



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** New Hope Education and Addiction Services – Florida Recovery Schools

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 12/02/2017

4. **Project/Program Description:**

Pilot test to determine viability of state supported system of recovery high schools.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
700,000		700,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	12.5%
Other	0	0.0%
TOTAL	100,000	12.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 800,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

700,000

11. Program Performance:

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

Determine effectiveness of recovery high schools as a means to achieve long term sobriety of enrolled students. Currently, studies show that adolescents attempting to remain sober after treatment or recovery assistance face a relapse rate of over 50% in their first year. Students enrolled in recovery schools report sobriety rates of 80% or more. Our initial year of operations supports an objective of 80%.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Addiction counseling provided by certified addiction specialists to students enrolled in the school. Some of the education services (teachers, equipment, curriculum materials) will be provided by Duval County Public Schools. These services are only provided today by individual addiction therapists or counselors who work with individual teens for a fee. The 35 recovery high schools that exist around the country (none in the Southeast except our school) are the only source through which these services are provided to high school students within the actual school environment.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Includes 100% of the time of an Administrative Director who would be responsible for overseeing the activities of the	108,598



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	<p>non-profit, including fundraising, Board, compliance and human resources. Also includes 1/3 of the time of a Clinical Director, primarily to include time he/she spends with community stakeholders, other addiction support organizations, etc.</p>	
<input checked="" type="checkbox"/> Other Salary and Benefits	<p>100% of the time of an Outreach Director, who would be responsible for overcoming the lack of awareness in the community regarding the nature and impact of adolescent addiction. This role is essential in building an awareness within the community regarding the school, and thereby attracting students who are in need of these services.</p>	77,172
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<p>Internet, office supplies, professional associations, telephone, Board meetings, travel and lodging.</p>	30,106
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	<p>One full time teacher, 2/3 of the time of the Clinical Director (see above), and addiction counselors (full time and contractor), all of who deal directly with the students on a daily basis.</p>	274,697
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<p>Student transportation, activities costs, rent, repairs</p>	179,067



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	and maintenance, insurance.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Grant writer.	30,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		699,640

d. What are the direct services to be provided to citizens by the appropriations project?

Addiction counseling provided by certified addiction specialists to teens enrolled in recovery schools.

e. Who is the target population served by this project? How many individuals are expected to be served?

Students in our recovery school. The projections assume that the school will have the capacity to serve 100 students per year, with an average daily enrollment of 25-40 students.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Achieve target long-term (12 month) sobriety of population served of 80%. Measured through observation, drug testing and survey.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

If sobriety rates fall materially and consistently short of 80%, consideration should be given to reducing the capacity of the program or cancelling the program.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

None

13. Requestor Contact Information:

- a. **Name:** James Milligan
- b. **Organization:** Florida Recovery Schools
- c. **Email:** Jim.milligan@gmail.com
- d. **Phone Number:** (904)386-8194

14. Recipient Contact Information:

- a. **Organization:** Florida Recovery Schools
- b. **County:** Duval
- c. **Organization Type:**
 For Profit



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- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: James Milligan

e. E-mail Address: Jim.milligan@gmail.com

f. Phone Number: (904)386-8194

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: