



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1513

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The funds will be utilized at Bay, Gadsden, and Graceville Correctional Facilities to improve re-entry services for residents within 6-12 months of release. Shaping Success for Re-entry will deliver a structured behavior management system, individualized case management, and personalized re-entry plans at all three facilities, and Coding for Freedom will deliver a coding program at either Bay or Graceville to enable participants to achieve financial freedom and independence upon release.

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	1,250,000
Fixed Capital Outlay	0
Total State Funds Requested	1,250,000

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)	1,250,000	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 2022-2023	1,250,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	250,000	617	Yes

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.**

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



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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	To ensure alignment with best practices and project oversight, three additional programs staff members (Case Manager Coaches) will be requested for implementation of the behavior management system, individualized case management services, and data entry.	225,000
Expense/Equipment/Travel/Supplies/Other	Training on content and program, behavior management initiative expenses, quality assurance implementation, case management, computer programming software and equipment, and reentry support and ongoing expenses will factor into the program.	525,000
Consultants/Contracted Services/Study	A contract will be executed with an external partner to deliver a computer coding program for residents, and a university research team will be established to evaluate the process and outcomes of both the Shaping Success for Reentry and the computer coding initiatives.	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,250,000

12. Program Performance

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

The funds will be utilized at Bay, Gadsden, and Graceville Correctional Facilities to improve re-entry services for residents within 6-12 months of release. Shaping Success for Re-entry will deliver a structured behavior management system, individualized case management, and personalized re-entry plans at all three facilities, and Coding for Freedom will deliver a coding program at either Bay or Graceville to enable participants to achieve financial freedom and independence upon release.

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

The funds are being requested to implement a systematic approach to effective re-entry programming, including gender-responsive services, intensive case management, positive behavior management, and training in computer coding.

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

At all three of the facilities, MTC will provide the Shaping Success for Re-entry program, which involves the implementation of behavior management and individualized case management to prepare residents for successful re-entry, with follow-up upon release. At one facility, MTC will provide a computer coding program to enable participants to succeed in high-wage, high-demand jobs upon release.

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



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The target population includes both incarcerated persons housed at Bay, Gadsden and Graceville Correctional Facilities and staff employed there. This will serve 6 staff (2 at each site) and up to 875 inmates (250 at Gadsden, 250 at Bay, and 375 at Graceville).

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

Developing the social/emotional, and technical skills that are the focus of both Shaping Success for Re-entry and the coding program will empower residents to be more employable, at higher wages, more quickly. The outcomes will be measured in several ways, including at minimum: program participation, number of mental health referrals, disciplinary infractions, percent of program completions/certifications, inmates satisfaction/perception, incentive/sanction grid usage and staff feedback. Number of individuals obtaining employment, together with wage data, within 3 months and 6 months of release.

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?

It is understood that failure to meet deliverables without notifications of good reason will result in financial penalties as described in the contract.

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