

The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Walton County Drug Court

Senate Sponsor: George Gainer
 Date of Submission: 11/17/2017

4. Project/Program Description:

Walton County Drug Court is a Pretrial Intervention Program designed as an alternative to traditional incarceration for first-time, non-violent criminal offenders who are charged with the purchase or possession of a controlled substance and/or other substance abuse-related offense. The program is designed to guide drug-addicted offenders into treatment that will reduce drug dependence and improve the quality of life for the offenders and their families. Benefits to society include substantial reductions in crime, resulting in reduced costs to taxpayers and increased public safety. The program includes supervision and monitoring by a drug court team and drug court judge. The drug court team will work with and help the participant to comply with the requirements of the program and to successfully work toward recovery.

5. State Agency Contacted? No

- a. If yes, which state agency?
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? <u>State Court System</u>

6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
225,000		225,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

- 8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 225,000
- 9. Previous Year Funding Details:



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- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

To implement an Adult Drug Court in Walton County. The program's goals are to guide drug-addicted offenders into treatment, reduce drug dependence, increase quality of life, reduce crime, reduce taxpayer cost, increase public safety.

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

The drug court team will work with and help the participant to comply with the requirements of the program to successfully work toward recovery. Services include Intensive Outpatient Substance Abuse Treatment, Individual Counseling, Case Management, Employment Counseling, Education and Literacy Assistance, Parenting, Health Care Referrals, Housing Assistance, Childcare, Mental Health, and life-skill training.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Project Head will oversee daily operations of program and act as a liaison between the Judicial System and Service	68,879



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	Provider	
☑Other Salary and Benefits	Master's level clinician, case manager, support staff	127,821
☑Expense/Equipment/Travel/Supplies/Other	Building Occupancy, travel, computers, insurance, office supplies.	28,300
□Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		225,000

d. What are the direct services to be provided to citizens by the appropriations project?

_Services include Intensive Outpatient Substance Abuse Treatment, Individual Counseling, Case Management, Employment Counseling, Education and Literacy Assistance, Parenting, Health Care Referrals, Housing Assistance, Childcare, Mental Health, and life-skill training.

e. Who is the target population served by this project? How many individuals are expected to be served?

Participants must be 18 years of age or older, first-time, non-violent criminal offenders who are charged with the purchase or possession of a controlled substance and/or other substance abuse related offense.

- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
 - 1. Reduce Recidivism: Measure 75% of participants will not be re-arrested for drug charges in a 12 month period. Methodology: Total number of participants in a 12 month period and the percentage that are rearrested within the same 12 month period.

 2. Reduce Substance Abuse: Measure: 75% of of participants who test positive at admission will test negative during program and at discharge. Methodology: The performance indicator will be based on a six month period. The percentage will be calculated on the number of positive test and the total number of drug test by participant.

 3. Divert from criminal justice system: Measure

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<u>51-100</u> participants will be diverted to Drug Court Program. Methodology: 75% of participants will successfully complete Drug Court requirements.

- g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

 _Reduction in Funding.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.
 N/A
- 13. Requestor Contact Information:

a. Name: Rachel R. Gillis

b. Organization: Chautauqua Offices of Psychotherapy and Evaluation, Inc.

c. Email: Rachel.gillis@chhealthcare.org

d. Phone Number: (850)892-8045

- 14. Recipient Contact Information:
 - a. Organization: Chautauqua Offices of Psychotherapy and Evaluation, Inc.
 - **b. County:** Walton
 - c. Organization Type:
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
 - d. Contact Name: Rachel R. Gillis

e. E-mail Address: Rachel.gillis@chhealthcare.org

f. Phone Number: (850)892-8045

- 15. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Patrick Bell
 b. Firm: Capitol Solutions
 c. Email: pebell@earthlink.net
 d. Phone Number: (850)544-0784