

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Hope Education and Addiction Services - Florida Recovery Schools

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Cord Byrd

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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (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 plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					700,000	700,000

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.

Reduction or elimination of funding if sobriety and/or attendance milestones are not reached consistently.

6. Requester:

- a. Name: James Milligan
- b. Organization: New Hope Education and Addiction Services, Inc., d/b/a Florida Recovery Schools
- c. Email: jim.milligan@gmail.com
- d. Phone #: (904)386-8194

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

- a. Name: James Milligan
- b. Organization: New Hope Education and Addiction Services, Inc., d/b/a Florida Recovery Schools
- c. Email: jim.milligan@gmail.com
- d. Phone #: (904)386-8194

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: Florida Recovery Schools
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Clay, Duval, Nassau, St. Johns

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?

Determine effectiveness of recovery high schools as a means to achieve long term sobriety of enrolled students. Currently, studies show that adolescents attempting to remain sober after treatment or recovery assistance face a relapse rate of over 50% in their first year. Students enrolled in recovery schools report sobriety rates of 80% or more. Our initial year of operations supports an objective of 80%.

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	Administrative Director who would be responsible for overseeing the activities of the non-profit, including fundraising, Board, compliance and human resources. Also includes 1/3 of the time of a Clinical Director, primarily to include time he/she spends with community stakeholders, other addiction support organizations, etc.	108,958
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Outreach Director, who would be responsible for overcoming the lack of awareness in the community regarding the nature and impact of adolescent addiction. This role is essential in building an awareness within the community regarding the school, and thereby attracting students who are in need of these services.	77,172

<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Internet, office supplies, professional associations, telephone, Board meetings, travel and lodging	30,106
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	One full time teacher, 2/3 of the time of the Clinical Director, and addiction counselors (full time and contractor), all of who deal directly with the students on a daily basis.	274,697
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Student transportation, activities costs, rent, repairs and maintenance, insurance	179,067
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	grant writer	30,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		700,000

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:

Superintendent of Schools, Duval County Public Schools, Chair, Duval County School Board, Councilman Bill Gulliford, City of Jacksonville City Council, Hon. Lester Bass, Judge, Duval County Court, Steve Bauer, Director of Adolescent Services, Gateway Community Services, Inc.

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?

Addiction counseling provided by certified addiction specialists to students enrolled in the school. Some of the education services (teachers, equipment, curriculum materials) will be provided by Duval County Public Schools. These services are only provided today by individual addiction therapists or counselors who work with individual teens for a fee. The 35 recovery high schools that exist around the country (none in the Southeast except our school) are the only source through which these s

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

Addiction counseling provided by addiction specialists to students enrolled in recovery schools. These services include group and individual counseling, drug testing, peer group development, general health improvement services, etc.

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): Adolescents with a substance abuse disorder.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Increase number of days of medication compliance Increase days between episodes Increase number of days drug free	GAIN Short Screen Self reporting Parent interview Provider verification (e.g. private counselor)
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental,	Number of days abstinent Decrease	Self Reporting Timeline Followback

criminal, etc.)	number of days of juvenile system involvement	Form 90 (TLFB Form 90)
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Decrease number of days of legal system involvement Improve social and family relations	GAIN Short Screen Timeline Followback Form 90 (TLFB Form 90) Self Report Department of Juvenile Justice reports
<input checked="" type="checkbox"/> Reduce substance abuse	Increase number of drug free days Decrease days missed from school	Urinalysis GAIN Short Screen Timeline Followback Form 90 (TLFB Form 90) Self Report Parent interview
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decrease number of days of DJJ involvement	Self report Booking reports DJJ reports
<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:	700,000	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	700,000	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