

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Palm Beach State College - Opioid Epidemic Training/Workshops
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Matt Willhite
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					100,000	100,000

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 Education
 - 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.
Return of funds received.

6. Requester:

- a. Name: Ava Parker
- b. Organization: Palm Beach State College, President
- c. Email: avaparker@palmbeachstate.edu
- d. Phone #: (561)868-3501

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

- a. Name: Rachael Ondrus
- b. Organization: Palm Beach State College
- c. Email: ondrusr@palmbeachstate.edu
- d. Phone #: (850)322-7908

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

- a. Name: Rachael Ondrus
- b. Firm: Palm Beach State College
- c. Email: ondrusr@palmbeachstate.edu
- d. Phone #: (850)322-7908

9. Organization or Name of entity receiving funds:

- a. Name: Palm Beach State College
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach

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 goal is to reduce the number of opioid overdoses by responding to the community's request for training and education on the opioid epidemic, a public health crisis. The purpose is to provide awareness, Narcan training, prevention, resources, recovery support, etc. through addiction awareness workshops, Professional Continuing Education workshops, curriculum in PBSC Addiction Studies program, and free open educational community workshops and events.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Part-Time Coordinator to devote time including but not limited to scheduling opioid workshops and training; assigning instructors/trainers to courses, workshops and training events; and working with community partners.	25,231
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Part-Time Administrative Assistant to assist the coordinator with corporate and continuing education (CCE) and other office functions.	19,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Computer and materials/supplies for program	2,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Instructor with varying levels of expertise.	44,107

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Narcan (100 doses @ \$6.99 each = \$699); Marketing (\$2500); CCE classes (2 hours @ \$219 x 4 times per year x 5 campuses = \$4380); Cost for materials (\$50 per class x 20: includes CCE, Introduction to College Experience Class, and workshops = \$1000)	8,179
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultant for curriculum/course development; 32 hours for an 8 hour course (\$25.60/hr) + benefits (@ 20%) = \$983	983
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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)

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:

On August 8, 2017, legislators and stakeholders held a roundtable discussion on the Lake Worth Campus to discuss ways to educate and battle the opioid epidemic; & approval of this request by the District Board of Trustees at a DBOT meeting held on Oct. 10, 2017 at the PBSC Lake Worth Campus.

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?

Educational seminars, training and workshops for PBSC security, students, faculty, staff, and the community as a whole. Also provided will be doses of Narcan for security personnel and designated staff.

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

Opioid Educational CCE credits for all first responders, Florida 491 Board (mental health, social work, marriage and family therapy), and Florida Certification Board (addiction-specific); Addiction and mental health awareness workshops for the students and community that includes speakers.

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	Student and community members who follow up with on-site services after receiving educational information.	Number of students participating in on-site addiction and mental health counseling, and those who utilize Baycare Behavioral Health service through PBSC.
<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.)	Decrease potential number of overdoses and deaths from overdoses.	Distribution of Narcan doses and other educational information.

<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	Through seminars, training, workshops, CCE classes, health services, and providing addiction awareness and treatment resources.	Number of individuals who have received various health and educational services through this initiative.
<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 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:	100,000	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	100,000	100%	

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

No