

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1206

-	Juvenile Drug Court					
2. Senate Sponsor	Jason Brodeur					
3. Date of Request	01/13/2023					
4. Project/Program De	scription					
treatment services. T reducing recidivism a ordinarily be available counseling as well as will be seen in court in granting them access	are dockets within juvenile cour The focus is on providing treatme and substance abuse. The progra e in the traditional juvenile court is weekly random drug testing, ar in front of the judge on a monthly is to therapeutic services in a gra t. Upon successful completion of late.	nt to e ams all proces d resid basis dual st	ligible, drug-involved low for intensive judions. Each participant we dential services as not or as determined by tep-down process who	juvenile offenders cial supervision of y vill receive individual eeded, provided by the court. Youth wo lile being closely mo	with the goal of outh that would not al, group and family IMPOWER. Participants ork a 4-phase program onitored by clinical staff	
5. State Agency to rec	eive requested funds Sta	te Cou	ırt System			
State Agency contact	cted? No					
6 Amount of the Nonr	ecurring Request for Fiscal Ye	ar 202	23-2024			
Type of Funding		J. 202	Amo	unt		
Operations			Allio	515,024		
Fixed Capital Outlay			0			
Total State Funds R	Requested			515,024		
7. Total Project Cost fo	or Fiscal Year 2023-2024 (inclu	ding n	natching funds avai	lable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Re	equested (from question #6)		Amount 515,024	Percentage 100%		
Total State Funds Re Matching Funds	equested (from question #6)		515,024	100%		
Total State Funds Re Matching Funds Federal			515,024	100%		
Total State Funds Re Matching Funds Federal State (excluding the	equested (from question #6) amount of this request)		515,024 0 0	100% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the Local			515,024 0 0	100% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other	amount of this request)		515,024 0 0 0	100% 0% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other			515,024 0 0	100% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this request)	?	515,024 0 0 0	100% 0% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this request) for Fiscal Year 2023-2024	?	515,024 0 0 0 0 515,024 Yes Specific	100% 0% 0% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	amount of this request) for Fiscal Year 2023-2024 viously received state funding		515,024 0 0 0 0 515,024	100% 0% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	amount of this request) for Fiscal Year 2023-2024 viously received state funding Amount Recurring Nonrecurr		515,024 0 0 0 0 515,024 Yes Specific	100% 0% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу)	for Fiscal Year 2023-2024 viously received state funding Amount Recurring Nonrecurr 0 26	ing	515,024 0 0 0 0 515,024 Yes Specific	100% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 2022-23 9. Is future funding like	for Fiscal Year 2023-2024 viously received state funding Amount Recurring Nonrecurr 0 26	ing 0,000	515,024 0 0 0 515,024 Yes Specific Appropriation #	100% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 2022-23 9. Is future funding like a. If yes, indicate no	for Fiscal Year 2023-2024 viously received state funding Amount Recurring Nonrecurr 0 26 ely to be requested? onrecurring amount per year.	ing 0,000	515,024 0 0 0 0 515,024 Yes Specific Appropriation # Yes 515,024	100% 0% 0% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 2022-23 9. Is future funding like a. If yes, indicate no	for Fiscal Year 2023-2024 viously received state funding Amount Recurring Nonrecurr 0 26 ely to be requested?	ing 0,000	515,024 0 0 0 0 515,024 Yes Specific Appropriation # Yes 515,024	100% 0% 0% 0% 100%		



Planning

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Yes	
If yes, indicate the amount of funds received and what the funds were used for.	
Agency was granted \$1,236,736 in PPP funds to cover salary, benefit, and utility expenses.	
Complete questions 11 and 12 for Fixed Capital Outlay Projects	
11. Status of Construction	

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

b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction?	

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

a. What is the current phase of the project?

ODesign

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	Salary and benefits for 2.65 FTEs. Also includes a portion of support staff FTEs.	207,000		
Expense/Equipment/Travel/Supplies/ Other	Includes drug testing supplies, copier, training costs, liability & professional insurance, office supplies, telephones, cell phones, EHR, facility expenses, Internet fees, and residential treatment days.	273,500		
Consultants/Contracted Services/Study	Includes portion of IT support, accounting fees, and subcontract w/ Sheriff's Office.	34,524		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	515,024		

14. Program Performance

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



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Maintain, enhance and expand the juvenile drug court program in Seminole County. Florida, like other states, is seeing an increase in addictions related to opioid usage as well as other drugs. Seminole County Court has a long tradition of diverting youth through drug court to obtain treatment and avoid having an arrest on their record. The program has been successful, particularly over the past year with enhanced clinical supervision and staff.

Successiui, particu	ilaliy over tile past year witi	i emianceu c	ililicai supervision and stat	lı .
b. What activities	and services will be prov	ided to mee	t the intended purpose of	these funds?
Substance abuse	treatment for juveniles.			
c. What direct ser	vices will be provided to	citizens by t	he appropriation project?	?
Intensive Substar treatment.	nce Abuse Out Patient servi	ces: Drug sc	reenings, individual, group	and family counseling, residential
d. Who is the targ	et population served by t	his project?	How many individuals a	re expected to be served?
At-risk youth ages	s 12 to 18 in Seminole Cour	nty. Expected	youth population to be ser	ved 50 -100.
e. What is the exp be measured?	pected benefit or outcome	of this proj	ect? What is the methodo	ology by which this outcome will
% participants in J 30 days prior to di % participants who	scharge.	mplete the fir t program and	st 60 days will test negative d successfully complete pro	o discharge. e on weekly random drug screenings ogram, and thus, will be diverted
	ggested penalties that the deliverables or performa	,		n addition to its standard penalties act?
monthly reimburse deficiencies. Failu	circuit requires a CAP, as spement, depending on the se re to correct deficiencies will by due date, the withheld a	verity of the o	deficiency and the length o ate time will result in forfeit	withhold up to 25% of the recipient's f time the recipient proposes to cure ure of withheld amount as liquidated
15. Requester Contac	t Information			
a. First Name	Anna	Last Name	Kesic	
b. Organization	IMPOWER			
c. E-mail Address	akesic@impowerfl.org			
d. Phone Number	(407)215-0095	Ext.	210	
16. Recipient Contact	Information			
a. Organization	IMPOWER			

c. Organization Type

□For Profit Entity

b. Municipality and County | Seminole

☑ Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity



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□University or	Col	lege
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□Other (please specify)

d. First Name	Isabel	Last Name	Velasquez
e. E-mail Address	ivelasquez@impowerfl.org	9	
f. Phone Number	(407)215-0095		

17. Lobbyist Contact Information

a. Name	Jonathan Alexander Setzer
b. Firm Name	Florida Alliance Consulting LLC
c. E-mail Address	setzer@flallianceconsulting.com
d. Phone Number	(407)709-2324