

LFIR # 1434

Project Title	Bay City Wellness Center			
Senate Sponsor	Bill Montford			
Date of Request	10/14/2019			
•				
Project/Program Renovation of an exist	Description ting structure for the purposes of a treatm	nent program and rehabilita	ation center for indi	viduals with substance
	eter them from the criminal justice syster			
State Agency to I	receive requested funds			
State Agency cont	ь	artment of Corrections	S	
0 ,		Voor 2020 2024		
	onrecurring Request for Fiscal		1	
Type of Funding	9	Amount		
Operations		000		
Fixed Capital Ou	ıtlay	1,000,000		
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1,000,000

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering	Renovation of existing structures	1,000,000
Total State Funds Re	quested (must equal total from question #6)	1,000,000



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11. Program Performance

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

These funds will provide an alternative for individuals with substance abuse issues for treatment in lieu of going to jail. Franklin County has a methamphetamine abuse problem that has steadily risen over the last ten years due to the infiltration of lesser expensive versions of the drug. According to the 2018 Franklin County drug arrests, 49% were due to methamphetamine. Recidivism

	is almost 100 percent for these individuals costing the taxpayers for their multiple incarcerations. This facility would provide an inhouse treatment program for our rural communities to help decrease hospitalizations, incarcerations, and homelessness as well as focus on individual whole health wellness and community integration (jobs and stable housing).				
b.	What activities and services will be provided to meet the intended purpose of these funds?				
	Residential treatment for addiction; mental health counseling; group and individual therapy; case management; and community integration.				
C.	What direct services will be provided to citizens by the appropriation project?				
	A residential therapeutic treatment facility				
d.	Who is the target population served by this project? How many individuals are expected to be served?				
	The initial phase of the program will serve 10-15 male adults and 10-15 female adults with room to expand.				
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?				
	The proposed facility will not only help to protect the general public but will also help individuals needing these services improve the following from admission to discharge: physical health, mental health, economic self-sufficiency, reduction of substance abuse, recidivism, and diversion from the criminal justice system. The method of measurement will be participant case reviews and monthly data reports.				
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?				
	Financial consequences for failure to perform may include but are not limited to withholding payment until deficiency is cured, refusing payment, tendering only partial payment, imposition of penalties and termination of contract.				



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	The owners and entit	y are the Franklin County Sheriff's Offi	ce.			
F	Requestor Contac	t Information				
6	a. First Name	A.J.	Last Name	Smith		
k	o. Organization	Franklin County Sheriff's Office				
c	c. E-mail Address	sheriffsmith@franklinsheriff.com				
C	d. Phone Number	(850)670-8500	Ext. 1103			
R	ecipient Contact Information					
ε	a. Organization	Franklin County Sheriff's Office				
k	o. Municipality and	Municipality and County Franklin				
c	c. Organization Typ	Organization Type				
	○ For-profit E	r-profit Entity				
	O Non-Profit	rofit 501(c) (3)				
	O Non-Profit	501(c) (4)				
	Local Entity	1				
	O University of	or College				
Other (please specify)						
c	d. First Name	A.J.	Last Name	Smith		
	e. E-mail Address	sheriffsmith@franklinsheriff.com				
	f. Phone Number	(850)6708500				
I	Lobbyist Contact I	Information				
į	a. Name	Scott Dick				
b.	b. Firm Name	SKD Consulting Group, Inc.				
		scott@skdgrp.com				