

LFIR # 1592

- 1. **Project Title** Risky Behaviors Program-E-cigarettes and Vaping
- 2. Senate Sponsor Joe Gruters
- 3. Date of Request 10/14/2019

4. **Project/Program Description**

This program has both parents and youth participants learn the potential dangers of the various vaping devices and substances they put in them. Vape pens, pod mods, electronic nicotine devices, cartridges, tank, and Juul's popularity has grown and the concerns that their will be a new generation of addicts is a valid concern. This class will take place one day per week for four weeks, followed by up to 10 sessions of counseling from a licensed Mental Health Counselor to address issues taking place at home.. Referrals to this program are open to all families in need, including those referred to Teen Court of Sarasota (DJJ, School Resource Officers, and City and County Law Enforcement in Sarasota Florida and via civil citation).

5. State Agency to receive requested funds

Department of Juvenile Justice

State Agency contacted? O Yes

No

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	000
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	350,000	100 %

8. Has this project previously received state funding? \bigcirc Yes \odot No

If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? O Yes O No

If yes, indicate nonrecurring amount per year.



LFIR # 1592

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Oversee flow of the program, and manage the Program Coordinator, internal Case Manager and Facilitator.	50,000
Other Salary and Benefits	Program Coordinator-calls/emails/text families the program schedule and reminds them to attend. Responsibilities include communication between organization, facilitator, and families. Facilitator-Teaches youth and parents about the vaping and e-cigs health risks. Case Manager-Intake interview and sets parameters for individual families for long term success. Point of contact for Mental Health referral.	100,000
Expense/Equipment/ Travel/Supplies/Other	Audio/visual, paper notebooks, statistical information and curriculum, any facility cost for training room, mileage for two/three of mentioned in salary request, printed materials and drug tests.	50,000
Consultants/Contracted Services/Study	Mental Health Counselors (private/licenses/insured). \$100 per hour for up to 10 sessions per family in need. This would serve approximately 100 families.	150,000
Operational Costs: Oth	er	
Salary and Benefits	n/a	0
Expense/Equipment/ Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Fixed Capital Construct	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		0
Total State Funds Re	equested (must equal total from question #6)	350,000



LFIR # 1592

11. Program Performance

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

The goal is to educate our youth and their families about vaping (e-cigs, pods, etc...) and the effects it has on your health, wellbeing and future. Additionally, we would provide guidance/tools to guardians on how to address the challenges they may be struggling with at home that may have led to this poor choice. Goals will include preventing youth addiction to vaping and other harmful substances. Adults will learn that vaping devices have not been proven to help smokers quit smoking.

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

Four evening classes (one per week) on subject matter related to vaping and other commonly used substances that are illegal, harmful and addictive. Follow up Mental Health Counseling for families to continue to provide support and address any issues that may be related to the choice of using these popular devices at epidemic levels.

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

Course materials with instructional facilitator and testimonials about the negative effects of vaping and harmful smoking devices. Additional, no wait, Mental Health Counseling (private and licensed) for up to 10 sessions and unlimited drug testing.

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

Teens in Sarasota County, 18 years of age and younger with a guardian(s)/parent(s). We served over 500 teens in 2018 and nearly 60% were directly referred to our organization as a result of a drug/substance related issue (in lieu of an arrest or suspension/expulsion/cival citation process or parent referral).

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

Our recidivism rate among those referred to our organization in 2018 was 7%. We track our clients and generate a recidivism study after they complete Teen Court successfully. We reference our existing database as well as the DJJ database to find any re-offenses. We see that success follows our programs and teens are making better choices.

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?

Funding could be terminated.



LFIR # 1592

12. 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.

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R	equestor Contac	t Information		
a.	First Name	Lori	Last Name Moran	
b.	Organization	Teen Court of Sarasota, Inc.		
c.	E-mail Address	programs@sarasotateencourt.org		
d.	Phone Number	(941)861-8460	Ext.	
	ecipient Contact			
	Organization	Teen Court of Sarasota, Inc.		
b.	Municipality and	cipality and County Sarasota		
C.	Organization Typ	De		
	 For-profit E 	ntity		
	Non-Profit {	501(c) (3)		
	O Non-Profit &	501(c) (4)		
	Local Entity			
	 University of 	-		
	 Other (plea 	se specify)		
d.	First Name	Heather	Last Name Todd	
e.	E-mail Address	executivedirector@sarasotateenco	urt.org	
f.	Phone Number	(941)8618460		
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C.	E-mail Address	n/a		
d	Phone Number	(000)000000	Ext. 0	