



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** DACCO Behavioral Health Treatment Expansion

2. **Senate Sponsor:** Tom Lee

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Establish a Methadone Clinic to provide outpatient opioid addiction treatment and coexisting mental illness.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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
200,000	100,000	300,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 300,000

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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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.

\$300,000

11. Program Performance:

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

This funding will increase treatment options for citizens needing behavioral health to manage opioid addiction and invests in Start Up of a Medication Assisted Treatment program to serve the Brandon area.

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

Behavioral health care, psychiatric services, substance abuse treatment, medication assisted treatment to manage opioid addiction.

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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Licensed Counselors, Drug Monitor Counselors, Admin Specialist and Program Manager	200,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Lease, Licenses, Accreditation, Office Build-out including Medication Assisted Treatment	100,000
TOTAL		300,000

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

Evaluation, Psychiatric, Medication Assisted Treatment, Substance Abuse/Behavioral Health Counseling

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

Citizens who live in the suburban areas in need of behavioral health treatment.

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

Agency will see a 30% increase over current enrollment in voluntary enrollment of citizens seeking behavioral health treatment. Approximately 100-125 persons.

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:** Mary Lynn Ulrey
- b. **Organization:** DACCO Behavioral Health, Inc.
- c. **Email:** marylynnu@dacco.org
- d. **Phone Number:** (813)384-4200



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14. Recipient Contact Information:

a. **Organization:** DACCO Behavioral Health, Inc.

b. **County:** Hillsborough

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:** Mary Lynn Ulrey

e. **E-mail Address:** marylynnu@dacco.org

f. **Phone Number:** (813)384-4200

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

a. **Name:** Jan Gorrie

b. **Firm:** Ballard Partners

c. **Email:** jan@ballardfl.com

d. **Phone Number:** (850)577-0022