LEGISLATIVE FACT SHEET

| DATE: | 08/10/18 | BT or RC No: B718-097 |
|------------------------|--|---|
| | | (Administration & City Council Bills) |
| | | |
| SPONSOR: | Judicial Courts | |
| SPONSOK. | Judiciai Courts | (Department/Division/Agency/Council Member) |
| | | (Bepartment Bivision), igency, countries internacy |
| Contact for all in | quiries and presentation | onCharles Patterson |
| Provide Name: | | Charles Patterson |
| Contac | t Number: | 904-255-1009 |
| Email A | Address: | cpatterson@coj.net |
| Research will complete | | n is necessary? Provide; Who, What, When, Where, How and the Impact.) Council ed legislation and the Administration is responsible for all other legislation. |
| | | provided by the U.S. Department of Health and Human Services. This is a |
| | | roved through September 29, 2023. Funding will be used to expand and implement evidence based treatment modalities, increase available bed |
| days for adult reside | ential treatment, increase th | e use of medication assisted treatment, and provide random, observed |
| | sting. Intense substance abo arious support services. | use/mental health treatment services, and case management will also be |
| provided with the va | arous support sorviocs. | |
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| | mount Appropriatec \$398,800.00 ovide Object and Subobject Numbers for each | as follows: category listed below: |
|--|--|---|
| (Name of Fund as it will appear in | | |
| Name of Federal Funding Source(s | U.S. Department of Health and Human Services | Amount: \$398,800.00 |
| value of Federal Funding Godice(S | Miscellaneous Grant Projects / SAMHSA Adult Drug To: Court Enhancement COSR1F1ADC / COS009-18 | Amount: \$398,800.00 |
| Name of State Funding Source(s): | From: | Amount: |
| | To: | Amount: |
| Name of City of Jacksonville | From: | Amount: |
| Funding Source(s): | To: | Amount: |
| Name of In-Kind Contribution(s): | From: | Amount: |
| | То: | Amount: |
| Name & Number of Bond | From: | Amount: |
| Account(s): | То: | Amount: |
| Explain: Where are the funds come the funding for a specific time fram 122 & 106 regarding funding of an (Minimum of 350 words - Maximum of The U.S. Department of Health and 2018 through September 29, 2023 and/or intensity of services. This gavailable bed days for adult reside observed drug and alcohol testing. | PROPRIATION / FINANCIAL IMPACT / OTHER ning from, going to, how will the funds be used? Does the ne? Will there be an ongoing maintenance? and staffiniticipated post-construction operation costs. of 1 page.) d Human Services is providing to the Courts a 5 year grants. These funds will be used in the Adult Drug Court to expand a rant will allow the courts to implement evidence based treatment will allow the courts to implement evidence based treatment treatment, increase the use of medication assisted treatmens substance abuse/mental health treatment services support services. Staffing will be provided through current in the services of the services of the services. | funding require a match? Is a pobligation? Per Chapters of the beginning September 30, and and enhance the quality atment modalities, increase reatment, and provide random, es, and case management will |
| | | |

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

| ACTION ITEMS: Yes | No | |
|--------------------------------------|----|--|
| Emergency? | X | Justification of Emergency: If yes, explanation must include detailed nature of |
| | | emergency. |
| Federal or State Mandate? | x | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. |
| Fiscal Year X | | Note: If yes, note must include explanation of all-year subfund carryover |
| Carryover?^_ | | language. This is a five year grant beginning September 30, 2018 through September 29, 2023. 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? Contract / Agreement | × | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if |
| Approval? | | 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? X | | Attachment: If yes, attach appropriate RC/BT form(s). |
| Waiver of Code? | Х | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. |
| Code Exception? | x | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. |
| Related Enacted Ordinances? | X | 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. |
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ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

| ACTION ITEMS: Y Continuation of Grant? | es No X | 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? |
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| Surplus Property Certification? Reporting Requirements? | x x | 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: | Sof ! | Date: 5/3/18 (signature) Date: 5/13/18 |

ADMINISTRATIVE TRANSMITTAL

| То: | 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: <u>jstelma@coj.net</u> | | |
| From: | Charles Patterson, Administrative Services Manager, Court Administration | | |
| | Initiating Department Representative (Name, Job Title, Department) | | |
| | Phone: 904-255-1009 | | |
| Primary | Charles Patterson, Administrative Services Manager, Court Administration | | |
| Contact: | (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 | | |
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| COUNC | CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL | | |
| To: | Peggy Sidman, Office of General Counsel, St. James Suite 480 | | |
| 10. | Phone: 904-630-4647 E-mail: psidman@coj.net | | |
| From: | | | |
| | Initiating Council Member / Independent Agency / Constitutional Officer | | |
| | Phone: E-mail: | | |
| Primary | | | |
| | (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 | | |
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| | on from Independent Agencies requires a resolution from the Independent Agency Board ig the legislation. | | |
| 200 | dent Agency Action Item: Yes No | | |
| | Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled? | | |
| | when is board action scheduled: | | |
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