



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1852

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

4. **Project/Program Description**

The Seminole County Sheriff's Office Opioid Addiction Recovery Center (ARC) Partnership is a 3-year pilot project that will have a secure facility capable of providing temporary housing for 30 males and 10 females while awaiting placement to a long term treatment provider facility. A caseworker/peer counselor will be assigned to assist each person. Local drug/substance abuse providers have agreed to provide staffing in their specific expertise to be co-located in the ARC facility.

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	<input style="width: 80%;" type="text" value="400,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	400,000

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 style="width: 80%;" type="text" value="400000"/>	<input style="width: 80%;" type="text" value="44.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="150,000"/>	<input style="width: 80%;" type="text" value="17"/> %
Other	<input style="width: 80%;" type="text" value="350,000"/>	<input style="width: 80%;" type="text" value="39"/> %
Total Project Costs for Fiscal Year 2020-2021	900,000	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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1852

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Medical Supplies, office supplies, purchased services, and other operational equipment.	250,000
Consultants/Contracted Services/Study	Contracted services including peer counseling, education, and other substance abuse treatments.	150,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		400,000



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1852

11. Program Performance

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

The Seminole County Sheriff's Office Opioid Addiction Recovery Center Partnership is a 3-year pilot project that will have a secure facility capable of providing temporary housing for 30 males and 10 females while awaiting placement to a long term treatment provider facility. A caseworker/peer counselor will be assigned to assist each person. Local drug/substance abuse providers have agreed to provide staffing in their specific expertise to be co-located in the ARC facility.

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

The Seminole County Sheriff's Office Addiction Recovery Center (ARC) is a secure facility capable of providing temporary housing for up to 30 males and 10 females while awaiting placement to a long-term substance abuse treatment provider facility. A caseworker/peer counselor will be assigned to assist each patient in navigating the recovery process.

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

Once an overdose occurs, a member of the SCSO SCORE team makes contact with the patient. After the initial treatment at the ER, the patient is then brought to the ARC for treatment. Patients will be given counseling and treatment for addiction by professionals until space is available in one of the long-term substance abuse treatment centers is available.

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

The entire population of Seminole County plus visitors and tourists. The current population of Seminole County is approximately 470,000.

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

Care Coordination and safe place to reside while waiting for long term placement. Expanded capacity will allow law enforcement to spend more time in the community. Increased access to care and number of individuals diverted from the criminal justice system.

- 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?

The agency's standard contract penalties are adequate.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1852

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.