive evaluation, individual and group counseling and individualized treatment planning through technology that includes, web-ex, skype, COR-12 application, E-therapy and text messaging.

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



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The target population to be served will be indigent citizens of Brevard County, Florida unable to access substance abuse treatment services.

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

One of the expected benefits of the SMART program is to deliver maximum impact with minimal cost. A major obstacle to regular treatment is finding time in a busy schedule to sit down with a therapist. E-therapy makes it possible for a person to seek therapy that fits their schedule. For those who are reluctant to leave home due to therapeutic issues, this could be a lifesaver. E-therapy helps meet patients' needs for convenient, affordable and readily-accessible treatment services. It can benefit patients in a number of ways, removing barriers such as: The commute can be inconvenient or impossible (it benefits people who cannot drive the office); clients don't have to cancel if they get sick; and it is a convenient option for people with disabilities.

**f. 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?**

No payment to agency of funds as a result of not admitting clients within sixty (60) days of funding being made available.

**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:** Kathleen Turner
- b. **Organization:** Specialized Treatment Education and Prevention Services (STEPS)
- c. **E-mail Address:** ktstepsinc@aol.com
- d. **Phone Number:** (407)489-7008

**14. Recipient Contact Information:**

- a. **Organization:** Specialized Treatment Education and Prevention Services (STEPS)
- b. **County:** Brevard
- 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:** Kathleen Turner
- e. **E-mail Address:** ktstepsinc@aol.com
- f. **Phone Number:** (407)489-7008



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#### 15. Lobbyist Contact Information

- a. **Name:** Chris Dawson
- b. **Firm Name:** Gray Robinson
- c. **E-mail Address:** Chris.Dawson@Gray-Robinson.com
- d. **Phone Number:** (407)843-8880