



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Ft. Myers Salvation Army Co-Occurring Residential Treatment Program

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

The Fort Myers Salvation Army Co-Occurring Residential Treatment Program will provide mental health and substance abuse treatment for 6 funded FDC felony probation beds serving 12 individuals for FY2018-2019. The cost of this program is \$165,000 at \$75.00 a day per diem. The program services will include: Psychiatrist to provide initial assessment, diagnosis and ongoing medication management of the clients while in residence, they will see each client at least monthly, A Masters Level Mental Health Clinician to provide direct client mental health services per week: 1 hour of counseling per client and 1 mental health group weekly, liaison between the program, clients, medication management with the psychiatrist, prescription medication for clients, laboratory blood work for clients and includes all requirements/services of our current FDC contract for non-secure substance abuse treatment and our DCF license to provide substance abuse/mental health treatment.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

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
165,000		165,000

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

Type	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):** 165,000



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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) 3
- 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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		165,000	165,000

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

Yes

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

\$165,000

11. Program Performance:

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

The program will provide mental health and substance use treatment in a residential setting for a period of 6-7 months. The goals are to increase the successful rate of completion for these targeted individuals at a minimum of 60% by provided immediate access to a mental health evaluation and treatment effectively saving 6-8 weeks of securing mental health services in our local community and increasing positive outcomes for the offender. The offenders will remain in the community to rebuild family and community relationships, continuing to meet their financial obligations to victims, probation and support of their children, while reducing the cost to the State if the offender had been sentenced to the prison system. Average annual costs for the community program is \$10,290 vs. average annual prison costs of \$57,645.

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

The participants will receive intensive mental health and substance use treatment through evidence based treatment methodologies to include: weekly individual counseling sessions, weekly mental health therapy groups, substance use groups, educational groups, life skills classes, such as personal hygiene, money management, budgeting, recreational activities, medication management, etc.



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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Accounting and Human Resources	2,600
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Counselors and monitor techs	123,011
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Food, medication, lab testing supplies, rent and utilities	39,389
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		165,000

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

24 hour staff supervision while in residence, psychiatrist evaluation, medication management, individual counseling, group counseling, education classes, life skills classes, employment readiness classes, community support groups, ie; NA, AA, CA, etc., and recreational activities.

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

Felony offenders on probation with FDC with mental health and substance use issues. We expect to serve at least 12 offenders.

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

Expected outcomes include successful program completion for a minimum of 60% of attendees and improved employment. We will document performance outcomes by the number of clients served, successful



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completions vs unsuccessful completions, clients employed and income generated while in residence, how many psychiatric evaluations, mental health counseling and group sessions, and medication reviews were performed per participant.

- 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?**

The current standard contract penalties for noncompliance are adequate.

- 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

- 13. Requestor Contact Information:**

- a. **Name:** Tim McCormick
- b. **Organization:** The Salvation Army
- c. **Email:** tim.mccormick@uss.salvationarmy.org
- d. **Phone Number:** (239)628-1490

- 14. Recipient Contact Information:**

- a. **Organization:** The Salvation Army
- b. **County:** Lee
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Tim McCormick
- e. **E-mail Address:** tim.mccormick@uss.salvationarmy.org
- f. **Phone Number:** (239)628-1490

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**