



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1001

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

These funds will be used (\$760,000) State Share and \$275,000 (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 to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	760,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>760,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	760000	73.4 %
<b>Matching Funds</b>		
Federal	100,000	9.66 %
State (excluding the amount of this request)	00	0 %
Local	150,000	14.49 %
Other	25,000	2.42 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,035,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	100,000	373	No

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

If yes, indicate nonrecurring amount per year.



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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	Indirect costs, administration, human resources, and finance	46,667
Expense/Equipment/Travel/Supplies/Other	Maintenance, IT services	27,053
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	1 Manager, 2 Therapists, 1 LPN, 12 Mental Health Techs, 1 Substance Abuse Counselor/Case Manager	558,218
Expense/Equipment/Travel/Supplies/Other	Food, Treatment Supplies, Medication	128,062
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>760,000</b>



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#### 11. Program Performance

##### a. What specific purpose or goal 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 hospitals.

##### b. What activities and services 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 direct services will be provided to citizens by the appropriation project?

Residential Treatment for Co-occurring 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 the State hospital. 86 individuals annually are expected to be served.

##### 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 is no more than 10%; 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 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 arrested within 180 days from a successful discharge is no more than 10%; and 6. Reduced 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.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.