



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1849

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Continuum of Care program offers enhanced offender rehabilitation to include cognitive-based therapy (individual and group) integrated with enhanced transition case management and community based post-release services.

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	2,961,680
Fixed Capital Outlay	0
Total State Funds Requested	2,961,680

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)	2,961,680	89%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	360,000	11%
Total Project Costs for Fiscal Year 2021-2022	3,321,680	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	2,961,680	615L	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.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Programming Staff	2,079,335
Expense/Equipment/Travel/Supplies/Other	Training, post-release services and program expenses	882,345
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,961,680

12. Program Performance

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

The primary goal of the Continuum of Care program is to reduce recidivism. In the pilot program at the Graceville facility, Continuum of Care participants that engaged in pre- and post-release services have a recidivism rate 36% lower than those individuals who did not participate in the program. Other program goals are successful community reintegration and increased public safety.

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

Services & Activities include all of the following: Core correctional practices training for facility staff; evidence based in-prison rehabilitative programming for individuals who will be transitioning back into their community; transition case management including cognitive behavioral therapy; post release support services to support successful reintegration. All Continuum of Care services are provided, pursuant to a contract with DMS, on a cost reimbursement basis with no profit or administrative fee. Additionally, any costs that exceed the appropriated amount are the responsibility of the contractor and any costs that are below the appropriated amount are never transmitted to the contractor or are recouped by DMS in a quarterly reconciliation, per the contract.

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

Services to program include: Cognitive behavioral treatment programs to address criminogenic needs; education programs and vocational training to develop work readiness; substance abuse counseling and treatment; one-on-one transition support including individual cognitive behavioral therapy sessions; and, dedicated case management including 24x7 call center and funded individual service packages for basic welfare and support through a wide network of community resource referrals for a period of up to one-year.

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

The Continuum of Care program serves individuals while in-custody and post-release into the community. Currently, the program serves over 4,856 individuals in the four facilities. The Continuum of Care is provided at the fifth facility (Graceville) to 1,562 participants at no cost to the state.

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



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Since the primary goal of the program is to reduce recidivism, this is measured by reviewing recidivism data at 1 and 3-year intervals. However, there are many ways to measure the various components of the program. For those in-custody, the Continuum of Care creates more positive environment and reduces safety risks. This is measured by reviewing discipline reports, SIRs/criminal thinking scales, formal grievances filed and staff complaint as a comparison over time. The Education/Vocation component can be measured by determining the total number of hours completed in each program and certifications granted for participants. Post-release participants education and employment status are measured at monthly intervals. The substance abuse component can be measured through urine analysis, SA hours and completion of urinalysis over time.

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?

Penalties for failing to meet deliverables or performance measures are addressed in the existing contracts for each of the four facilities.

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



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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