

The Florida Senate **Local Funding Initiative Request**

Fiscal Year 2023-2024

LFIR # 2169

| 1. Project Title | Freedom To Change: Inmate S | ustained Recovery Progr | am | | |
|--|--|--|--|---|--|
| 2. Senate Sponsor | Tom Wright | | | | |
| 3. Date of Request | 02/23/2023 | | | | |
| 4. Project/Program De | escription | | | | |
| pathways. Freedom people with lived exp They share these ex (Wellness Recovery specialist uses the V participants' independent program has a waiting the path of the control of the contro | lliance (VRA) is a recovery commu To Change (FTC) is a voluntary re- perience and practical knowledge I periences for the benefit of the wo Action Plan), an evidence-based I VRAP to provide the needed supple idence. The peer promotes recove- ing list of 20-30 women at a time ar- uld add this program for the men's | ecovery coaching prograr because of their long-terr men served by FTC. The practice to work with the ort to reduce or eliminate try, empowerment, self-d and the expansion will incr | n provided by the VF n recovery from sub recovery peer spec ncarcerated women jail recidivism and to rection, and decisio | RA. Péer Specialist are stance use disorder. cialist utilizes WRAP in The recovery peer o enhance the n-making. The current | |
| | , , | • | • '1' | | |
| 5. State Agency to rec | ceive requested funds Department | artment of Children and F | amilies | | |
| State Agency conta | cted? No | | | | |
| 0 A | | | | | |
| b. Amount of the Nonr | ecurring Request for Fiscal Yea | r 2023-2024 | | | |
| Type of Funding | | Amo | Amount | | |
| Operations 96, | | | 96,000 | | |
| Fixed Capital Outlay | | | 0 | | |
| Total State Funds F | Requested | 96,000 | | | |
| 7. Total Project Cost f | or Fiscal Year 2023-2024 (includ | ing matching funds ava | nilable for this proj | ect) | |
| Type of Funding | | Amount | Percentage | | |
| | equested (from question #6) | 96,000 | 77% | | |
| Matching Funds | | , | | | |
| Federal | | 0 | 0% | | |
| State (excluding the | amount of this request) | 0 | 0% | | |
| Local | • | 0 | 0% | | |

8. Has this project previously received state funding?

Total Project Costs for Fiscal Year 2023-2024

28,000

124,000

23%

100%

| Fiscal Year | Amount | | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |

Other |

Yes

a. If yes, indicate nonrecurring amount per year.

96,000

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

Volusia Recovery Alliance will continue to do outreach to our faith-based communities and other community partners for funding.



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Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2169

| 10. Has the entity requesting this pr | roject received any federal assistance related to the COVID-19 pane | demic? |
|---|---|----------|
| No | | |
| If yes, indicate the amount of fur | nds received and what the funds were used for. | |
| Complete questions 11 ar | nd 12 for Fixed Capital Outlay Projects | |
| 11. Status of Construction | | |
| a. What is the current phase of th | ne project? | |
| OPlanning ODesign (| Construction | |
| b. Is the project "shovel ready" (i | i.e permitted)? | |
| c. What is the estimated start dat | e of construction? | |
| d. What is the estimated complet | ion date of construction? | |
| 12. List the owners of the facility to relationship between the owner | receive, directly or indirectly, any fixed capital outlay funding. Inc s of the facility and the entity. | lude the |
| | | |
| 13. Details on how the requested sta | ate funds will be expended | |
| Spending Category | Description | Amount |
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | (|

| Administrative Costs: | | |
|---|---|--------|
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Add two full-time certified recovery peer specialists at \$17.00 per hour + 26% fringe | 90,000 |
| Expense/Equipment/Travel/Supplies/ Other | Wellness Recovery Action Plan work books: 10 @ \$15 = \$150 Votran Monthly Bus Passes for 100 participants for 2 months upon release 100 x \$46.00 per pass = \$4,600 Lyft rides for release transportation to a sober residence: 100 x \$12.50 per ride = \$1250 | 6,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | |

14. Program Performance

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



The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2169

Volusia Recovery Alliance provided a pilot program called Freedom To Change (FTC) in the Volusia County Women's Jail pre-Covid which was disrupted by Covid precautions and then relaunched in May 2022. The program is designed to reduce recidivism and help the women achieve long-term recovery from substance use disorder. We teach them recovery tools and how to apply the evidence-based Wellness Recovery Action Plan (WRAP) curriculum to their lives. Our goal is to expand the FTC program to help more women in the jail and to add participants from the men's jail. Outcomes will be measured, and the program can be replicated in other facilities.

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

The Freedom to Change program provides WRAP (Wellness Recovery Action Plan) services in a group format twice weekly. These services are provided by recovery peer specialist. The recovery peer specialist will meet with the individual on a individual basis so that they have a recovery plan on how to maintain recovery upon release. They utilize their lived experience to give the individual hope that recovery is possible. The recovery peer specialist links the individual to the necessary support services in the community. These services could include housing, mental health support services, childcare, clothing, and items for their basic needs.

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

Group and one-on-one coaching are provided to assist the individual in setting recovery goals that help the person sustain recovery from substance use disorder and mental health challenges. Areas of need are identified by utilizing assessments that define the specific services needed before and after release.

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

Our target population is the men and women who are incarcerated in the Volusia County Jail suffering from substance use disorder and mental health challenges. With these additional funds, the program could increase the amount of people served to a minimum of 120 people per year.

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

The expected benefit is to increase the number of those incarcerated persons who, when released will continue their sobriety by utilizing the services of our recovery peer specialists to gain life skills and achieve success. Additionally, this program while helping the inmates be successful upon release also benefits the corrections officers and society at large because the program emphasizes respect. Outcomes are measured on a monthly basis utilizing recovery assessment tools and are tracked in a database by program leaders.

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?

The agency's standard penalties are sufficient, and loss of future funding would impact our jail participants who lack access to resources that help them not re-offend.

| 15. Requester Contact | t Information | | | |
|-----------------------------------|---------------------------|-----------|---------|--|
| a. First Name | Karen | Last Name | Chrapek | |
| b. Organization | Volusia Recovery Alliance | e, Inc. | | |
| c. E-mail Address | karenc.rcs@gmail.com | | | |
| d. Phone Number | (386)846-6061 | Ext. | | |
| 16. Recipient Contact Information | | | | |
| a. Organization | Volusia Recovery Alliance | e, Inc. | | |
| b. Municipality and | d County Volusia | | | |
| c. Organization Ty | pe | | | |



17.

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2169

| □For Profit Entity | | | | | |
|------------------------------|------------------------|-----------|---------|--|--|
| ☑Non Profit 501(c)(3) | | | | | |
| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | |
| □Local Entity | | | | | |
| □University or Co | □University or College | | | | |
| □Other (please specify) | | | | | |
| d. First Name | Karen | Last Name | Chrapek | | |
| e. E-mail Address | karenc.rcs@gmail.com | | | | |
| f. Phone Number | (386)846-6061 | | | | |
| Lobbyist Contact Information | | | | | |
| a. Name | None | | | | |
| b. Firm Name | None | | | | |
| c. E-mail Address | | | | | |
| d. Phone Number | | | | | |