



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1335

**1. Title of Project:** Ft. Myers Salvation Army Co-occurring Residential Treatment Program

**2. Senate Sponsor:** Lizbeth Benacquisto

**3. Date of Submission:** 02/11/2019

**4. Project/Program Description:**

The Fort Myers Salvation Army Co-Occurring Residential Treatment Program will provide mental health and substance abuse treatment for ten (10) FDC felony probation beds, serving up to 20 individuals in FY 2019-20. Program services include: A Psychiatrist to provide an initial assessment, diagnosis and ongoing medication management of clients while in residence (the Psychiatrist will see each client at least monthly, or more, if indicated); A Masters Level Mental Health Clinician (licensed or registered Intern) to provide direct client mental health services, including 1 hour of counseling per client and one mental health group weekly, liaison between the program, clients, medication management with the psychiatrist, prescription medication for clients, laboratory blood work for clients and includes all requirements/ services of our current FDC contract for non-secure substance abuse treatment. The cost of this program is \$275,000 (\$75.00 per client per day).

**5. State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	275,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>275,000</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)	275,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>275,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		165,000	372	No

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



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a. If yes, indicate non-recurring amount per year. \$275,000

#### 10. 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	Percentage of Salary and Benefits for Director of Program	2,600
Other Salary and Benefits	Accounting and Human Resources	5,600
Expense/Equipment/Travel/Supplies/Other	Rent and Utilities	9,500
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Counselors and monitor techs	157,415
Expense/Equipment/Travel/Supplies/Other	Counselors and monitor techs	60,685
Consultants/Contracted Services/Study	Counselors and monitor techs	39,200
<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>275,000</b>

#### 11. Program Performance:

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

The program will provide mental health and substance use treatment in a residential setting for a period of 6-7 months. The goals are to increase the successful rate of completion for these targeted individuals at a minimum of 60 percent by providing immediate access to a mental health evaluation and treatment, effectively saving 6-8 weeks of securing mental health services in our local community and increasing positive outcomes for the offender. The offenders can remain in the community enabling them to rebuild family and community relationships, continue to meet their financial obligations to victims, meet their probation requirement, and support their children. This community program costs approximately \$10,290 annually, a savings for the State in lieu of housing the offender in the prison system at a average annual cost of \$57,645.

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

Participants will receive intensive mental health and substance use treatment using evidence based treatment methodologies including weekly individual counseling sessions; weekly mental health therapy groups; substance use groups; educational groups; life skills classes such as personal hygiene, money management, and budgeting; and medication management.

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

24-hour staff supervision while in residence, psychiatric evaluation, medication management, individual counseling, group counseling, education classes, life skills classes, employment readiness classes, community support groups such as NA, AA, and CA, and recreational activities.



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

Felony offenders on probation with the Florida Department of Corrections that have mental health and substance use issues. We expect to serve at least 20 offenders.

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

Successful program completions will be at minimum of 60 percent and improved employment are expected outcomes. Performance outcomes will include successful vs. unsuccessful completions, clients employed and income generated while in residence, number of psychiatric evaluations, mental health counseling and group sessions, and medication reviews were performed per participant.

**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?**

Failure to meet performance measures or contract deliverables may result in a corrective action plan or financial penalties.

**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:** Kate Geist
- b. **Organization:** The Salvation Army
- c. **E-mail Address:** Kate.Geist@uss.salvationarmy.org
- d. **Phone Number:** (239)628-1490

**14. Recipient Contact Information:**

- a. **Organization:** The Salvation Army
- b. **County:** Lee
- 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:** Kate Geist
- e. **E-mail Address:** Kate.Geist@uss.salvationarmy.org
- f. **Phone Number:** (239)628-1490

**15. Lobbyist Contact Information**



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- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**