



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1220

1. Project Title Seminole County Hope and Healing Center (Opioid/Addiction Recovery Partnership)

2. Senate Sponsor Jason Brodeur

3. Date of Request 12/22/2020

4. Project/Program Description

The Seminole County Hope and Healing Center is a 3 year pilot project to better coordinate the care and follow-up services for those suffering from addiction. The center will provide intensive inpatient and outpatient treatment, housing up to 30 males and 10 females, providing treatment and case management. The goal is to break the cycle of "catch, treat and release," providing treatment through a unique partnership between Seminole County, Seminole County Sheriff's Office, and AdventHealth.

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 2021-2022

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 400,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 400,000 |

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|------------------------------------------------------|------------------|-------------|
| Total State Funds Requested (from question #6) | 400,000 | 40% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 150,000 | 15% |
| Other | 450,000 | 45% |
| Total Project Costs for Fiscal Year 2021-2022 | 1,000,000 | 100% |

8. Has this project previously received state funding? Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2020-21 | 0 | 400,000 | 376 | No |

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 400,000

b. Describe the source of funding that can be used in lieu of state funding.

Local funding and private partnerships to continue to fund the Hope & Healing Center at a smaller capacity.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

If yes, indicate the amount of funds received and what the funds were used for.

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

| Spending Category | Description | Amount |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Medical supplies, office supplies, operational equipment. | 100,000 |
| Consultants/Contracted Services/Study | Contracted services including peer counseling, education, and other substance abuse treatments. | 300,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 400,000 |

12. Program Performance

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

The Seminole County Hope and Healing Center is a 3 year pilot project that will coordinate the care and follow-up services for individuals suffering from addiction. The center will provide intensive inpatient and outpatient treatment, housing up to 30 males and 10 females, and providing treatment and case management through this unique partnership between Seminole County, Seminole County Sheriff's Office and AdventHealth. The goal is to break the cycle of "catch, treat and release."

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

The Seminole County Sheriff's Office Hope for Healing Center is a 3 year pilot project that has a secure facility capable of providing temporary housing for 30 males and 10 females while awaiting placement to a long term substance abuse treatment facility. A caseworker/peer counselor is assigned to assist each person.

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 a hospital emergency room, the patient will be brought voluntarily to the Hope for Healing Center for treatment. Patients will be provided counseling and treatment for addiction by professionals until space is available in one of the long-term substance abuse treatment centers.

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

The target population includes residents, visitors and tourists of Seminole County. 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?



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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. The project will be measured by 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 the contract?

The agency's standard contract penalties are adequate.

13. 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



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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