1. **Title of Project:** Mandated Inmate Mental Health Services Compliance

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 02/19/2019

4. **Project/Program Description:**
   Recent changes in Department policy mandated increased mental health staffing at 5 contracted facilities (clinical caseloads increased by 50%). Funds will ensure compliance with policy change as described in Department of Corrections Health Services Bulletin 05.02.18: Outpatient Mental Health Services.

5. **State Agency to receive requested funds:** Department of Corrections
   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>290,948</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State FundsRequested</strong></td>
<td><strong>290,948</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>290,948</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $290,948.00

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |           |        |
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

11. Program Performance:

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

   The specific purpose is to comply with changes in policy mandating increased mental health staffing as described in the Florida Department of Corrections Health Services Bulletin No. 15.05.18: Outpatient Mental Health Services. This change in policy has increased the clinical caseload of mental health counselors in these facilities by 50%.

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

   Mandated mental health services compliance for inmates at five GEO facilities, provided in accordance with Health Services Bulletin 15.05.18.

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

   Case management for S-2 and S-3 inmates will occur at least every (90) days and individual and/or group psychotherapy will be offered not less than once every 60 days.

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

   The target population is S-2 and S-3 inmates at five GEO facilities. There are currently 2,006 S-2 and S-3 inmates at the five facilities who are receiving services, but transfer orders may allow for more.

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

   The expected outcome is that management for S-2 and S-3 inmates will occur at least every 90 days. Also, individual and group psychotherapy will be offered no less than once every 60 days.
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?

Existing contract addresses penalties.

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: Kevin Sidebottom
   b. Organization: The GEO Group
   c. E-mail Address: ksidebottom@geogroup.com
   d. Phone Number: (561)999-7380

14. Recipient Contact Information:
   a. Organization: The GEO Group
   b. County: Statewide
   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: Kevin Sidebottom
   e. E-mail Address: ksidebottom@geogroup.com
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