

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1935

| 1. Project Title  | Project Title Substance Use and Mental Health Treatment for Veterans |   |   |   |                    |  |
|---|--|---|---|---|--------------------|--|
| 2. Senate Sponsor   | Audrey Gibson  |   |   |   |                    |  |
| 3. Date of Request  | 12/13/2021   |   |   |   |                    |  |
| 4. Project/Program De   | escription   |   |   |   |                    |  |
| The purpose of the targeting veterans a Funding would allow health needs in order | nd the indigent and<br>the targeted popul                            | low-income populat ation to receive indiv | ion of Duval, Clay, N<br>/idualized treatment | assau, St. Johns ar<br>to address their add | diction and mental |  |
| 5. State Agency to red  | ceive requested fu   | <b>nds</b> Departme                       | ent of Children and F                         | amilies                                     |                    |  |
| State Agency conta  | icted? No  |   |   |   |                    |  |
| 6. Amount of the Noni   | rocurring Poguest  | for Fiscal Voor 202                       | 22.2022                                       |   |                    |  |
|   | ecurring Request   | TOT FISCAL TEAL 202                       |   |   | 1                  |  |
| Type of Funding   |  |   | Amo   |   |                    |  |
| Operations Fixed Capital Outlay   | ,  |   |   | 409,455                                     |                    |  |
| Total State Funds I   |  |   |   | 409,455                                     |                    |  |
|   |  |   |   | 100,100                                     | I                  |  |
| 7. Total Project Cost f   | or Fiscal Year 202   | 2-2023 (including r                       | natching funds ava                            | ilable for this proje                       | ect)               |  |
| Type of Funding   |  |   | Amount  | Percentage                                  |                    |  |
| Total State Funds R   | equested (from que   | estion #6)                                | 409,455                                       | 100%  |                    |  |
| Matching Funds  |  |   |   |   |                    |  |
| Federal   |  |   | 0   | 0%  |                    |  |
| State (excluding the  | amount of this requ  | uest)                                     | 0   | 0%  |                    |  |
| Local   |  |   | 0   | 0%  |                    |  |
| Other   |  |   | 0   | 0%  |                    |  |
| Total Project Costs   | for Fiscal Year 20   | )22-2023                                  | 409,455                                       | 100%  |                    |  |
| 8. Has this project pro   | eviously received  | state funding?                            | Yes   |   |                    |  |
| Fiscal Year   | Amo  | ount                                      | Specific                                      | Vetoed                                      |                    |  |
| (уууу-уу)   | Recurring  | Nonrecurring                              | Appropriation #                               |   |                    |  |
| 2021-22   |  | 409,455                                   | 367   | Yes   |                    |  |
| 9. Is future funding lik  | cely to be requeste  | ed?                                       | No  |   |                    |  |
| •   | •  |   | 110   |   |                    |  |
| a. If yes, indicate n   | onrecurring amou   | nt per year.                              |   |   |                    |  |
| b. Describe the sou   | arce of funding tha  | at can be used in lie                     | eu of state funding.                          |   |                    |  |
|   |  |   |   |   |                    |  |
| 10. Has the entity req  | uesting this proje   | ct received any fed                       | eral assistance rela                          | ited to the COVID-                          | 19 pandemic?       |  |
| Yes   |  |   |   |   |                    |  |

If yes, indicate the amount of funds received and what the funds were used for.



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Federal assistance related to the Covid-19 pandemic totaled \$1,155,981.87 and was used for salaries, PPE, rent and utilities.

### 11. Details on how the requested state funds will be expended

| Spending Category                                     | Description  | Amount  |
|---|--|---------|
| Administrative Costs:                                 |  |         |
| Executive Director/Project Head Salary and Benefits   | Vice President of Clinical Operations - will provide overall management and direction of the program to ensure effective and efficient operation.  | 22,050  |
| Other Salary and Benefits                             | APRN - will provide daily clinical supervision of the direct care staff to ensure effective delivery of services to program participants; will implement quality improvement initiatives as identified to ensure program goals and objectives are met.   | 20,412  |
| Expense/Equipment/Travel/Supplies/<br>Other           | Computer equipment, office supplies, local travel, rent and utilities.   | 7,200   |
| Consultants/Contracted<br>Services/Study              |  | 0       |
| Operational Costs: Other                              |  |         |
| Salary and Benefits                                   | Nurse (25% level of effort) - will dispense medication (Methadone and Vivitrol). MAT Counselor (20% level of effort) - will provide group and individual counseling BH Case Manager (20% level of effort) - will provide substance use and co-occurring counseling. LMHC (20% level of effort) - Licensed Mental Health Counselor. | 97,556  |
| Expense/Equipment/Travel/Supplies/<br>Other           | Residential Boarding: utilities, food, transportation, and other supplies. Medication Cost: Methadone, Vivitrol Rental space to provide services at location easily accessible by clients, eliminating transportation barrier  | 201,157 |
| Consultants/Contracted<br>Services/Study              | Psychiatrist (30% level of effort) - will provide oversight of mental health and substance use disorder treatment.  APRN (30% level of effort) - Advanced Practice Registered Nurse - will provide mental health and medication management services.   | 61,080  |
| Fixed Capital Construction/Majo                       | r Renovation:  |         |
| Construction/Renovation/Land/<br>Planning Engineering |  | 0       |
| <b>Total State Funds Requested (m</b>                 | ust equal total from question #6)  | 409,455 |

### 12. Program Performance

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

The funds will provide for outreach, case management, substance use and mental health disorder treatment, targeting veterans and the indigent and low-income population of Duval, Clay, Nassau, St. Johns and Baker counties. Funding would allow the targeted population to receive individualized treatment to address their addiction and mental health needs in order to achieve long-term health and recovery, stable and independent living, and self-sustainability.

