



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3229

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The After School / Weekend Rehabilitation Program is a program for youth with mental health and/or substance use (co-occurring) disorders. The youth are in the DJJ system and are provided with both the opportunity and support development to achieve and maintain a lifestyle free of crime and to move into contributing roles in society. The components of the program include, but not limited to education intervention, mental health and substance use treatment, social skills training and mentoring.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	55,000	10%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>555,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	300,000	1185	No

9. Is future funding likely to be requested?  Yes

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?

No



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

## 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	Oversight of the program administrative, clinical and delinquency intervention, education and mental health and substance abuse service implementation	41,000
Other Salary and Benefits	Clerical Support, data collection/input, order supplies, etc., travel, computers, printing, schedule appointments.	24,000
Expense/Equipment/Travel/Supplies/Other	Office supplies, travel (lease vehicle) computers, printers.	34,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct service staff implementing the service with clients and their families.	310,000
Expense/Equipment/Travel/Supplies/Other	Furniture, activities and education supplies, travel to and from program and weekend activities. food facility maintenance etc.	41,000
Consultants/Contracted Services/Study	Behavioral Management, nutrition, employability skills/job linkage	50,000
<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>500,000</b>

### 14. Program Performance

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

To provide the high and moderate youth with mental health and/or substance use and are involved in the DJJ System with both the opportunity and support to develop, achieve and maintain a lifestyle free of crime and to move into contributing roles in society.



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

Evidenced based social/ life skills, victim awareness and substance abuse prevention groups; mental health counseling; recreation / cultural and community activities; family enrichment and mentoring; access to vocational and vocational rehabilitation skills programs and trainings and academic tutoring by a certified teacher. Court advocacy upon as warranted. Treatment team monthly meetings.

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

Social skills group activities focusing on improving social skills, substance abuse prevention. Teaching victim awareness and development of compassion for others during mentoring and community/ enrichment activity. Case management services.  
Mental Health - Individual, Family and Group counseling to strengthen functioning; therapeutic activities to promote emotional and behavioral stability.

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

The target population are the youth who have mental health and/or substance use disorders that are on probation/diversionary status, and who are assessed as moderate - high risk to re-offend. The number of individuals expected to be served is 51-100.

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

Reduce recidivism; post assessment of life skills; employment and educational goals; pre and post achievement goals on service plan; reduce substance use; achievement goals of evidence-based program treatment; no use of substances; divert from Criminal / Juvenile Justice System; assessment of performance in the evidence-based program delinquency interventions.

**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?**

No suggestion at this time. The Contracting Agency's standard penalties will suffice.

**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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**