



# The Florida Senate

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

1. **Title of Project:** Jerome Golden Center Level II Residential Co-Occurring Disorder Program

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 11/01/2017

4. **Project/Program Description:**

These funds will be used (\$835,000 State Share and \$200,000 other fund sources) to provide 16 Level II Residential beds for individuals with concurrent psychiatric and addiction diagnoses. Some of these individuals will be Opioid users. This includes an increase in the current number of beds from 12 to 16.

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
835,000		835,000

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

Type	Amount	Percent
Federal	100,000	9.7%
State (excluding the amount of this request)	0	0.0%
Local	75,000	7.2%
Other	25,000	2.4%
TOTAL	200,000	19.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,035,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:		500,000	500,000

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

Yes

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

835,000

### 11. Program Performance:

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

The program is for individuals who have concurrent psychiatric and addiction diagnoses where both disorders are primary and treated simultaneously. Some of these individuals will be Opioid users and the program will contribute to alleviating the Opioid crisis. The purpose of the program is for these individuals to become returning members of society rather than clogging Florida jails, courts, hospital emergency rooms, psychiatric hospitals and the State Hospital.

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

16 Level II Residential beds for individuals with concurrent psychiatric and addiction diagnoses will be provided. Some of these individuals will be Opioid users. This includes an increase in the current number of beds from 12 to 16. Therapeutic/educational groups, individual therapy, medication management, trauma therapy are all designed to enhance residents communication and coping skills, develop a relapse prevention plan, and strengthen the daily living skills necessary for their successful functioning in the community. Assistance with employment and stable housing upon discharge is provided.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input checked="" type="checkbox"/> Other Salary and Benefits	Indirect Cost, Admin, HR, Finance	43,780
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Maintenance, IT Services	6,729
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	1 Manager, 2 Therapists, 1 LPN, 12 Mental Health Techs, 1 Substance Abuse Counselor/Case Manager	638,306
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Food, Treatment Supplies, Medication	146,185
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		835,000

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

Residential Treatment for Co-occurring disorders to include: therapeutic/educational groups, individual therapy, medication management, MAT (Medication Assisted Treatment) when appropriate, and trauma therapy.

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

Individuals who are 18 years of age and older who have concurrent psychiatric and addiction diagnoses and who are experiencing difficulty functioning within the community as well as individuals who are at risk of being admitted to the State hospital. 64 individuals annually are expected to be served.

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

(1) Improve mental health. Percentage of adults who are not hospitalized in a psychiatric unit within 180 days from a successful discharge; (2) Enhance specific individual's economic self-sufficiency through employment or procurement of benefits. Percentage change in clients who are employed from admission to discharge will be at least 30%. All individuals who do not have benefits will be offered the opportunity to apply with SOAR if applicable; (3) Reduce recidivism. Percentage of clients who are re-arrested for drug related offenses after six



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months of discharge from program will be no more than 10%; (4) Reduce substance abuse. Percentage of clients who relapse with substance use after 180 days of discharge from program will be no more than 50 percent; (5) Divert from Criminal/Juvenile Justice System. Percentage of clients who are not arrested, convicted, and/or incarcerated within 180 days from a successful discharge is no more than 10%; and (6) Reduced homelessness.

- 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?**

Payment may be withheld until services are provided.

- 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:** Linda DePiano
- b. Organization:** Jerome Golden Center for Behavioral Health Inc.
- c. Email:** ldepiano@goldenctr.org
- d. Phone Number:** (561)383-5711

- 14. Recipient Contact Information:**

- a. Organization:** Jerome Golden Center for Behavioral Health Inc.
- b. County:** Palm Beach
- 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:** Linda DePiano
- e. E-mail Address:** ldepiano@goldenctr.org
- f. Phone Number:** (561)383-5711

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

- a. Name:** None
- b. Firm:** None
- c. Email:**
- d. Phone Number:**