



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2340

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

4. **Project/Program Description**

The River Region Human Services Northeast Florida Intensive Outpatient (IOP) Treatment project will provide IOP treatment for substance-dependent (opioid and other illicit drugs) adults in a nonresidential environment. The project will target adult individuals that reside in Duval, Clay and Nassau counties including indigent and low-income persons.

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="500,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	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 style="width: 80%;" type="text" value="500000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
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="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	500,000	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: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits	Director of Medication-Assisted Treatment - leads the clinical services unit while providing operational oversight and ensuring organizational and financial objectives are met (50% of cost). 2 Clinicians - provide individual and group counseling and ensure appropriate co-occurring services are provided while coordinating assessments and treatment plans for assigned caseloads.	122,287
Expense/Equipment/Travel/Supplies/Other	Group and individual counseling, medication management, psychiatric evaluation, utilities, rental occurance	323,250
Consultants/Contracted Services/Study	Contract salary for one APRN who will provide psychiatric evaluations and medication management.	54,463
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
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?

Providing substance use or co-occurring disorder treatment targeting individuals that need a more intensive, structured treatment regimen but cannot commit to the restrictions and constraints of a residential treatment program. Clients would benefit from the convenience of an outpatient treatment program designed to provide intensive treatment services. This program would offer those with family and/or work commitments to continue to meet their obligations while receiving the intensive treatment necessary for their level of addiction. Funds would allow outpatient treatment to be available for longer durations during business and non-business hours in order to meet the standards and requirements of IOP treatment (minimum of 9 hours per week). The availability of extended treatment days and hours will allow this program to be more accessible and accommodating for clients' schedules.

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

Intensive Outpatient Treatment (IOP) provides weekly substance use and co-occurring disorder treatment in a nonresidential environment for adults that cannot enter a residential treatment program due to family and work commitments. IOP allows the individual to receive intensive substance use and co-occurring disorder treatment while residing at home. Clients will receive a minimum of 9 hours of treatment per week which will include individual and group counseling, counseling with family members, and substance abuse education.

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

Comprehensive psychosocial assessments; individual and group counseling; family counseling; substance abuse education, including strategies to avoid substance use or relapse; life skills training (anger management, communication skills, employability skills, problem-solving, recovery training, decision-making, relationship skills, symptom management); mental health services; and medication-assisted treatment (if applicable).

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

Male and female adults, ages 18 and older who reside in Duval, Clay or Nassau counties. Individuals must have an opioid or other illicit drug addiction. The project will also serve indigent and low-income individuals. The number of individuals expected to be served is 51 - 100 annually.

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

Outcomes include: 1) Reduction in self-reported signs/symptoms of mental health disorders at 3, 6 and 12 month intervals as determined by scores from the SRQ-20 (Self-reporting Questionnaire) assessment lowering at each given assessment interval; 2) Increase in the percentage of clients in treatment that are providing clean urine drug screens as determined by observed, random, periodic urine analyses; and 3) Increase in the percentage of clients that successfully complete the Intensive Outpatient Treatment 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?

Suggested penalties may include a suspension or revocation of the contract, or a return of funds.



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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.