



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1237

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

Juvenile drug courts are dockets within juvenile courts for cases involving substance abusing youth in need of specialized treatment services. The focus is on providing treatment to eligible, drug-involved juvenile offenders with the goal of reducing recidivism and substance abuse. The programs allow for intensive judicial supervision of youth that would not ordinarily be available in the traditional juvenile court process. Each participant will receive individual, group and family counseling as well as weekly random drug testing, and residential services as needed, provided by IMPOWER. Participants will be seen in court in front of the judge on a monthly basis or as determined by the court. Youth work a 4 phase program granting them access to therapeutic services in a gradual step down process while being closely monitored by clinical staff and juvenile court. Upon successful completion of the program youth will have charges removed from their record resulting in a clean slate.

5. State Agency to receive requested funds
- State Agency contacted?  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027**

Type of Funding	Amount
Operating	565,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>565,000</b>

**7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	565,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>565,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No
- If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?  No
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. 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</b>		
Salary and Benefits	Include salary for 2.5 FTE along with benefits. Also portion of support FTE.	223,659
Expense/Equipment/Travel/Supplies/Other	Incl. Drug testing supplies, copier, training cost, liability & Professional insurance, office supplies, telephone, cell phones, EHR, facility expense, Internet fees, Residential Days - There has been an increased need for residential services.	289,500
Consultants/Contracted Services/Study	Includes portion of IT support, Accounting fees, subcontract w/ Sheriff's Office	51,841
<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>565,000</b>

### 13. 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 additions 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.

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

Substance abuse treatment for juveniles.

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

Intensive Substance Abuse Out Patient services: Drug screenings, individual, group and family counseling, residential treatment and case management.

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

At-risk youth ages 12 - 18 in Seminole County FL. Youth are facing juvenile charges related to an offense involving substance or tested positive at time of arrest. 51-100 youth.

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

% of change in the # of children arrested 30 days prior to admission vs 30 prior to discharge.  
 % of participants in Juvenile Drug Court who complete the first 60 days will test negative on weekly random drug screenings 30 days prior to discharge.  
 % of participants who begin Juvenile Drug Court program successfully complete program and thus will be diverted from additional criminal sanctions from the juvenile court 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?**

N/A is not considered a valid response.

**14. Is 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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has 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#:**



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b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

**17. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**18. 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  Ext.

**19. Lobbyist Contact Information**

a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number

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