

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: SalusCare - Safe Station Project for Opioid Abuse Services

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Dane Eagle

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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,233,616	1,233,616

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

Implementation of a mutually agreed upon corrective action plan.

6. Requester:

- a. Name: Stacy Cook-Hawk
- b. Organization: SalusCare, Inc.
- c. Email: scookhawk@saluccareflorida.org
- d. Phone #: (239)791-1546

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

- a. Name: Stacy Cook-Hawk
- b. Organization: SalusCare, Inc.
- c. Email: scookhawk@saluccareflorida.org
- d. Phone #: (239)791-1546

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

- a. Name: Carole Green
- b. Firm: Capitol Strategies
- c. Email: carole@capitolstrategies.com
- d. Phone #: (850)590-2206

9. Organization or Name of entity receiving funds:

- a. Name: SalusCare, Inc.
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Lee

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) Private Not for profit community behavioral healthcare provider

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

Increase accessibility to care and ultimately reduce overdose and deaths from overdoses.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Admin/Support & Overhead Costs	90,485
<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	COOP liaisons, SalusCare staff of case manager, LPN, clinician, peer specialist, psychiatrist and support staff	526,048
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Lockers, start-up costs, software for tracking purposes, annual maintenance fees of software, media/marketing campaign for Safe Station program	617,083
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		1,233,616
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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)

N/A

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:

Letters of support have been received from multiple project partners. The project enjoys partnership and cooperation from: SalusCare, Lee County EMS and Fire Stations, Lee Health, Lee County?s Department of Human and Veterans Services, State Attorney for the 20th Judicial Circuit, Public Defender?s Office, United Way of Lee, Hendry, Glades and Okeechobee Counties, and the Coalition for a Drug-Free Southwest Florida. Community partners met on 11/17/16, 12/12/16, 4/10/17 and 9/1/17 to discuss an

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?

Those seeking treatment through a Safe Station will receive a basic medical exam, including vitals, transportation to detox or hospital (as medically appropriate), and wrap around services post-detox discharge from a community-based treatment team comprised of case managers, clinicians, nurses, peer specialists.

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

Direct services include basic medical exam, transportation, detox treatment and wrap around community-based treatment services that include identifying a patient?s goals and needs, individual therapy utilizing evidence-based practices, collaboration between primary care and behavioral health care and medication assistance and compliance.

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): Adults addicted to substances and high utilizers of community care due to their addiction

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	Eliminate symptoms of withdrawal and reduce overdoses and deaths from overdoses	Admission reports from local hospital system
<input checked="" type="checkbox"/> Improve mental health	For patients admitted to the treatment team, the goal is to have these individuals be discharged with a lower Functional Assessment Rating Scale (FARS) score than the time of intake	FARS will be conducted at the time of discharge.
<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.)	Educational outreach to the public	COOP Team
<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 checked="" type="checkbox"/> Reduce recidivism	Number of times admitted to the hospital as a result of an overdose	Electronic recording keeping a hospitals
<input checked="" type="checkbox"/> Reduce substance abuse	SalusCare substance abuse outcomes at time of discharge	Substance abuse outcomes

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Individuals who present to Safe Station with paraphernalia will be diverted to treatment rather than the criminal justice system	Tracking 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 2018-19 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:	1,233,616	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	1,233,616	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 2018-19 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