



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1056

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Seminole County Hope and Healing Center opened March 2021 as a pilot project to better coordinate the care and follow-up services for those suffering from Substance Use Disorders. The level 2 center provides intensive inpatient and outpatient treatment, with the capacity to house 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 this unique partnership with AdventHealth.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 500,000 |

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 500,000 | 48% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 150,000 | 14% |
| Other | 400,000 | 38% |
| Total Project Costs for Fiscal Year 2023-2024 | 1,050,000 | 100% |

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

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2022-23 | 0 | 400,000 | 372 | No |

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

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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Yes

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

The Seminole County Sheriff's Office (SCSO) incurred expenditures totaling \$4,088,399 to support costs incurred as a result of the pandemic response. These costs were funded by the Seminole County Board of County Commissioners (SCBCC) from CARES Act replacement dollars provided through exercising the administrative accommodation for public safety payroll reimbursement.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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 | Contracted services including peer counseling, education, and other substance abuse treatments. | 500,000 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |

14. Program Performance

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



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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 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 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 the contract?

The agency's standard contract penalties are adequate.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number