

LFIR # 1848

1. Project Title	Florida Recovery Schools of Duval		
2. Senate Sponsor	Aaron Bean		
3. Date of Request	12/05/2021		
4. Project/Program De	escription		
moderate to low inco disorders and behav and Group Counseling	ome levels, with access to services in a ioral health challenges in a structureding; Academic Tutoring; GED Prep; To	s old in the Jacksonville area who are cual structured academic setting that address academic setting. The following services xicology Screenings; Courtroom Advocace Parent/Family Counseling. The program	ses substance use are included: Individual cy; Case Management;
5. State Agency to rec	eive requested funds Departm	ent of Children and Families	
State Agency conta	cted? No		
6. Amount of the Nonr	ecurring Request for Fiscal Year 20	22-2023	
Type of Funding		Amount	
Operations		300,000	
Fixed Capital Outlay		0	
<b>Total State Funds F</b>	Requested	300,000	

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

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 2022-2023	300,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2021-22	0	200.000	367	No	

2021-22	U	200,000		301	INO		
9. Is future funding likely to be r	equested?	•	Yes				
a. If yes, indicate nonrecurring	g amount per yea	ır.	300,000				
b. Describe the source of funding that can be used in lieu of state funding.							
There are no other funding sources available for this program.							

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

Yes
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Yes



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

Received a \$39,558.65 PPP Loan and used the funds for payroll costs.

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Executive Director	60,000			
Other Salary and Benefits	Counselor 52,000 Teacher 40,000	92,000			
Expense/Equipment/Travel/Supplies/Other	Travel, equipment, supplies	94,000			
Consultants/Contracted Services/Study	Food Service	54,000			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	300,000			

### 12. Program Performance

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

The purpose of this funding is to allow organization to provide health services to adolescents 14-19 years of age in an academic environment. The youth served are generally from families who have incomes below the poverty level, are are predominantly African-American. The youth will receive a full array of clinical and academic services in a supportive and nurturing academic environment to assist in matriculation through high school and beyond.

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

Participants in the program will receive a full clinical and academic workup, individual and group counseling, academic tutoring, mentoring, toxicology screening, courtroom advocacy, and opportunities to participate in extracurricular activities such as art, music, yoga, and organized youth sports.

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

Direct services will include, but are not limited to, bio-psychosocial assessment, individual and group counseling services, academic tutoring services, mentoring, breakfast and lunch, and transportation.

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

The target population for this program are youth ages 14-19 who have a substance use disorder and/or behavioral health challenges. These youth have indicated a desire to achieve a drug-free status and finish school. The youth in the program are below the moderate to poor income level. Approximately 90% are African-American. Approximately 40% are females and 4% are LGBTQ. The program is expected to serve 75 to 100 youth.

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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Students will be provided various assessments upon entry to program. These assessments will measure mental health and substance use challenges in the youth. These benchmarks will be used to determine progress at the 30, 60, and 90-day marks. Evaluation tools include the Beck depression index, Texas Tech traumatic index, and the subtle substance abuse and screening index. The program will also advocate for the youth in the court system or school system to provide alternatives to confinement and expulsion, ultimately reducing recidivism and improving graduation rates.

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?

Should deliverables not be met or funding not fully utilized, the department may place additional sanctions on the funds or withdraw from the contract.

The owners of the facility to receive, directly of indirectly, any fixed capital outlay funding. Include the
relationship between the owners of the facility and the entity.
relationship between the owners of the lability and the entity.

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14.	. Requestor Contact	Informat	ion						
	a. First Name	Dan Last Name Renaud							
	b. Organization	Florida R	Florida Recovery Schools						
	c. E-mail Address	danrenau	danrenaud@floridarecoveryschools.org						
	d. Phone Number	(904)864	(904)864-6463 <b>Ext</b> .						
15.	. Recipient Contact	Informatio	on						
	a. Organization	Florida R	ecovery Schools						
	b. Municipality and	l County	Duval						
	c. Organization Ty	ре							
	□For Profit Entity								
	☑Non Profit 501(c	:)(3)							
	□Non Profit 501(c	c)(4)							
	□Local Entity	itity							
	□University or Co	llege							
	□Other (please sp	ecify)							
	d. First Name	Dan		Last Name	Renaud				
	e. E-mail Address	danrenaud@floridacoveryschools.org							
	f. Phone Number								
16.	16. Lobbyist Contact Information								
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address								
	d. Phone Number								