



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3476

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Fort Myers Salvation Army co-occurring residential treatment program will provide mental health and substance abuse treatment for (12) felony probation beds serving 24 individuals for Fiscal Year 2024-25. Program services includes a psychiatrist to provide an initial assessment, diagnosis and ongoing medication management of the persons served. The psychiatrist will see each individual at least monthly or more if needed. A qualified clinician will provide direct mental health services weekly that will include: One face-to-face counseling weekly and one face to face mental health specific group weekly, medication management, required blood work as well as all services of our current FDC contract for substance abuse treatment.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

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

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	400,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	400,000	378	No

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.

The Salvation Army does not have the resources to seek out alternative funding sources if the monies are not approved the program will not be available.

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



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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3476

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
 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?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Accounting, Administration, and Human Resources	50,000
Expense/Equipment/Travel/Supplies/Other	Insurance costs, office costs, rent and building maintenance	75,000
Consultants/Contracted Services/Study	Contracted psychiatrist	65,000
	Licensed Mental Health Counselor	
Operational Costs: Other		
Salary and Benefits	Staff including monitors, food service, maintenance	190,000
	Qualified Counselors who provide services	
Expense/Equipment/Travel/Supplies/Other	Moral Recognition Therapy Books (MRT), Car repairs, Evidence-based practice materials. Medications and other medical expenses. Medical/bloodwork requirements.	20,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,000

14. Program Performance

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



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The program will provide mental health and substance abuse services in a residential setting for a time frame of 6-7 months. The goal is to increase the immediate access to a mental health evaluation and treatment which will effectively save the person a 6-8 week wait for an appointment with community mental health. The person served will be able to remain in the community while rebuilding ties with family as well as maintaining legal obligations to the courts and reducing the cost to the Florida prison system.

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

During treatment the person served will receive intense mental health counseling and substance abuse education through evidence-based practices to include, but not limited to, weekly face to face counseling sessions, weekly mental health therapy groups, substance abuse groups, educational groups, employment readiness and life skill classes to include budgeting, stress management and anger management.

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

24-hour staff supervision while in residential care, psychiatrist evaluation, medication management to include requested blood work, face-to-face counseling, group sessions and community self-help groups (i.e., NA CA and AA).

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

Felony offenders on state supervision with FDC who have a mental health diagnosis. The projected number of people served is approximately 24 people per year.

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

Reduce recidivism and stabilize restorative community members by medication management, therapy and employment re-entry. Documentation will be maintained of all people served, completions vs. unsuccessful completions, income generated by the client for the client during treatment as well as needed interactions with the psychiatrist.

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?

Removal of future funding.

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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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3476

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