

**The Florida House of Representatives**  
**Appropriations Project Request - Fiscal Year 2022-23**  
For projects meeting the definition of House Rule 5.14

1. Title of Project: Women's Residential Treatment with Child Welfare Coordination and Medication Assisted Treatment
2. Date of Submission: 11/16/2021
3. House Member Sponsor: Rene Plasencia

**4. Details of Amount Requested:**

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2021-22
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request.

| FY:                | Input Prior Year Appropriation for this project<br>for FY 2021-22<br>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.) |                               |                          | Develop New Funds Request<br>for FY 2022-23<br>(Requests for additional RECURRING funds are prohibited.) |  |   |
|--------------------|--|-------------------------------|--------------------------|--|--|---|
| Column:            | A  | B                             | C                        | D  | E                                      | F   |
| Funds Description: | Prior Year Recurring Funds   | Prior Year Nonrecurring Funds | Total Funds Appropriated | Recurring Base Budget  | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b> |
| Input Amounts:     |  | 500,000                       | 500,000                  |  | 500,000                                | 500,000   |

- e. Provide the total cost of the project for FY 2022-23 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 | 500,000 | 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  |

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|              |                |             |    |
|--------------|----------------|-------------|----|
| 5. Other     | 0              | 0.0%        | No |
| <b>TOTAL</b> | <b>500,000</b> | <b>100%</b> |    |

5. Is this a multi-year project requiring funding from the state for more than one year?

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Suggested penalties the contracting agency may consider in addition to standard penalties for failing to meet deliverables or performance measures provided for in the contract may include: No payment of funds to agency as a result of not admitting clients within sixty (60) days of funding being made available; or No payment of funds to the agency if identified beds are vacant more than thirty (30) days.

7. Requester:

a. Name: Cheryl Bello

b. Organization: Specialized Treatment Education and Prevention Services, LLC

c. Email: Cheryl.Bello@flsteps.org

d. Phone #: (407)879-1201

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

a. Name: Cheryl Bello

b. Organization: Specialized Treatment Education and Prevention Services, LLC

c. Email: Cheryl.Bello@flsteps.org

d. Phone #: (407)879-1201

9. Registered lobbyist working to secure funding for this project.

a. Name: Christopher T. Dawson

b. Firm: GrayRobinson PA

c. Email: chris.dawson@gray-robinson.com

d. Phone #: (407)843-8880

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10. Organization or Name of entity receiving funds:

- a. Name: Central Florida Cares Health System
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

Reduce immense costs for multiple publicly funded systems in Brevard County by treating opioid addicted women and their child(ren) with an appropriate level of care. Many women wait several months to get the treatment they need; are released from jail without any treatment; or to an inappropriate level of care, because there are no level II residential beds in Brevard County. While we have been focused on the Covid-19 pandemic, the existing overdose epidemic, has only continued to rise.

13. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category   | Description | Amount Requested<br>(Should equal 4d, Col. E)<br>Enter "0" if request is zero for the category |
|---|-------------|--|
| Administrative Costs:   |             |  |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits |             |  |
| <input type="checkbox"/> b. Other Salary and Benefits                           |             |  |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other             |             |  |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study               |             |  |

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|   |   |                |
|---|---|----------------|
| Operational Costs:  |   |                |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                    | Staffing for the program to include a clinical director, program director, counselors, behavioral techs, nurses and dietitians. | 376,000        |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Expenses to include software, training, client transportation and operational supplies  | 102,000        |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study    | Consultation with medical director, CPA and psychiatrist  | 22,000         |
| Fixed Capital Construction/Major Renovation:                                    |   |                |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering   |   |                |
| <b>TOTAL</b>  |   | <b>500,000</b> |

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

15. Is the project request an information technology project?

No

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16. 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

a. Please Describe:

This project will be supported by the 18th Circuit Public Defender and Brevard Family Partnership, the lead Child Welfare agency in Brevard County, Florida.

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

a. Please Describe:

Multiple studies have been done by government agencies throughout the state. Jails in the service are experiencing a backlog due to not having residential treatment beds readily available. the courts are experiencing a backlog of cases due to the COVID 19 pandemic causing delays in access to treatment.

18. Will the requested funds be used directly for services to citizens?

Yes

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

In addition to level II residential treatment beds, and Medication Assisted Treatment (MAT) with an E-therapy component to all participants, a client-centered approach will be delivered through Evidenced Based Treatment Services including group therapy, individual and family counseling to address client specific needs and substance use disorders including parenting, and family dysfunction.

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

Funds for this project will provide ten (10) level II residential treatment beds, evidenced based group, individual and family counseling, transportation to and from treatment as well as all appointments including visitation with child(ren) in dependency care and Medication Assisted Treatment (MAT) with an emphasis on child welfare coordination and public safety.

c. 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

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- 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)

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. 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 or outcome |
|---|---|---|
| <input checked="" type="checkbox"/> Improve physical health | 75% of successful citizens served will receive primary medical care | Monitor compliance with physician appointments and            |

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|  |   |  |
|--|---|--|
|  | while in treatment  | documented in client files.  |
| <input checked="" type="checkbox"/> Improve mental health  | 75% of successful citizens served will receive mental health care sand stabilize on medications while in treatment  | Monitor compliance with appointments and medications, documented in client files.      |
| <input type="checkbox"/> Enrich cultural experience  |   |  |
| <input type="checkbox"/> Improve agricultural production/promotion/education                             |   |  |
| <input checked="" type="checkbox"/> Improve quality of education   | 75% of citizens eligible will be referred to GED classes and testing  | 75% of citizens eligible will be referred to GED classes and testing                   |
| <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.) | 75% of citizens with criminal justice involvement will comply with court orders and supervision   | Compliance will be documented in client files  |
| <input checked="" type="checkbox"/> Improve transportation conditions                                    | 75% of program participants will be transported to and from the treatment program, transported to scheduled appointments such as scheduled job interviews, doctors appoitments and will also have access to bus passes. | Travel logs will record transportation services and will be documented in client files |
| <input checked="" type="checkbox"/> Increase or improve economic activity                                | 75% of successful program participants will obtain employment.  | Documented in client files.  |

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|   |  |   |
|---|--|---|
| <input type="checkbox"/> Increase tourism   |  |   |
| <input type="checkbox"/> Create specific immediate job opportunities                        |  |   |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | 75% of successful program participants will return to safe and stable housing.   | Documented in client files                        |
| <input checked="" type="checkbox"/> Reduce recidivism                                       | 75% of successful program participants will improve probation outcomes.  | Documented in client files and probation reports. |
| <input checked="" type="checkbox"/> Reduce substance abuse                                  | 75% of successful program participants will achieve abstinence from substance use as evidenced by negative urinalysis testing. | Documented in client files.                       |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system            | 75% of successful program participants will complete court ordered requirements  | Documented in client files and/or court order.    |
| <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):   |  |   |

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