



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2456

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of Putnam/St. Johns Residential Re-Entry Program is to reduce fatal/non-fatal opioid/other drug overdoses among inmates released from Putnam and St. John's County Jails with a Substance Use Diagnosis. Inmates will be court mandated to a 15 bed residential treatment program to complete either a residential level 1 or residential level 2 program as described in Chapter 397 F.S. and Chapter 65D-30 F.A.C. Level 1 program will be a maximum of 30 days while Level 2 is a maximum of 90 days.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,600,000
Fixed Capital Outlay	0
Total State Funds Requested	1,600,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,600,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,600,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Private grant funding could be a source.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

\$270,521.20 was received through the CARES Act. The funds were used to cover direct COVID related costs and lost revenue associated with fewer outpatient visits.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Administrative salaries allocated for components of Human Resources, Accounting, IT, Executive Management, Patient Accounts Performance Improvement	120,000
Expense/Equipment/Travel/Supplies/Other	Administrative expense associated with the above mentioned departments.	36,333
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	1 FTE Director of Operations; 1 FTE Customer Service Representative; 3 FTE Cooks; 2 FTE Counselors; 2 FTE Medical Case Managers; 0.25 FTE Advance Practice Registered Nurse (APRN); 8 Behavioral Health Technicians; 10% of a regional director of clinical services	924,892
Expense/Equipment/Travel/Supplies/Other	Utilities; repairs/maintenance; property insurance; voice communications; equip under \$2,500, equip leasing/maintenance; equipment repairs; auto maintenance; auto fuel; food & kitchen supplies; medicine & drug expenses; medical supplies; lab expense; wireless services; licenses & permits; client services; office materials & supplies; minor outdoor renovations for recreational therapy; and other. Furniture and essentials for lobby/reception area, 15 residential bedrooms, two common living areas,	422,634
Consultants/Contracted Services/Study	Janitorial contracts; repair & maintenance contracts; professional fees- physician expenses; and linen/laundry subcontracted.	96,141
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,600,000

14. Program Performance

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

Goal is to reduce non-fatal and fatal overdoses of substance use by funding a re-entry residential level 1 and residential level 2, 15 bed program specific to inmates released from Putnam and St. John's County Jail with a diagnosis of a Substance Use Disorder in order to reduce recidivism of drug related incidents. Level 1 program is 30-60 days while Level 2 program is up to 90 days.

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

Daily therapeutic services will be provided that include the following: Screening & Assessment; Medication Management; Individual Therapy; Group Therapy; Family Therapy; Case Management Services; Recreational, Art, Music, & Movement Therapies; Substance Abuse Education; Life Skills Training; Health Education; Relapse Prevention; and Re-Entry Services (job readiness/preparation)

c. What direct services will be provided to citizens by the appropriation project?

Level 1 program is 30 days:

- This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.
- Requires at least 14 hours of counseling.

Level 2 program is 90 days:

- Appropriate for persons characterized as having chaotic and often abusive interpersonal relationships, extensive criminal justice histories, prior treatment episodes in less restrictive levels of care, inconsistent work histories and educational experiences, and antisocial behavior.
- Besides clinical, emphasis is also placed on services that address educational and vocational needs, socially dysfunctional behavior, and need for stable housing
- Requires at least 10 hours of counseling

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

Target populations include: Persons with poor mental health, Economically disadvantaged persons, Substance users (in health services), Currently or formerly incarcerated persons, and Drug offenders (in criminal Justice). Putnam Co. and St. Johns Sheriff's Office and Putnam Co. State Attorney's Office have expressed support for this project, and can use the program for conditions of sentence and/or probation.

Total number to be serviced expected to be between 51-100.

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



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Outcome: Protect the general public from harm (environmental, criminal, etc.)
 Measure: Reduce number of arrests among the target population. Reduce number of days incarcerated.
 Methodology: Baseline established at intake, data gathered monthly.

Outcome: Reduce recidivism
 Measure: Reduce days spent in psychiatric hospital, crisis stabilization unit, or detoxification units. Reduce arrests and incarcerations. Reduce high risk behaviors that present a danger to self or others.
 Methodology: Baseline established at intake, data gathered monthly

Outcome: Reduce substance abuse
 Measure: Increase days of sobriety, reduction of fatal and non-fatal overdoses
 Methodology: Baseline established at intake, data gathered monthly.

Outcome: Divert from Criminal/Juvenile Justice System
 Measure: Reduce days incarcerated. Reduce arrests. Liaison with law enforcement agencies and the court system in the interest of the target population, Methodology: Baseline established at intake, data gathered

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 the contract?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information



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a. Name	<input type="text" value="Douglas S. Bell"/>
b. Firm Name	<input type="text" value="Metz Husband & Daughton PA"/>
c. E-mail Address	<input type="text" value="doug.bell@mhdfirm.com"/>
d. Phone Number	<input type="text" value="(850)205-9000"/>