



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1097

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Fort Myers Salvation Army Co-Occurring Residential treatment program will provide mental health and substance abuse treatment for (12) felony probation beds that can serve up to 24 individuals annually. Program services include: an initial assessment by a psychiatrist, a diagnosis, and an ongoing medication management for each individual. The psychiatrist will see each individual on a monthly basis, or more if needed. A Masters level Mental Health Clinician (licensed or registered intern) will provide direct mental health services on a weekly basis, including one individual face-to-face counseling session and one face-to-face group counseling session, medication management, required blood work, and substance abuse treatment as provided pursuant to our current contract. The cost of the program is \$83.06 per day.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</b>

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	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 2022-2023</b>	<b>350,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	300,000	367	No

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

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

The Salvation Army does not have the resources to seek alternative funding. If monies are not approved, the program will not be available.

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



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No

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

N/A

**11. 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 the Director of the program	2,000
Other Salary and Benefits	Accounting, Admin Assistant, and Human Resources	30,000
Expense/Equipment/Travel/Supplies/Other	Rent and Utilities	73,000
Consultants/Contracted Services/Study	Contracted Psychiatrist	35,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Staff Counselors who provide educational groups	160,000
Expense/Equipment/Travel/Supplies/Other	Medication/Medical requirements, Physicals, and Blood work	50,000
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>350,000</b>

**12. Program Performance**

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

The program will provide mental health and substance abuse services in a residential setting for a time frame of 6-7 months. The goal is to increase the immediate access to a mental health evaluation and treatment which will effectively save the person a 6-8 week wait for an appointment with a community mental health provider. The person served will be able to remain in the community while rebuilding ties with family while maintaining legal obligations to the courts, and provide for a diversion from the prison system which is estimated to cost \$48,000 per offender.

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

During treatment an individual will receive intense mental health counseling and substance abuse education through evidence-based practices, including, but not limited to weekly face-to-face counseling sessions, weekly mental health therapy groups, substance abuse groups, educational groups, and employment readiness and life skill classes that include budgeting, stress management, pet therapy and anger management.

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

24-hour staff supervision while in residential care, Psychiatrist evaluation, medication management to include requested bloodwork, individual and group face-to-face counseling sessions, and community self-help groups (i.e.; NA, CA , and AA).

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

Felony offenders assigned to state supervision by the Florida Department of Corrections who have a mental health diagnosis.

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



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Successful program completions will be a minimum of 70%, with improved employment and reduced recidivism. Documentation will be maintained on all individuals served, including completions vs unsuccessful completions, any income generated by the client during treatment, and interactions with the psychiatrist.

**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 contract provisions and contract penalties in the current year contract have been adequate in maintaining performance.

**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.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number