



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1230

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Fort Myers Salvation Army residential treatment program will provide mental health and substance abuse treatment, providing 12 felony probation beds to serve approximately 22 persons annually. The cost of the program is \$75/day per patient. The program services will include: The psychiatrist to provide an initial assessment, diagnosis, and ongoing medication management of the person served. The psychiatrist will see each individual at least monthly, or more if needed. A Masters level Mental Health Clinician (licensed or registered intern) will provide weekly face-to-face counseling sessions, weekly mental health therapy groups, medication management, the required blood work, and other services per our current contract for substance abuse treatment.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>300,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	300,000	376	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The Salvation Army does not have the resources to seek out alternative funding if the monies are not approved the program will not be available.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1230

No

If yes, indicate the amount of funds received and what the funds were used for.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Percentage of salary and benefits for the Director of the program	2,000
Other Salary and Benefits	Accounting and Human Resources	5,600
Expense/Equipment/Travel/Supplies/Other	Rent and Utilities	9,500
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Staff	157,415
Expense/Equipment/Travel/Supplies/Other	Staff	85,685
Consultants/Contracted Services/Study	Staff	39,800
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

**12. Program Performance**

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

The program will provide mental health and substance abuse services in a residential setting for a time frame of 6-7 months. The goal is to increase the immediate access to a mental health evaluation and treatment which will effectively save the person a 6-8 week wait for an appointment with a community mental health provider. The person will be able to remain in the community while rebuilding ties with family as well as maintaining legal obligation with the courts. This should also reduce costs to the Florida prison system.

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

During treatment the person served will receive intense mental health counseling and substance abuse education through evidence based practices to include, but not limited to weekly face-to-face counseling sessions, weekly mental health therapy group sessions, substance abuse group sessions, educational group sessions, and employment readiness and life skill classes to include budgeting, stress management, pet therapy, and anger management.

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

24-hour staff supervision while in residential care, psychiatrist's evaluation, medication management including requested bloodwork, face-to-face counseling, group therapy sessions as well as community self-help groups (i.e.; NA, CA and AA).

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

Felony offenders on state supervision with the Florida Department of Corrections who have a mental health diagnosis.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1230

Successful program completions will be a minimum of 60% with improved employment and reduced recidivism. Documentation will be maintained on all people served, completions versus unsuccessful completions, income generated by the client during treatment as well as needed interactions with the psychiatrist.

**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 the contract?**

The agency's standard contract penalties are adequate.

**13. 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.**

N/A



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1230

#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number