



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1393

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

**2. Senate Sponsor:** Bobby Powell

**3. Date of Submission:** 02/12/2019

**4. Project/Program Description:**

These funds will provide for 16 Level II residential treatment beds for individuals with concurrent psychiatric and opioid/substance abuse addiction diagnoses. This funding includes an increase in the current number of treatment beds from 12 to 16.

**5. State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	835,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>835,000</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)	835,000	80.68%
Federal	100,000	9.66%
State (excluding the amount of this request)	0	0.00%
Local	75,000	7.25%
Other	25,000	2.42%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>1,035,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		200,000	372	No

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

a. If yes, indicate non-recurring amount per year. \$835,000

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		



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Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Indirect cost, administration, Human Resources, and Finance	57,852
Expense/Equipment/Travel/Supplies/Other	Maintenance, IT Services	31,272
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	1 Manager, 2 Therapists, 1 LPN, 12 Mental Health Techs, 1 Substance Abuse Counselor/Case Manager	605,484
Expense/Equipment/Travel/Supplies/Other	Food, Treatment Supplies, Medication	140,392
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>835,000</b>

**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 state mental health hospitals.

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

Residential treatment for co-occurring mental health and substance abuse disorders to include: therapeutic/education groups, individual therapy, medication management, MAT (Medication Assisted Treatment) when appropriate, and trauma therapy.

**d. 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 a state mental health hospital. 64 individuals annually are expected to be served.



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

Expected benefits of the project: 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 lacking benefits will be offered an opportunity to apply with SOAR, if applicable; 3. Reduce recidivism. Percentage of clients who are re-arrested for drug related offenses after six 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%; 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. Reduce homelessness.

**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?**

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 De Piano, Ph.D.
- b. **Organization:** Jerome Golden Center for Behavioral Health, Inc.
- c. **E-mail Address:** 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 De Piano, Ph.D.
- e. **E-mail Address:** ldepiano@goldenctr.org
- f. **Phone Number:** (561)383-5711



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#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**