



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Addiction-Recovery Beds

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 10/16/2017

4. **Project/Program Description:**

\$766,500 in funding is requested to support 60 abstinence-based substance abuse recovery beds to help those suffering from addiction and obtain support and stability. The overall cost of services is calculated by: \$35 per-bed x 365 days per year x 60 beds. These funds will provide 60 residential, abstinence-based substance abuse recovery beds and services at no cost to those in need of help from addiction to alcohol and/or drugs, including opioids, who otherwise could not access or afford them. These 60 beds include 30 entry/assessment beds and 30 program beds. The 60 beds are part of a larger platform of 90 beds, the other 30 funded by Sarasota County Government. The need is much greater than 30 or 90 beds.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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
766,500		766,500

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	383,250	28.2%
Other	208,650	15.4%
TOTAL	591,900	43.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,358,400

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)



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- 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.

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?

Yes

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

\$766,500

11. Program Performance:

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

These funds will achieve the specific goal of providing much needed abstinence-based recovery beds in our community and in our State. In the face of an opioid and addiction crisis, a diversity of recovery solutions is essential. There is a glaring lack of and need for no cost, abstinence-based, recovery beds. This proposal represents an investment of taxpayer money towards people re-entering society as productive members through abstinence-based recovery. The goal is to provide the help and resources to people who otherwise would not have it, to offer them an option for recovery, and to help them see a healthy, stable quality of life.

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

The activities and services that will be provided to meet the intended purpose of these funds are room and board (which includes beds, meals, accommodations, supplies, utilities, maintenance and milieu services associated with residential life), assessment, evaluation, case management, counseling, access to medications, transportation to health and legal appointments, recovery classes, access to AA and NA meetings and hundreds of opportunities and activities every month.

- c. How will the funds be expended?

Spending Category	Description	Amount



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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expense for technical oversight, legal, risk and insurance.	90,447
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salaries and benefits for case managers, case workers and/or housing monitors.	361,350
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Room and board for direct services to clients (this includes three meals per day/accommodations, supplies, utilities, repairs and milieu services).	314,703
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		766,500

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

The activities and services listed above in Item b. are the direct services to be provided to citizens by the appropriations project. The direct services will be provided in a therapeutic residential community. The 90 abstinence-based recovery beds are situated inside The Salvation Army Center of Hope in downtown Sarasota, a few blocks from Sarasota Bay. The abstinence-based recovery program consists of 5-6 weeks of "Entry" time. In this time, participants are granted time to acclimate to community culture, become accustomed to the daily flow of residential life, attend meetings and activities and mentally and physically prepare to begin the 10-week program which includes a full time schedule of classes and a more rigorous routine leading up to "Commencement" (completion of the program) and exit from the program to stable, healthy living.



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

The target population is the population at the intersection of homeless, drug users and drug offenders which encompasses elderly, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, and currently or formerly incarcerated persons. We expect to serve 201-400 individuals per year.

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

Please see attachment

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?

If received directly by agency: Severe action would be taken with staff and management if performance measures were not properly tracked, collected and reported as instructed (the penalty would not be so much about meeting deliverables but rather accountability for tracking the data, given the nature of homeless and recovery programming). If subcontracting through DCF Office on Homelessness: DCF could consider terminating this funding and other funding received by the agency if performance measures are not properly tracked, collected and reported as agreed (again, it is not so much about meeting minimum performance measures as it is about proper data collection, reporting and analysis, given the nature of homeless and recovery programming). The minimum performance measure should be based on the agency properly tracking, collecting and reporting the performance measures as they are in reality.

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.

None

13. Requestor Contact Information:

- a. **Name:** Chris Johnson
- b. **Organization:** The Salvation Army Sarasota Area Command
- c. **Email:** chris.s.johnson@uss.salvationarmy.org
- d. **Phone Number:** (941)954-4673

14. Recipient Contact Information:

- a. **Organization:** The Salvation Army Sarasota Area Command
- b. **County:** Sarasota
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)



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d. **Contact Name:** Chris Johnson

e. **E-mail Address:** chris.s.johnson@uss.salvationarmy.org

f. **Phone Number:** (941)954-4673

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

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**