



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2077

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funds will provide additional beds for the forensic population under the care of the Department of Children and Families at the Treasure Coast Forensic Treatment Center, serving Broward, Charlotte, Collier, Glades, Hendry, Lee, Martin, Miami-Dade, Monroe, Palm Beach, St. Lucie Counties.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 3,829,638 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 3,829,638 |

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) | 3,829,638 | 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 | 3,829,638 | 100% |

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

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

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.**

Existing contract at DCF has additional beds at Treasure Coast. To continue service on these beds, \$3,829,638 in recurring funds has been requested by DCF.

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 | Staff and benefits for the additional forensic beds at Treasure Coast Forensic Treatment Center. | 2,106,300 |
| Expense/Equipment/Travel/Supplies/Other | Office supplies, medical costs, repairs and maintenance, and other contracted services. | 1,723,338 |
| 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) | | 3,829,638 |

12. Program Performance

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

Management and operation of additional 32 beds at Treasure Coast Forensic Treatment Center.

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

Comprehensive psychiatric and medical services.

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

Comprehensive psychiatric and medical services.

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

Individuals under the care of DCF that have been referred to the Treasure Coast Forensic Treatment Center.

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

Improve patient outcomes through expanded capacity to treatment patients and increased support services.

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?

Current contract handles penalties for non-compliance or performance.

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