

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jefferson County Holistic Plan of Care - Substance Abuse Treatment
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Halsey Beshears
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 Children and Families
 - 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.
Loss of funding.

6. Requester:

- a. Name: Dr. Barbara Reddick
- b. Organization: The Holistic Plan of Care
- c. Email: drbarbarareddick@gmail.com
- d. Phone #: (850)363-0706

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

- a. Name: Dr. Barbara Reddick
- b. Organization: The Holistic Plan of Care
- c. Email: drbarbarareddick@gmail.com
- d. Phone #: (850)363-0706

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: The Holisitc Plan of Care
- b. County (County where funds are to be expended): Jefferson
- c. Service Area (Counties being served by the service(s) provided with funding): Jefferson, Madison, Taylor, Wakulla

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?

Through our various partnerships with the local educational, non-profit, job placement, and governmental entities, our mission at The Holistic Plan of Care is to reach the whole person, mind, body, and soul maximizing the state of the arts approach in substance abuse treatment in a therapeutic community center within the Jefferson County area. We strive to ensure that our services exceed the expectations and needs of our clientele and surrounding community by reaching the whole person.

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	To Provide day to day guidance and leadership to agency staff, consumers and the community at large.	40,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	To provide competitive salaries and Benefits to the existing staff and increase the ability to increase the staffing pattern to meet the changing needs of the targeted population served.	20,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	To assist in meeting the growing expense and overhead incurred by the daily program operation. To meet the increasing cost of equipment, supplies and curriculum to remain in line with the most current developments. To Provide the staff with consistent up to date training opportunities.	20,000

<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	To provide a modality drug alcohol treatment program Outpatient Treatment, Intensive Outpatient Treatment and support services	20,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
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:

Letters of support can be provided upon request.

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?

Men, Women and Families within the Florida Department Children and Families in the Jefferson County Region area will be provided:
Provide a modality drug alcohol treatment program, anger management, and parenting.

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

Provide a modality drug alcohol treatment program of Outpatient Treatment, Intensive Outpatient and support services

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): Consumers admitted to the Drug Court program

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 checked="" type="checkbox"/> Improve physical health	Consumers will receive Life Skill Strategies to improve their physical health to reduce poor health habits	Completion of their Individual Treatment Plan and after care follow up activities.
<input checked="" type="checkbox"/> Improve mental health	Assessing individual needs by professional Case Management services.	Agencies Case Management Services. Linking with other agencies to provide a guide in addressing identified problem areas to be addressed by other agencies.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The agency evaluate all Consumers education needs and gains at admission.	Based on the education evaluation, consumers are offered and supported based on their individual needs. Services include but are not limited to: Admission back into mainstream education, Adult Ed, High School Diploma, distance Learning opportunities and Colleges
<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.)	The Orientation Phase of the program place emphasis on the	Evaluation and completion of Phase one Criminal Thinking curriculum.

	Criminal Thinking element.	
<input checked="" type="checkbox"/> Improve transportation conditions	Phase Two of the program is the Employment phase. Consumers are challenged, with the learning of the city transportation system. the task include but not limited to: understanding the bus schedule, times, routes and successful use of the same..	Evaluation of the consumers daily off site schedule to determine success in keeping with the schedule.
<input checked="" type="checkbox"/> Increase or improve economic activity	Phase Two of the program includes understanding and developing an individual budget.	Individual budgets are evaluated bi-weekly with consumers primary counselor.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Phase Two Employment phase of the program where the consumer must become gainfully employed.	Consumer is tasked with daily job searches and the completion of employment activities. This includes but not limited to: Interviewing skills, Application completion, job readiness skills and how to keep the job.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	A Major part of the program is centered around economic sufficiency as phase two employment phase is critical to the consumers successful completion of the program. This area is evaluated each month.	Bi-weekly review with primary counselor and a monthly evaluation by the program Treatment Team.
<input checked="" type="checkbox"/> Reduce recidivism	From admission to Completion reducing Recidivism is the main goal of the program. By the use of our evidence based/ research based curriculum we have experience a	The program provides Constant evaluation, support and feedback to the consumers in addressing recidivism.

	significant reduction in recidivism.	
<input checked="" type="checkbox"/> Reduce substance abuse	From admission to Completion reducing Substance Abuse is the main goal of the program. By the use of our evidence based/ research based curriculum we have experience a significant recovery from Substance Abuse.	The program provides Constant evaluation, support and feedback to the consumers in addressing Recovery from Substance Abuse.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	The Orientation Phase of the program place emphasis on the Criminal Thinking element. In addition the program offers a Drug court Diversionary program	Evaluation and completion of Phase one Criminal Thinking curriculum as well as the Drug Court Diversionary Program.
<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?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- Ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M