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

Activities will include: (1) substance use disorder and co-occurring disorder (substance use and mental health diagnosis) treatment to address opioid, alcohol and other drug addictions; (2) mental health disorder treatment; (3) urinalysis to identify substance use; (4) life-skills training to promote social inclusion, personal development, employ ability and self-sustainability; and (5) case management services to address the individual's overall health and human service needs.

### c. What direct services will be provided to citizens by the appropriation project?



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The direct services to be provided include comprehensive in-depth assessments; development and review of individualized treatment plans; individual and group counseling; family counseling; substance use education including strategies to avoid substance use and relapse; life skills training (anger management, communication skills, employ ability skills, problem-solving, recovery training, decision-making, relationship skills, symptom management); mental health counseling services; medication management; medication-assisted treatment for opioid and alcohol addiction; and case management services to assist with long-term self-sustainability.

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

The target population are adult uninsured veterans and low-income, indigent individuals in Northeast Florida. The project will serve a total of 30 veterans and low-income, indigent individuals for a period of one year.

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

The expected outcome is for participants to improve their health and well-being by abstaining from the use of drugs and alcohol, successful management of mental health disorders, and acquiring the skills necessary for independent living and self-sustainability. The methodology used to measure outcomes is the percentage of clients in treatment that are providing negative urine drug screens, completing treatment plan goals, and progressing in treatment. Observed monthly urine drug screens and the confirmation results. Treatment progress as determined by prognosis scale (good, fair or poor). Group and individual session participation measured via electronic health record system reporting. Reduced self-reported signs/symptoms of mental health disorders at 3, 6 and 12 month intervals while in treatment compared to others not receiving mental health treatment. Scores from the SRQ-20 assessment lowered at each given assessment.

f. 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 the contract?

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|-----|-------|-----|----------|-----|--------|----|-----------|
| rne | Siale | Can | reduest  | me  | Turius | υe | returnea. |

| 13. | . The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. | Include the |
|-----|--|-------------|
|     | relationship between the owners of the facility and the entity.                                    |             |

| N/A |  |  |  |
|-----|--|--|--|
|     |  |  |  |



### **The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023**

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| 14. Requestor Contact Information |                                   |                                  |                 |            |       |  |  |  |
|-----------------------------------|-----------------------------------|----------------------------------|-----------------|------------|-------|--|--|--|
|                                   | a. First Name                     | Jacquelin                        | е               | Last Name  | Dowdy |  |  |  |
|                                   | b. Organization                   | River Region Human Services, Inc |                 |            |       |  |  |  |
|                                   | c. E-mail Address                 | jdowdy@rrhs.org                  |                 |            |       |  |  |  |
|                                   | d. Phone Number                   | r (904)899-6300 Ext. 4714        |                 |            |       |  |  |  |
| 15.                               | 15. Recipient Contact Information |                                  |                 |            |       |  |  |  |
|                                   | a. Organization                   | River Reg                        | jion Human Serv | vices, Inc |       |  |  |  |
|                                   | b. Municipality and               | d County                         | Duval           |            |       |  |  |  |
|                                   | c. Organization Ty                | ре                               |                 |            |       |  |  |  |
|                                   | □For Profit Entity                |                                  |                 |            |       |  |  |  |
|                                   | ☑Non Profit 501(c                 | :)(3)                            |                 |            |       |  |  |  |
|                                   | □Non Profit 501(d                 | :)(4)                            |                 |            |       |  |  |  |
|                                   | □Local Entity                     |                                  |                 |            |       |  |  |  |
|                                   | □University or Co                 | llege                            |                 |            |       |  |  |  |
|                                   | □Other (please sp                 | ease specify)                    |                 |            |       |  |  |  |
|                                   | d. First Name                     | Jacquelin                        | e               | Last Name  | Dowdy |  |  |  |
|                                   | e. E-mail Address jdowdy@rrhs.org |                                  |                 |            |       |  |  |  |
|                                   | f. Phone Number                   |                                  |                 |            |       |  |  |  |
| 16.                               | 16. Lobbyist Contact Information  |                                  |                 |            |       |  |  |  |
|                                   | a. Name Christopher L. Carmody    |                                  |                 |            |       |  |  |  |
|                                   | b. Firm Name                      | GrayRobinson PA                  |                 |            |       |  |  |  |
|                                   | c. E-mail Address                 | chris.carmody@gray-robinson.com  |                 |            |       |  |  |  |
|                                   | d. Phone Number                   | r (407)843-8880                  |                 |            |       |  |  |  |