

**LFIR # 2545** 

Local Other Total Project Cos  8. Has this project p	e most recent instar	025-2026 state funding?	0 0 0 300,000 No Specific Appropriation #	0% 0% 0% 0% 100%			
State (excluding the Local Other  Total Project Cost  8. Has this project pull yes, provide the Fiscal Year	ts for Fiscal Year 20 previously received to most recent instal	025-2026 state funding? nce:	0 0 300,000 No	0% 0% 0% <b>100%</b>			
State (excluding the Local Other  Total Project Cost  8. Has this project pull yes, provide the Fiscal Year	ts for Fiscal Year 20 previously received the most recent instal	025-2026 state funding? nce:	0 0 300,000 No	0% 0% 0% <b>100%</b>			
State (excluding the Local Other  Total Project Cos  8. Has this project p	ts for Fiscal Year 20	025-2026 state funding?	0 0 0 300,000	0% 0% 0%			
State (excluding the Local Other  Total Project Cos	ts for Fiscal Year 20	025-2026	0 0 0 300,000	0% 0% 0%			
State (excluding th Local Other			0 0	0% 0% 0%			
State (excluding th Local	e amount of this requ	uest)	0	0% 0%			
State (excluding th	e amount of this requ	uest)	0	0%			
	o amount of this	upot)					
Fastanal				00/			
<b>Matching Funds</b>							
	Total State Funds Requested (from question #6) 300,000 100%						
Type of Funding			Amount	Percentage			
Total State Funds 7. Total Project Cost	•	:5-2026 (including	matching funds avai	300,000	ect)		
Fixed Capital Outla				0			
Operating				300,000			
Type of Funding			Amor	unt			
6. Amount of the Nor	nrecurring Request	for Fiscal Year 2	025-2026				
State Agency con	•	- <u> </u>					
5. State Agency to re	eceive requested for	ınds Departr	ment of Law Enforceme	ent			
program that focus offending. The Co-	ses efforts on pro-act Responder program	ive outreach, colla portion of this req	duction in recidivism. The boration, and program wast is to further enhancing unnecessary incarce	development to disc ce our efforts with in	courage re-offending or ndividuals experiencing		
4. Project/Program [	Description						
3. Date of Request	2/18/2025						
2. Senate Sponsor	Thomas Leek						
		Re-Entry/Co-Responder Program St. Johns County Sheriff's Office					
1. Project Title	Re-Entry/Co-Re	sponder Program	St. Johns County Sheri	tt's Ottice			



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	a. What is the cu	ruction irrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
ı	o. Is the project	"shovel ready"	(i.e permitted)?				
(	. What is the es	stimated start da	te of construction?				
(	d. What is the es	stimated comple	tion date of constru	ction?			
•	. What funding	stream will be u	sed for ongoing ope	rations a	and maintenance	of the project?	
11.			o receive, directly or rs of the facility and			al outlay funding. Includ	e the

### 12. 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	software programming \$49,000 to integrate co-responder and re-entry systems and tracking for case management	49,000			
Consultants/Contracted Services/Study		0			
Operational Costs					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other	program supplies, laptops, supportive housing, transportation needs, and incidentals for program participants	251,000			
Consultants/Contracted Services/Study		0			
<b>Fixed Capital Construction/Majo</b>	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6) 300,000					

### 13. Program Performance

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

The goal is two-fold. First, we intend to further reduce recidivism by providing health services, job placement, and technical education to those who are incarcerated. Also, we intend to utilize the funds for start-up costs for an expansion of the co-responder program to connect those suffering from a mental health crisis to needed resources immediately and divert them from becoming incarcerated, Baker Acted or accessing emergency rooms.

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

Specific services tailored to each individual's needs will be provided. Whether it be mental health treatment, substance abuse treatment, housing assistance, and/or employment placement, those in need will receive wrap-around services.



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

The co-responder program will provide crisis intervention and counseling services to calls for service with a nexus to mental health or substance abuse. Specifically, when law enforcement responds to behavioral-related calls for service, citizens will be assessed and connected to services. The re-entry program will provide incarcerated, at-risk, and recently released individuals with job placement, education, and mental health and substance abuse wrap-around services so they will be less likely to commit or re-commit crimes.

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

The target population is multi-tiered. One, we are serving individuals who are in immediate crisis. Two, we are serving those who desire to break the cycle of recidivism or who are at risk of offending. These populations often overlap and we believe coordination of "pre-entry" and re-entry services is efficient and preventative.

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

This project will continue to increase the quality of life for those suffering from mental health and substance abuse conditions, decrease calls for service, increase the labor force, and save taxpayers dollars in the long run. Data will be tracked by calls for service and through data of those incarcerated who subsequently choose to participate in the re-entry programs and recidivism data will continue to be collected. The goal is to connect a minimum of 10 people per month to services and track their subsequent contacts with the criminal justice system.

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 in the contract?

	Should we fail to meet the deliverables or performance measures, we will pay back the funds.
4. <b> </b> \$	s this project related to mitigation, response, or recovery from a natural disaster? No
a.	If Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5. F	las the entity applied for or received federal assistance for this project?
	☐ Yes, Applied
	Yes, Received
	] No
	□ No, but intends to apply
a.	If yes, provide the FEMA project worksheet ID#:
b.	Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity app	lied for o	r received state	assistance f	or this projec	ct (other tha	n this request)?	
☐ Yes, Applied							
☐ Yes, Received	□ Yes, Received						
□ No							
☐ No, but intends t	o apply						
a. If yes, specify th Commerce):	e progran	n and state ager	ncy (ex. Loca	al Governmen	it Emergenc	y Bridge Loan, Departm	ent of
17. Requester Contact	t Informat	ion					
a. First Name	Michael		Last Name	Clark			
b. Organization	St. Johns	County Sheriff's	Office				
c. E-mail Address	mclark@	sjso.org					
d. Phone Number	(904)495	-8193	Ext.				
40.5							
18. Recipient Contact			Office				
<ul><li>a. Organization</li><li>b. Municipality and</li></ul>		Saint Johns	Onice		]		
	-	Saint Johns					
c. Organization Ty	pe						
□For Profit Entity							
□Non Profit 501(d	c)(3)						
□Non Profit 501(d	(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Michael		Last Name	Clark			
e. E-mail Address	mclark@	sjso.org					
f. Phone Number	(904)495	-8193	Ext.				
19. Lobbyist Contact I	nformatio	on					
a. Name	None						
b. Firm Name							
a E mail Address					]		



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d. Phone Number	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.