



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2172

**1. Title of Project:** Cognitive Self Change Project

**2. Senate Sponsor:** David Simmons

**3. Date of Submission:** 01/16/2019

**4. Project/Program Description:**

Provide group cognitive behavioral psycho-social education to inmates in the Seminole County Correctional Facility (John E. Polk), a proven sequence of outpatient services to individuals currently incarcerated. This program "Thinking 4 Change" has proven to increase healthy decision making skills, employment and decrease recidivism by clients. It is modeled after a nationally recognized program "Cognitive Self Change Project", and been approved by the National Institute of Corrections

**5. State Agency to receive requested funds :** Department of Corrections

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	205,850
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>205,850</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	205,850	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>205,850</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. 205,850

**10. Details on how the requested state funds will be expended**



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Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Responsible for the overall coordination and delivery of clinical services, collaborating with correctional facility staff on issues relating to referrals and evaluation components.	40,200
Other Salary and Benefits	Portion of Executive Director's salary and benefits and support staff salary and benefits in developing the clinical structure and administrative components of the implementation process.	23,650
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Four (4) Certified Facilitators @ .25 FTE's, providing the direct client initial evaluation, group counseling and follow-up evaluations of participants.	100,000
Expense/Equipment/Travel/Supplies/Other	Training materials, group educational materials, clinical testing, forms, office supplies and travel reimbursement.	18,750
Consultants/Contracted Services/Study	Medical/Psychiatric Consultation relating to evaluations and medication management as needed for the those individuals with opioid addiction or other substance use issues. Evaluation Component - to access the effectiveness and cost versus saving realized from the program.	23,250
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>205,850</b>

**11. Program Performance:**

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

Reduce recidivism, substance abuse, anti-social criminal activity as well as the overall health of families and communities in the Central Florida area.

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

Offenders released from the correctional facility will be offered a twelve (12) week sequence of Cognitive Self Change psycho-educational groups; we anticipate 110 participants will be exposed to the groups and each group will provide a structured focus on enhancing the social skills, increasing problem solving and techniques to minimize unhealthy behaviors, attitudes and beliefs.

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

Two (2) certified counselors will render gender specific groups to clients with the focus on helping them learn new thinking techniques, document Thinking 4 Change reports, learn to identify risky behaviors, feelings, and attitudes that lead clients to criminal and/or anti-social behaviors.



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

Individuals currently incarcerated and/or most recently released onto the community, protect the general public from harm or criminal activity and improved economic activity due to the changes manifested.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

1. Improve physical health (decrease in HIV/AIDS and Hep C); this will be measured by a Pre/Post Questionnaire. 2. Improve mental health; clients will be evaluated through Pre and Post Tests; these tests will score seven (7) key metrics of functioning: Legal, use or abuse of opioids, alcohol, and other addictive mood altering substances. 3. Reduce substance abuse; evaluation process will document the Pre/Post substance abuse episodes. 4. Reduce recidivism; evaluation process will document violations and behaviors that result in recidivism. 5. Divert from Criminal/Juvenile justice system; evaluation process will be assessed to calculate the cost impact on the criminal justice system. 6. Enhance specific individual's economic self-sufficiency; evaluation process will consist of a Pre/Post Test that will address "Self-Appraisal", relationship stability and employment status.

**f. 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?**

Delay until deliverables and measures are met.

**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:** Alfredo Valentin
- b. **Organization:** Turning Point of Central Florida, Inc.
- c. **E-mail Address:** avalentin@turningpointcfl.org
- d. **Phone Number:** (407)740-5655

**14. Recipient Contact Information:**

- a. **Organization:** Turning Point of Central Florida, Inc.
- b. **County:** Seminole
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Alfredo Valentin



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e. **E-mail Address:** avalentin@turningpointcfl.org

f. **Phone Number:** (407)740-5655

#### 15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**