

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The River Region Human Services - Northeast Florida Outpatient Substance Abuse Treatment Services

2. Date of Submission: 11/06/2019

3. House Member Sponsor: Kimberly Daniels

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:					500,000	500,000

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? No

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.

The State can suspend or revoke the contract and require the funds to be returned.

6. Requester:

- a. Name: Jacqueline Dowdy
- b. Organization: River Region Human Services
- c. Email: jdowdy@rrhs.org
- d. Phone #: (904)899-6300

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

- a. Name: Jacqueline Dowdy
- b. Organization: River Region Human Services
- c. Email: jdowdy@rrhs.org
- d. Phone #: (904)899-6300

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

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

9. Organization or Name of entity receiving funds:

- a. Name: River Region Human Services, Inc.
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Duval, Nassau, St. Johns

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?

River Region's Intensive Outpatient Treatment program (IOP) will provide IOP treatment for substance-dependent adults in a nonresidential environment. The program will target individuals that would benefit from the convenience of outpatient treatment due to family and/or work obligations and who are unable to commit to the structure and regimen of residential treatment. The program will provide services for the indigent and low-income client base.

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 checked="" type="checkbox"/> e. Salaries and Benefits	50% salary and fringe benefits for the Director of Medication Assisted Treatment who will lead the clinical services unit while providing operational oversight and ensuring organizational and financial objectives are met. Salary and fringe benefits for 2 Clinicians who will provide individual and group counseling and ensure appropriate co-occurring services are provided while coordinating assessments and treatment plans for assigned	122,750

	caseloads.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Group counseling, individual counseling, medication management, psychiatric evaluation, utilities, rental occupancy	323,250
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Salary for APRN who will provide psychiatric evaluations and medication management.	54,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

Representatives of Orange Park Medical Center; Representatives of Memorial Behavioral Health; a Representative from Sulzbacher Center for the Homeless; Jacksonville Sheriff Mike Williams. (Letters of Support included with application.)

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:

Florida Department of Children and Families Fiscal Year 2018-2019 Methadone Needs Assessment; Author: Department of Children and Families Office of Substance Abuse and Mental Health, CF-MH 4038, May 2019 [65D-30.014, F.A.C.]

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?

Intensive Outpatient Treatment (IOP) provides weekly substance use disorder treatment in a nonresidential environment for adults that cannot enter a residential treatment program due to family and work commitments. IOP allows the individual to receive intensive substance use disorder treatment while residing at home. Clients will receive at least 9 hours of services per week.

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

Comprehensive psychosocial assessment; individual and group counseling; family counseling; substance abuse education including strategies to avoid substance use or relapse; life skills training (anger management, communication skills, employability skills, problem-solving, recovery training, decision-making, relationship skills, symptom management); mental health services; medication assisted treatment (if applicable).

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Reduced self-reported signs/symptoms of mental health disorders at 3, 6 and 12 month intervals while in treatment compared to others not receiving mental health treatment.	Scores from the SRQ-20 assessment lowered at each given assessment.
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	The percentage of clients in treatment that are providing clean urine drug screens out of the total population of clients in treatment.	Observed monthly urine drug screens and the confirmation results.
<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 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:	500,000	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	500,000	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