



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Addiction Receiving Facility - Palm Beach County

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/03/2018

4. **Project/Program Description:**

Palm Beach County has been working to create an addiction receiving facility at the County's former Stockade jail. The Stockade jail that was used to hold county inmates has been closed because the jail population is low enough to house inmates at the other two county jails. The former facility will be used to assist those suffering from opioid addiction.

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
1,000,000		1,000,000

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	1,500,000	60.0%
Other	0	0.0%
TOTAL	1,500,000	60.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,500,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

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.

\$1,000,000

11. Program Performance:

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

Among the highest priorities to address the challenge of opioid addiction is to provide the expansion of treatment services. To this end, Palm Beach County has been working to create an addiction receiving facility at the County's Stockade facility. The proposed facility will include 20+ beds for detox and medication assisted treatment, as well as an emergency receiving center. The center will also include outpatient overlay services along with case management services.

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

Case Management, Mentoring, Substance Abuse and Mental Health Treatment.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	50 percent match for start up professional program salaries a medical director, 50 percent match for 13 start up nurses including shift RNs, Detox LPNs, and Receiving LPNs, and 50 percent statup match for 7 Peer Detoxification Specialists.	250,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	To operate the addiction receiving facility, funds will be needed for: medication assisted treatment, counseling, detoxification beds, defibrillator,med cart, blood pressure machinery, Pixes System Medication control, vital signs monitoring system, medication safes and refrigerators, exam tables, biohazard containers, medical chairs, transportation services, surveillance systems, security systems, and other miscellaneous startup costs.	500,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Start up professional consultant fees for medical services, contracted nurses, training and support and operation licensing.	250,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000



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

Improved physical health, improved mental health, protection of the general public, reduced recidivism, reduced substance abuse, and diversion from the criminal justice system.

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

Those suffering from substance abuse, >800.

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

Reduced rates in those being incarcerated, hospitalized, suffering from substance abuse, lower incarceration costs, improved public safety, fewer victims of crimes and improved quality of life in Florida. Success will be measured by a reduction in the numbers of individuals suffering from substance abuse.

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?

The current standard penalties for noncompliance are adequate.

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.

N/A

13. Requestor Contact Information:

- a. Name:** Jon Van Arnam
- b. Organization:** Palm Beach County Board of County Commissioners
- c. Email:** jvanarna@pbcgov.org
- d. Phone Number:** (561)355-2740

14. Recipient Contact Information:

- a. Organization:** Palm Beach County Board of County Commissioners
- b. County:** Palm Beach
- c. Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name:** Jon Van Arnam
- e. E-mail Address:** jvanarna@pbcgov.org
- f. Phone Number:** (561)355-2740

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



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a. Name: None

b. Firm: None

c. Email:

d. Phone Number: