

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Seminole County Sheriff's Office Opioid ARC Partnership
2. Date of Submission: 11/01/2019
3. House Member Sponsor: Scott Plakon
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Standard Department of Health penalties.

6. Requester:

- a. Name: Sheriff Dennis Lemma
- b. Organization: Seminole County Sheriff's Office
- c. Email: dlemma@seminolesheriff.org
- d. Phone #: (407)665-6635

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Chief Lisa Spriggs
- b. Organization: Seminole County Sheriff's Office
- c. Email: lspriggs@seminolesheriff.org
- d. Phone #: (407)665-6617

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Candice Ericks
- b. Firm: Ericks Consulting
- c. Email: candice@ericksconsulting.com
- d. Phone #: (850)224-0880

9. Organization or Name of entity receiving funds:

- a. Name: Seminole County Sheriff's Office
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Seminole

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?

The Seminole County Sheriff's Office Opioid Addiction Recovery Center Partnership is a 3 year pilot project that will have a secure facility capable of providing temporary housing for 30 males and 10 females while awaiting placement to a long term treatment provider facility. A caseworker/peer counselor will be assigned to assist each person. Local drug/substance abuse providers have agreed to provide staffing in their specific expertise to be co-located in the ARC facility.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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 type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical Supplies, office supplies, purchased services, and other operational equipment.	250,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted services including peer counseling, education, and other substance abuse treatments.	150,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		400,000
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13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

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:

eminole County Board of County Commissioners, Seminole County Sheriff's Office, Advent Health Systems and Wal-mart.

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

No

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The Seminole County Sheriff's Office Addiction Recovery Center (ARC) is a secure facility capable of providing temporary housing for up to 30 males and 10 females while awaiting placement to a long-term substance abuse treatment provider facility. A caseworker/peer counselor will be assigned to assist each patient in navigating the recovery process.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Once an overdose occurs, a member of the SCSO SCORE team makes contact with the patient. After the initial treatment at the ER, the patient is then brought to the ARC for treatment. Patients will be given counseling and treatment for addiction by professionals until space is available in one of the long-term substance abuse treatment centers is available.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. 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 each Benefit/Outcome 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	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.	Individual's health record, referrals made post discharge
<input checked="" type="checkbox"/> Improve mental health	Rapid Access. Evidence based treatment and assessment will be utilized to demonstrate improved mental health.	Assessments, ability to return to the community.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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.)	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.	Decrease time law enforcement spends on recurring admissions due to overdose.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Pilot program will provide cost efficient services and provide stable temporary housing to patients.	Cost analysis and return on investment.
<input type="checkbox"/> Increase tourism		

<input checked="" type="checkbox"/> Create specific immediate job opportunities	The requested funding will increase employment opportunities.	Positions to appropriately staff the Seminole County Sheriff's Office ARC.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Readmission rate will reduce by addressing this issue by implementing immediate care.	Number of individuals who return to jail/hospitals after receiving services will be tracked and addressed.
<input checked="" type="checkbox"/> Reduce substance abuse	Successful Completion Treatment. Immediate access to medical assisted treatment and other detoxification procedures will help address these issues.	Monitor patients after treatment compliance and completion.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Arrest Rates. Increased access to detox will assist law enforcement from using the criminal justice system to address opioid addiction.	Increased access to care and number of individuals diverted from the criminal 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 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	400,000	44.4%	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:	150,000	16.7%	Yes
5. Other:	350,000	38.9%	Yes
TOTAL	900,000	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M

○>10M