



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** COGNITIVE SELF CHANGE

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

COGNITIVE SELF CHANGE: Modeled after the "Thinking 4 Change" program, CSC is designed to provide group counseling on an outpatient basis for inmates released from the John E. Polk Corrections facility in Seminole County. The program is a cognitive behavioral approach that will give offenders upon release new skills in managing conflict and living conditions in a healthier manner. Hence, reduce recidivism when they return to the high-at-risk environment from which they came.

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 Corrections

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
186,300		186,300

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	19,000	9.3%
TOTAL	19,000	9.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 205,300

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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.)		
	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

Yes

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

\$186,300

### 11. Program Performance:

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

The "Thinking 4 Change" model and other cognitive behavioral approaches studied with in-mates and offenders has made significant improvements in recidivism rates for this population. It is our specific objective to lower the recidivism rate for those offenders released from the John E. Polk Correctional Facility by 25%.

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

Upon release from the Correctional Facility, each offender would be provided a Clinical Evaluation/Initial Assessment; each offender will be given the opportunity to participate in twelve CSC group sessions utilizing the Thinking 4 Change curriculum. The groups will be provided by two (2) clinicians trained in the T4C program—each group requires two qualified staff involved in the activities of the program—focusing on changing their beliefs, values and attitudes toward managing their life conflicts and stressors. The groups will be gender specific—there will be a male track and a female track operating in the same time frame. Will focus on problem solving techniques and paying attention to thoughts and feelings that go on inside—they will be trained to recognize risks and use new thinking to avoid old behaviors.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	% of of Director & Admin	15,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent/Utilities	500
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Certified Facilitators/ Clinical Supervisor	132,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent/Utilities	17,300
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Psychiatric Consultant/ Evaluation Consultants	21,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		186,300

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

It is projected that 110 offenders will be exposed to the CSC program. 110 participants attending twelve (12) sessions of this model in addition to an Initial Evaluation and a final Exit Evaluation

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

Offenders who have been in the John E. Polk Correctional Facility.

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

The evaluation component incorporated in this project will provide a Pre-CSC inventory and a Post CSC inventory evaluation changes in seven basic categories: 1. Legal status-arrest and violations; 2. Use/abuse of alcohol; 3. Use and abuse of other drugs; 4. Family status—relationship stability; 5. At-risk behaviors—social vs. anti-social behaviors; 6. Self appraisal, and 7. Employment status. These categories are areas/indicators of risk for recidivism.

**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?**

Does Not apply



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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.

Does Not Apply

13. Requestor Contact Information:

- a. Name: COGNITIVE SELF CHANGE
- b. Organization: TURNING POINT OF CENTRAL FLORIDA, INC
- c. Email: Jkinzler2@yahoo.com
- d. Phone Number: (407)740-5655

14. Recipient Contact Information:

- a. Organization: TURNING POINT OF CENTRAL FLORIDA, INC
- b. County: Seminole
- 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: Gerald Kinzler
- e. E-mail Address: Jkinzler2@yahoo.com
- f. Phone Number: (407)509-7901

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

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