

State Agency contacted?

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 2090

1. Project Title	Davis-Bradley Mental He Treatment for Offenders	ealth Overlay: Integrated Behavioral Health	
2. Senate Sponsor	Jeff Brandes		
3. Date of Request	03/22/2021		
4. Project/Program D	escription		
disorder (SUD) treatin St. Petersburg in recidivism) of offendinformed residential treatment suffer with especially among al	tment programming offered Pinellas County, Florida (33 lers with COD: co-occurring SUD treatment. At least 90 n COD. The COVID-19 pand ready vulnerable population	mental health (MH) services within existing comby WestCare at its Davis-Bradley Community In 18705). The project will improve the outcomes (i.e. MH and SUD disorders who are enrolled in evidual percent of offenders/participants served by Wedemic has resulted in elevated instances of behans. WestCare's community-based SUD treatmentaling to cover MH services for the 90 percent of	evolvement Center, located e., employment, recovery, dence-based and trauma- stCare in residential SUD avioral health conditions, at contract with the Florida
5. State Agency to re	ceive requested funds	Department of Corrections	

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	463,000
Fixed Capital Outlay	0
Total State Funds Requested	463,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	463,000	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 2021-2022	463,000	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	0	141.000	B75FA9	No	

9. Is future funding likely to be requested?	Yes
a. If yes, indicate nonrecurring amount per year.	463,000
b. Describe the source of funding that can be used i	n lieu of state funding.

N/A



The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 2090

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

Vaa	
res	

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

City of St. Petersburg - \$56,000 - Telehealth Equipment
City of St. Petersburg - \$25,000 - Utilities
County of Pasco - \$90,000 - Client Urinalysis
Paycheck Protection Program Loan - \$840,000

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

Spending Category	gory Description			
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Existing leadership staff will fulfill this role.	0		
Other Salary and Benefits	A portion of administrative functions: contracts management, sustainability, fund development, communications and marketing, finance management, human resources, compliance, risk management, evaluation, quality improvement, facilities management, staff and program development, safety and information systems and procurement. WestCare GulfCoast-Florida's federally approved indirect rate of 26%	95,540		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	(1) Psychiatric ARNP (.5 FTE) (100% requested) provides direct mental health services to participants under supervision of a physician (2) Case Manager (1 FTE) (100% requested) coordinates care and ensures individualized needs of persons served are met. (3) Mental Health Counselor (2 FTE) (100% requested) provides treatment/counseling services to participants with co-occurring MH/SUD disorders	316,880		
Expense/Equipment/Travel/Supplies/ Other	(1) Participant medications (portion not covered by third-party payers)	43,380		
	(2) Staff recruitment and onboarding			
Consultants/Contracted Services/Study	Physician/Medical Director (4 hours per week) to supervise mental health services and Psychiatric ARNP	7,200		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	463,000		

12. Program Performance

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

The purpose of the project is to integrate mental health services within existing substance use disorder (SUD) treatment programs offered by WestCare at its Davis-Bradley Community Involvement Center. The goal of the project is to improve outcomes of individual offenders with COD: co-occurring substance use and mental health disorders who are enrolled in community-based, residential SUD treatment. WestCare's contract with the Florida Department of Corrections pays for SUD treatment, but does not currently include funding for mental health services.

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



The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 2090

The project will deliver critical integrated mental health services to address the complex needs of high-risk and high-need adults involved in the criminal justice system who are enrolled in community-based SUD treatment, and have one or more co-occurring mental health disorders (e.g., anxiety, depression, PTSD, etc.).

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

Services will include: integrated assessment, individualized treatment planning, integrated case management and recovery support services (RSS), individual and group counseling for co-occurring disorders (COD), specialized COD education and support group, medication management and monitoring, spiritual wellness education, peer support, and family involvement/support groups.

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

The project will serve approximately 101-200 individuals. Members of the target population include:

- a) Persons with poor mental health
- b) Economically disadvantaged persons
- c) Drug users
- d) Currently or formerly incarcerated persons
- e) Drug offenders (in criminal Justice)
- f) Individuals with co-occurring (2 or more) health disorders (e.g., coexisting substance use and mental health disorders)
- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The project has identified four (4) benefits/outcomes:

- 1) Improved Mental Health: Participants will exhibit improved psychiatric symptoms and functioning.
- 2) Enhance Participants' Economic Self-Sufficiency: An increase in participants securing employment during the re-entry phase of the program and/or post-discharge.
- 3) Reduce Recidivism: Decreased recidivism rates among participants during treatment and post-discharge.
- 4) Reduce Substance Abuse: Participants will be drug-free during treatment.
- Methodology of Measurement: The organization's electronic health record system which tracks the number of individuals served.
- 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?

Mandatory corrective action and performance improvement activities. Without improvement, return of funds.

13. 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.

Fixed capital outlay funding is not requested.



The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 2090

14.	14. Requestor Contact Information						
	a. First Name	Craig		Last Name	Knierim		
	b. Organization	WestCare GulfCoast-Florida, Inc.					
	c. E-mail Address	craig.knie	craig.knierim@westcare.com				
	d. Phone Number	(865)466	-0199	Ext.			
15.	15. Recipient Contact Information						
	a. Organization	WestCare	e GulfCoast-Flori	da, Inc.			
	b. Municipality and County Pinellas						
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(c)(3)						
	□Non Profit 501(c)(4)						
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Larry		Last Name	McArthur		
	e. E-mail Address						
	f. Phone Number	(727)291-3017					
16	16. Lobbyist Contact Information						
	a. Name Travis W. Blanton						
	b. Firm Name	Johnson & Blanton					
	c. E-mail Address						
	d. Phone Number	(850)224-1900					