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.

State Agency contacted? Yes

Type of Funding | Amount
--- | ---
Operations | 300,000
Fixed Capital Outlay | 0
Total State Funds Requested | 300,000

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

8. Has this project previously received state funding? Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td>Nonrecurring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020-21</td>
<td>0</td>
<td>300,000</td>
<td>376</td>
</tr>
</tbody>
</table>

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

300,000

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

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

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?

No

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

14. Requestor Contact Information
   a. First Name Kate
   b. Organization The Salvation Army
   c. E-mail Address kate.geist@uss.salvationarmy.org
   d. Phone Number (239)332-0140  Ext.

15. Recipient Contact Information
   a. Organization The Salvation Army
   b. Municipality and County Lee

   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 Carlyle
   e. E-mail Address carlyle.gargis@uss.salvationarmy.org
   f. Phone Number (239)278-1551

16. Lobbyist Contact Information
   a. Name None
   b. Firm Name None
   c. E-mail Address
   d. Phone Number