



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2741

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Continuum of Care program offers enhanced offender rehabilitation to include cognitive-based therapy (individual and group) integrated with enhanced transition case management and community based post-release services.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	2,478,466
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,478,466</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,478,466	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,478,466</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	2,478,466	614	No

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.

None

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

No

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



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### 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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Programming Staff (35 staff serving 3 locations)	1,740,864
Expense/Equipment/Travel/Supplies/Other	Training, post-release services and program expenses	737,602
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,478,466</b>

**14. Program Performance**

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

The primary goal of the Continuum of Care program is to reduce recidivism. Since implementation of the Continuum of Care at GEO facilities, we have realized a reduction in recidivism year over year for those engaged in the program versus those that are not engaged. Other program goals are ensuring a successful reentry for participants through engagement with their local communities, which in turn will enhance public safety.

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

Core correctional practices training for facilities staff; evidence based in-prison rehabilitative programming for individuals who will be transitioning back into their community; post release support services for successful reintegration. All Continuum of Care Services are provided, pursuant to a contract with DMS, on a cost reimbursement basis with no profit or administrative fee.



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

Cognitive behavioral treatment programs; education and vocational training; substance abuse counseling and treatment; one-on-one transition support including individual cognitive behavioral therapy, and dedicated case management including a 24x7 call center and funded individual service packages for basic welfare and support via community resource referrals for up to one year.

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

The Continuum of Care program serves individuals while in-custody and post-release into the community. Currently, the program serves over 4,000 individuals in three facilities. Services are provided on a cost reimbursement basis with no profit or administrative fee.

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

intervals. However, there are many ways to measure the various components of the program. For those in-custody, the Continuum of Care creates more positive environment and reduces safety risks. this is measured by reviewing discipline reports, SIRs/criminal thinking scales, formal grievances filed and staff complaint as a comparison over time. The Education/Vocation component can be measured by determining the total number of hours completed in each program and certifications granted for participants. Post-release participants education and employment status are measured at monthly intervals. The substance abuse component can be measured through urine analysis, SA hours and completion of urinalysis over time.

**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?**

Penalties for failing to meet deliverables or performance measures are addressed in the existing contracts for each of the three facilities.

**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)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number