



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2178

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Pre- and Post-arrest diversion and reduced recidivism for persons with mental health and co-occurring disorders in partnership with Circuit 12 Court Administration, State Attorney, Public Defense, Sarasota County Sheriff, Sarasota County Government, and City of Sarasota. Centerstone provides intensive, community-based mental health and addiction treatment to program participants.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	40%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	605,085	60%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,005,085</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

none at this time

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

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



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Centerstone has received assistance for the cost of Personal Protective Equipment (PPE) from FEMA (\$267,000), for the cost of technology for telehealth from FCC (\$147,000), and for revenue loss from HHS (\$261,000) in Fiscal Years 2021 and 2022.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of 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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Program staff (service providers)	316,780
Expense/Equipment/Travel/Supplies/Other	Facility, Technology, Vehicle leases, Insurance, Fuel, Supplies, Training, Health records	83,220
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>400,000</b>

### 14. Program Performance

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

Pre- and Post-arrest diversion and reduced recidivism for persons with mental health and co-occurring disorders.

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

Evaluation, therapy, care coordination, peer support, mentoring, linkage to additional resources, supported housing, community education.



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

Evaluation, therapy, care coordination, peer support, mentoring, linkage to additional resources, supported housing, community education.

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

Adults with mental health and co-occurring disorders who are arrested or at risk of arrest due to their illness; 79 individuals served annually.

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

pre- and post-arrest diversion, reduced recidivism; comparison of arrests and days in jail prior to and after program participation.

**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?**

Penalty if number served is not met.

**15. Requester Contact Information**

**a. First Name**  **Last Name**   
**b. Organization**   
**c. E-mail Address**   
**d. Phone Number**  **Ext.**

**16. 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**

**17. Lobbyist Contact Information**

**a. Name**



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**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**