

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Collier County Veteran's Treatment Court

2. Senate Sponsor: Kathleen Passidomo

3. Date of Submission: <u>11/09/2017</u>

4. Project/Program Description:

Continued funding of the Collier County Veteran's Treatment Court for Fiscal year 2018-19

- 5. State Agency Contacted? Yes
 - a. If yes, which state agency? State Court System
 - b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
- 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
88,500		88,500

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 88,500

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

	Input Prior FY Appropriation for this project
FY:	for FY 2017-18



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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		86,000	86,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

<u>2019-20 \$91,155 2010-21 \$93,898 2021-22 \$96,706 future years, increase by 3% per year for cost of doing business</u>

11. Program Performance:

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

The funds will be used to reimburse the David Lawrence Mental Health Center, Inc. in Collier County for all program costs which include; salary and benefits of a full-time case manager/outreach worker and their supervision; mileage for required travel; housing, treatment costs, medications, drug screens and other supportive services provided to participating veterans; and program administration.

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

The purpose of the program is to divert veterans with mental health and/or substance abuse challenges form the criminal justice system. Through treatment, counseling, supportive employment, housing, peer mentoring, and other supports, the goal is to graduate at least 15 veterans from the program who will be well-prepared to become productive members of our community and reduce the potential for their re-entry into the legal system.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
☑Other Salary and Benefits	Accounting manager, Quality	8,840



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□Expense/Equipment/Travel/Supplies/Other □Consultants/Contracted Services/Study Operational Costs ☑Salary and Benefits	Management and other administrative support for compliance and quarterly reporting Program Director, Supervisor, Case Manager/Outreach Specialist	58,345
☑Expense/Equipment/Travel/Supplies/Other	Travel of case manager/outreach specialist-Client support such as housing, transportation, food, employment counseling, treatment, medications, drug screens, clothing, and other needs	21,315
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		88,500

d. What are the direct services to be provided to citizens by the appropriations project?

The program is focused on helping military veterans avoid incarceration through case management, therapy, and counseling, along with the provision of basic supports such as housing, clothing, and food with the goal of decreasing recidivism and enabling the participant to become self-sufficient through gainful employment.

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

Military veterans who have committed a crime and will be incarcerated and who are good candidates for diversion from jail. Our goal is to graduate 15 veterans in the program for fiscal year 2018-2019 who will be prepared to become productive members of our community and reduce the potential for re-entry into the legal system.

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

The expected benefit is to reduce the number of veterans struggling with mental illness and/or substance abuse challenges who are repeatedly being incarcerated. To date, we have had 21 participants in the program & none have been incarcerated. Three primary measures will be used to assess the success of the program. First, we will be keeping track of the number of participants who successfully complete the program. We hope to have at least 15 veterans graduate. Secondly, employment status is a very important metric in determining success. Being able to financially support one's self provides the individual with not only the ability to take care of their basic needs but gives them the confidence that they can succeed. Finally, recidivism or avoidance of further episodes with law enforcement, is an important barometer of an individual's commitment to better physical and mental wellness and, ultimately a lifestyle that supports a return to being a productive member of the community.

- g. 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?

 Reduction in funding
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A- DLC is a 501 (c) 3 organization with a local voluntary board of directors

13. Requestor Contact Information:

a. Name: Scott Burgess

b. Organization: <u>David Lawrence Mental Health Center, Inc.</u>

c. Email: scottb@dlcmhc.comd. Phone Number: (239)354-1424

14. Recipient Contact Information:

a. Organization: David Lawrence Mental Health Center, Inc.

b. County: <u>Collier</u>c. Organization Type:

O For Profit

O Non Profit 501(c) (4)

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Scott Burgess

e. E-mail Address: scottb@dlcmhc.com
f. Phone Number: (239)354-1424

15. If there is a registered lobbyist, fill out the lobbyist information below.



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a. Name: Noneb. Firm: Nonec. Email:

d. Phone Number: