



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1286

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

4. **Project/Program Description**

River Region's Substance Use and Mental Health Disorder treatment for veterans will provide professional treatment to address mental health and substance use disorders experienced by uninsured veterans and other low-income, indigent individuals in Northeast Florida. This project will allow behavioral health services such as in-depth assessments; individual and group counseling; life-skills training (anger management, communication skills, employability skills, problem-solving, recovery training, decision-making, relationship skills); mental health services; medication management; and medication-assisted treatment to be available to the target population that otherwise would not have access to these treatment services.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 409,455 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 409,455 |

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) | 409,455 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2021-2022 | 409,455 | 100% |

8. **Has this project previously received state funding?**

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Federal assistance related to the COVID-19 pandemic totaled \$1,155,981.87 and was used for salaries, PPE, rent and utilities.

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

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Senior Director of Clinical Operations - will provide overall management and direction of the program to ensure effective and efficient operation. | 17,920 |
| Other Salary and Benefits | Director of Clinical Operations - will provide daily clinical supervision of the direct care staff to ensure effective delivery of services to program participants; will implement quality improvement initiatives as identified to ensure program goals and objectives are met. | 8,128 |
| Expense/Equipment/Travel/Supplies/Other | Computer equipment, office supplies, local travel, rent and utilities. | 7,200 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Nurse (25% level of effort) - will dispense medication (Methadone and Vivitrol) MAT Counselor (20% level of effort) - will provide group and individual counseling. Residential Counselor (20% level of effort) - will provide substance use and co-occurring counseling. LMHC (20% level of effort) - Licensed Mental Health Counselor Case Manager (Full-time) - link clients to community resources. | 78,782 |
| Expense/Equipment/Travel/Supplies/Other | Residential Boarding: Utilities, Food, transportation, and other supplies Medication Cost: Methadone, Vivitrol Rental space to provide services at location easily accessible by clients, eliminating transportation barrier. | 236,345 |
| Consultants/Contracted Services/Study | Psychiatrist (30% level of effort) - will provide oversight of mental health and substance use disorder treatment. APRN (30% level of effort) - Advanced Practice Registered Nurse - will provide mental health and medication management services. | 61,080 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 409,455 |

12. Program Performance

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

The goal to be achieved by the funds requested is to provide substance use and mental health disorder treatment, targeting veterans, and the indigent and low-income population of Duval, Clay, Nassau, St. Johns and Baker counties. Lack of insurance and income prohibits their ability to access treatment that is necessary to promote long-term health and recovery. Funding would allow the targeted population to receive the individualized treatment that is appropriate to address their addiction and mental health disorders. Successful participation in treatment will increase their chances of independent and stable living for independent living even if they do not have the financial means or insurance to pay.

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



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Activities will include (1) substance use disorder and co-occurring disorder (substance use and mental health diagnosis) treatment to address opioid, alcohol and other drug addictions; (2) mental health disorder treatment; (3) urinalysis to identify substance use; and (4) life-skills training to promote social inclusion, personal development, employability and self-sustainability.

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

The direct services to be provided include comprehensive in-depth assessments; development and review of individualized treatment plans; individual and group counseling; family counseling; substance use education including strategies to avoid substance use and relapse; life skills training (anger management, communication skills, employability skills, problem-solving, recovery training, decision-making, relationship skills, symptom management); mental health services; medication management; and medication-assisted treatment for opioid and alcohol addiction.

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

The target population to be served by this project are adult, uninsured veterans and low-income, indigent individuals within Northeast Florida. The project will serve 30 total veterans and low-income, indigent individuals for a period of one year.

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 of the project is for participants to improve their health and well-being by abstaining from the use of drugs and alcohol, successful management of mental health disorders, and acquiring the skills necessary for independent living and self-sustainability. Outcomes will be measured by determining 1) the percentage of clients that successfully complete the program assigned for their individual need; 2) the percentage of clients that will provide negative drug screens as determined by observed, random, periodic urine analyses; 3) the reduction of self-reported signs and symptoms of mental health disorders as determined by the SRQ-20 (Self-Reported Questionnaire) assessment that will be administered at various intervals during treatment.

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 suggested penalties that the contracting agency may consider are:
(1) The State can suspend or revoke the contract.
(2) The State can request funds to be returned.

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