



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1882

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Project is designed to recruit and enroll graduates of the in-prison treatment services into the Certified Recovery Peer Specialist training program; provide core educational training and on-the-job work experience during their incarceration, meet all requirements for certification; and eventually place them in employment as CRPS professionals upon release to the community post-incarceration. The program is a recovery oriented, career-track educational opportunity for employment.

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	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	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>1,000,000</b>	<b>100%</b>

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.

Unknown - but federal grant funds may be sought to supplement the employment training and placement components.

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

No



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

## 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	Project Coordinator - manages coordination with Department; develops program training curriculum, coordinates with FL certification bodies for adherence to training requirements; supervises Project staff; responsible for data collection and reporting; as well as, manages external relationships for job placement functions for program participants upon their release from incarceration. Salary for Project Coordinator: \$85,000 Full benefits for Project Coordinator @ 30%: \$25,500 Includes all FIC	110,500
Other Salary and Benefits	Corporate Administrative Overhead Support for Project (@ 13.5% of Direct OPEX)	119,000
Expense/Equipment/Travel/Supplies/Other	Computer equipment; supplies for Project Coordinator; pro-ration of office space use for Project Coordinator; and, Travel Expenses across regions to provide oversight, staff supervision, and identifying/managing job placement contracts.	35,000
Consultants/Contracted Services/Study	Project Consultant for Evaluation of Performance/Outcome Measures	12,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Project Staff - Wages and Benefits at 30% of wage total: Peer Recovery Training Supervisor: \$75,000; Training Instructors (3 FTEs @ \$50,000 ea.): \$150,000; Post-Release Employment Specialist (3 FTEs @ \$50,000 ea.): \$150,000; and, Total Fringe Benefits @ 30% for all 7 FTEs: \$112,500.	487,500



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Expense/Equipment/Travel/Supplies/Other	Supplies & Equipment (computers, office supplies, etc.) @ \$4000/employee: \$28,000. Travel Expenses to/from training institutions on a daily basis for Trainers while training cohort is underway; Employment Specialists will be leased vehicles to seek out employment opportunities, with possible overnight travel reimbursement required as staff cover an entire region. Anticipate \$1,000/month travel expense for Trainers; \$1,500/month travel for Supervisor/Employment Specialists.	136,000
Consultants/Contracted Services/Study	Participant Stipend (\$1,000/participant for institutional job payment through FDC job category assignments); Anticipate 100 participants through the program in Year One, for a total expense line of \$100,000.	100,000
<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>1,000,000</b>

#### 14. Program Performance

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

The Project is designed to recruit and enroll graduates of the in-prison treatment services into the Certified Recovery Peer Specialist training program; provide core educational training and on-the-job work experience during their incarceration, meet all requirements for certification; and eventually place them in employment as CRPS professionals upon release to the community post-incarceration. The program is a recovery oriented, career-track educational opportunity for employment.

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

1) Eligibility, Screening and Enrollment of inmates into the CRPS Training Program; 2) Educational Training; 3) In-Prison Paid Internship jobs; 4) Certification Testing; and 5) Job Placement Services

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

Through the implementation of the project, more inmates will receive mental health and substance abuse services due to the certification of Certified Recovery Peer Specialists. More treatment translates into greater inmate stability and reduces recidivism once they are released. The trained CRPS will be able to provide similar mental health and substance abuse treatment in the community.

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

The Project will serve currently incarcerated inmates who are approaching their release date and provide training and certification to become a Certified Recovery Peer Specialist. The program will provide core educational training and on-the-job work experience during their incarceration to provide treatment to other inmates. The program will work to place them in employment as CRPS professionals upon release to the community post-incarceration. The program is a recovery oriented, career-track educational opportunity for employment.

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

Inmates enrolled in CRPS will provide mental health and substance abuse services to other inmates as well as receive high demand job skills upon release. More in facility treatment translates into greater inmate stability and reduces recidivism once released. Once released, the trained CRPS will be able to provide similar mental health and substance abuse treatment in the community. Gateway will utilize its research staff along with FDOC to evaluate the successful treatment in facility and transition of CRPS trained inmates during training and certification and once released back into the community.

##### 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?



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Return unused funds and whatever penalties or corrective activities imposed by Dept of Corrections.

#### 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

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number