



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1811

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

Our program will provide men and women who are homeless or on the verge of being homeless, at risk of losing their jobs or their children, a short term stay in our licensed residential program to provide substance abuse treatment. The aim is to help these individuals get back into the community and be successful. Individuals that we are targeting are males and females over the age of 18, Veterans, individuals involved with DCF or DOC and all individuals that are unable to afford these services otherwise. Our program provides a structured treatment in a residential setting that includes individual therapy, group therapy, family therapy, and medication assisted treatment with the use of Vivitrol for those that are applicable. This program will guide these individuals to become more sustainable in their environment, learn better coping skills and to work on their own recovery, so that they may be reunited with their family systems, their children or move on to independent housing.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="500,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	<input type="text" value="500,000"/>

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)	<input type="text" value="500000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="500,000"/>	<input type="text" value="100"/> %

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		
<input type="text" value="2018-19"/>	<input type="text"/>	<input type="text" value="300,000"/>	<input type="text" value="347"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ NoIf 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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	5% Administrative Fees	25,000
Other Salary and Benefits	Chief Operating Officer, Chief Human Resources Officer, Executive Administrative Assistant. These salaries directly oversee the execution and operation of the program and supervision management at our program.	32,500
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Substance Abuse Counselors, Case Managers, Behavioral Technicians, Kitchen manager, Clinical Supervisor, Operations Supervisor and Director of Clinical Services. The above salaries are crucial in providing the best quality services for these individuals. Providing supervision, meals, transportation, psychoeducational, psychosocial groups and individual counseling to the clients that we serve. All fringe benefits are included.	250,000
Expense/Equipment/Travel/Supplies/Other	Food, staff training and development, Electronic Health Records programming, transportation, laundry, general maintenance, utilities, travel expense for supervision and training, group materials.	107,500
Consultants/Contracted Services/Study	Contracted Medical Director	85,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

The goal of this program is to provide substance abuse treatment services to men and women who are indigent or that may be located in a more rural area and do not have access to resources. The funds will be utilized to provide intensive residential treatment services to these men and women so that they are able to re-enter into the community with solid coping skills and maintain their recovery. The goal will be to reduce the number of men and women that are actively engaging in criminal and high-risk behaviors and to improve our communities by providing access to resources and treatment services.

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

The program will be admitted into our licensed residential level 2 program. They will be provided meals 3 times a day. Individuals will be assigned a primary clinician that will work with them throughout their stay in the program. Psychosocial and Psychoeducational groups will be scheduled throughout the day to address various needs, from domestic violence, anger management, coping skills, family systems, relationships in recovery, life skills, relapse prevention, wellness recovery action plan for Veterans, and several more. Medication Assisted Treatment will be provided with the use of Vivitrol to individuals that are eligible. Family therapy will also be offered as part of treatment.

c. What direct services will be provided to citizens by the appropriation project?

This program will provide individual substance use counseling, psychosocial and psychoeducational groups, such as anger management, life skills, coping skills, relapse prevention, domestic violence, addiction education, healthy living, and family systems groups as part of the treatment process. The program will also provide resources and linkages in the community for housing and potential employment for individuals in need. Medication Assisted Treatment with the use of Vivitrol will also be provided for individuals with an alcohol or opioid diagnosis. Family therapy and collaboration with outside community providers will be provided to ensure that all aspects of the individual and their family are being addressed while in treatment.

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

Individuals that we are targeting are males and females over the age of 18, Veterans, homeless individuals or those on the verge of being homeless, individuals involved with DCF or DOC and all individuals who are unable to afford these services otherwise. We expect to serve 96 clients throughout the year of this contract.

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

The expected outcome will be individuals will be completing the treatment program, remaining abstinent while in the program and will be moving on to permanent housing. To measure these outcomes, we will provide random drug screenings and breathalyzers on a weekly to bi-weekly basis. We will work closely with each individual on creating their treatment plan so that they are getting the most out of treatment. Our clinicians will work on discharge planning with all individuals prior to their completion date to ensure that there is a solid housing option and good support system in place for when they leave the program.

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?

Noncompliance involving the provision of service not having a direct effect on client health and safety would result in the funding be terminated.



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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.