

LEGISLATIVE FACT SHEET

DATE: 07/02/19

BT or RC No: BT 19-106
(Administration & City Council Bills)

SPONSOR: Judicial Courts
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation Charles Patterson

Provide Name: Charles Patterson

Contact Number: 904-255-1009

Email Address: cpatterson@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

To appropriate funding from a SAMHSA grant provided by the U.S. Department of Health and Human Services. This is a first year disbursement of a five year grant approved through May 30, 2024. This project will expand the collaborative delivery system of population focused care between the Fourth Judicial Circuit and local community-based care agencies. It will provide evidence-based treatment modalities to 40 unduplicated participants annually with a goal of serving 200 participants during the five-year project. This project will provide long-term residential treatment services as deemed clinically necessary to achieve the individual goals for each participant prior to transition to an outpatient setting. This project will also provide peer support services evidence-based practices (EBPs) to all participants in both group and individual formats. Treatment staff are trained and experienced in providing Moral Reconciliation Therapy, Seeking Safety, Relapse Prevention Therapy, Motivational Interviewing, Living in Balance, Matrix, Anger Management, Trauma Focused CBT, Real Life Heroes, and Structured Psychotherapy for Adolescents ("SPARCS"). These EBPs are designed to address trauma, relapse, and recidivism and will provide program participants with skills that will reduce the number and frequency of relapse, and improve personal coping skills therefore increasing program completion and reducing after program relapses and recidivism.

APPROPRIATION: Total Amount Appropriated \$394,136.00 as follows:
 List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: U.S. Department of Health and Human Services (SAMHSA)	Amount: \$394,136.00
	To: Miscellaneous Grant Projects / SAMHSA COSR1F1ADC/ 331690 / COS016/19	Amount: \$394,136.00
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

The U.S. Department of Health and Human Services is providing to the Courts a 5 year grant beginning September 30, 2018 through September 29, 2023. These funds will be used in the Adult Drug Court to expand and enhance the quality and/or intensity of services. This grant will allow the courts to implement evidence based treatment modalities, increase available bed days for adult residential treatment, increase the use of medication assisted treatment, and provide random, observed drug and alcohol testing. Intense substance abuse/mental health treatment services, and case management will also be provided with the various support services. Staffing will be provided through current contracted staff members. There is no City match required. We would request that this grant be added to the B1 schedule for FY 20 after it has been approved by Council.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

This is a five year grant beginning May 31, 2019 through May 30, 2024. The grantor allows for funds to be carried over through a waiver that can be requested by the courts in the event that funds are not expended in the budget year and are anticipated to be spent in the new budget year.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

The Grant will be overseen by Teri Hamlyn, Director of Problem Solving Courts. This is a grant provided by the U.S. Department of Health and Human Services.

Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

Division Chief: Joseph D. Stefan, Jr.
(signature)

Date: 7/2/19

Prepared By: Carl Wells
(signature)

Date: 7/2/19

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Joseph G. Stelma, Trial Court Administrator, Court Administration
(Name, Job Title, Department)

Phone: 904-255-1002 E-mail: jstelma@coj.net

From: Charles Patterson, Administrative Services Manager, Court Administration
Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-1009 E-mail: cpatterson@coj.net

Primary Contact: Charles Patterson, Administrative Services Manager, Court Administration
(Name, Job Title, Department)

Phone: 904-255-1009 E-mail: cpatterson@coj.net

CC: Jordan Elsbury, Intergovernmental Affairs Liason, Office of the Mayor
904-630-1825 E-mail: JElsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer

Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)

Phone: _____ E-mail: _____

CC: Jordan Elsbury, Intergovernmental Affairs Liason, Office of the Mayor
904-630-1825 E-mail: JElsbury@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No
Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED