

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Association of Recovery Residences - Certification Services for Recovery Residencies

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Bill Hager

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? Yes

If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d

b. What is the most recent fiscal year the project was funded? 2015-16

c. Were the funds provided in the most recent fiscal year subsequently vetoed? No

d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					275,000	275,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: John Lehman
- b. Organization: Florida Association of Recovery Residences (FARR)
- c. Email: jlehman@farronline.org
- d. Phone #: (561)302-4608

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: John Lehman
- b. Organization: Florida Association of Recovery Residences (FARR)
- c. Email: jlehman@farronline.org
- d. Phone #: (561)302-4608

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Florida Association of Recovery Residences (FARR)
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Enhance implementation of s.397.487 (Voluntary Certification of Recovery Residences) as the credentialing body selected by the Department of Children and Families to fulfill this function.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Recruit, hire and train one compliance office staff and five Field Assessors in advance of providing certification for Commercial Recovery Residences	140,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Development of educational content to improve provider compliance, provider delivery of recovery support services and to enhance the software we utilize to confirm provider	135,000

	compliance with criteria set forth by s. 397.487.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		275,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Palm Beach County Grand Jury Report dated December 8, 2016 and Palm Beach County Sober Homes Task Force Report dated January 1, 2017.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Palm Beach County Grand Jury Report dated December 8, 2016 and Palm Beach County Sober Homes Task Force Report dated January 1, 2017.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Improve physical health and prevent overdose deaths by provisioning	Use of an evidence-based assessment instrument entitled REC

	certified quality housing for persons in recovery	CAP and monitoring first responder calls to administer Naloxone at certified recovery residences
<input checked="" type="checkbox"/> Improve mental health	A significant percentage of residents are diagnosed as co-morbid (SUD & MH conditions.) Safe housing that is alcohol and other drug (AOD) free supports these individuals to achieve resiliency	FARR certification and compliance audits confirm providers are monitoring delivery of AOD free housing and act responsibly to maintain that environment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Provider education is a major component of the project. Providers receive training pertaining to certification requirements which includes delivery of recovery support services to enhance consumer outcomes.	Certification and compliance metrics demonstrate impact of educational content when compared to grievances filed against non-certified providers.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Certified recovery residences must maintain an AOD Free environment, responsibly provision for placement of residents who evidence a re-occurrence of use (relapse) and assist persons with a SUD diagnoses who are involved in court diversion and or corrections supervision to successfully integrate into the community.	FARR certification and compliance audits review AOD screening logs and subsequent actions related to persons who have experienced an re-occurrence of use. The REC CAP Assessment instrument tracks resident gains in recovery capital resulting from support services and community integration.

<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Certified recovery residences provide employment support, improving resident self-sufficiency at the community level.	FARR certification and compliance audits collect data related to resident employment.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	FARR requires each certified program to employ a Certified Recovery Residence Administrator (CRRA) for every three locations operated.	CRRA metrics are captured by both FARR and the Florida Certification Board (credentialing body).
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Employment support is a primary recovery support function provided by certified programs, with the exception of those that specialize in housing for students engaged in higher education.	Certification and compliance audits confirm the percentage and number of residents who are actively engaged in employment or job search.
<input checked="" type="checkbox"/> Reduce recidivism	By support individuals with a SUD diagnoses to achieve resiliency, Certified Recovery Residences promote transition from offending behaviors and successful integration into pro-social networks.	REC CAP Assessment confirms recovery capital gains that generate a decrease in recidivism from offending. FARR is currently involved with the Broward Sheriff's Office (BSO) to monitor outcomes produced by Certified Recovery Residences.
<input checked="" type="checkbox"/> Reduce substance abuse	The effectiveness of addiction treatment (clinical services) are proven to be enhanced through transition to recovery-oriented housing post clinical care.	REC CAP Assessment instrument generates evidence-based aggregate reporting regarding the efficacy of recovery support services provisioned by Certified Recovery Residences.

<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	275,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	275,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No