



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2324

**1. Project Title**

Davis-Bradley Mental Health Overlay: Integrated Behavioral Health Treatment for Offenders

**2. Senate Sponsor**

Ed Hooper

**3. Date of Request**

01/18/2022

**4. Project/Program Description**

The proposed project by WestCare integrates mental health (MH) services within existing community-based substance use disorder (SUD) treatment programming offered by WestCare at its Davis-Bradley Community Involvement Center, located in St. Petersburg in Pinellas County, Florida (33705). The project will improve the outcomes (i.e., employment, recovery, recidivism) of offenders with COD: co-occurring MH and SUD disorders who are enrolled in evidence-based and trauma-informed residential SUD treatment. At least 90 percent of offenders/participants served by WestCare in residential SUD treatment suffer with COD. The COVID-19 pandemic has resulted in elevated instances of behavioral health conditions, especially among already vulnerable populations. WestCare's community-based SUD treatment contract with the Florida Department of Corrections does not include funding to cover MH services for the 90 percent of participants in need of such care.

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

Department of Corrections

**State Agency contacted?**

Yes

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

Type of Funding	Amount
Operations	447,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>447,000</b>

**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)	447,000	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 2022-2023</b>	<b>447,000</b>	<b>100%</b>

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

Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	250,000	B967B1	No

**9. Is future funding likely to be requested?**

Yes

**a. If yes, indicate nonrecurring amount per year.**

447,000

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

There is no 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.**

City of St. Petersburg - \$56,000 - Telehealth Equipment  
 City of St. Petersburg - \$25,000 - Utilities  
 City of St. Petersburg - \$74,966 - Driver (Residential Tx)  
 County of Pasco - \$90,000 - Client Urinalysis  
 Paycheck Protection Program Loan - \$840,082 (2020)  
 Paycheck Protection Program Loan - \$818,390 (2021)

**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	Existing leadership staff will fulfill this role.	0
Other Salary and Benefits	A portion of administrative functions: contracts management, sustainability, fund development, communications and marketing, finance management, human resources, compliance, risk management, evaluation, quality improvement, facilities management, staff and program development, safety and information systems and procurement. WestCare GulfCoast-Florida's federally approved indirect rate of 26%	92,238
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	(1) Psychiatric ARNP (.75 FTE) (100% requested) provides direct mental health services to participants under supervision of a physician (2) Case Manager (3 FTE) (100% requested) coordinates care and ensures individualized needs of persons served are met. (3) Mental Health Counselor (1 FTE) (100% requested) provides treatment/counseling services to participants with co-occurring MH/SUD disorders	347,382
Expense/Equipment/Travel/Supplies/Other	Staff recruitment and onboarding	180
Consultants/Contracted Services/Study	Physician/Medical Director (4 hours per week) to supervise all mental health services and Psychiatric ARNP	7,200
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	N/A	0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>447,000</b>

**12. Program Performance**

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

The purpose of the project is to integrate mental health services within existing substance use disorder (SUD) treatment programs offered by WestCare at its Davis-Bradley Community Involvement Center. The goal of the project is to improve outcomes of individual offenders with COD: co-occurring substance use and mental health disorders who are enrolled in community-based, residential SUD treatment. WestCare's contract with the Florida Department of Corrections pays for SUD treatment, but does not currently include funding for mental health services.

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



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The project will deliver critical integrated mental health services to address the complex needs of high-risk and high-need adults involved in the criminal justice system who are enrolled in community-based SUD treatment, and have one or more co-occurring mental health disorders (e.g., anxiety, depression, PTSD, etc.).

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

Services will include: integrated assessment, individualized treatment planning, integrated case management and recovery support services (RSS), individual and group counseling for co-occurring disorders (COD), specialized COD education and support group, medication management and monitoring, spiritual wellness education, peer support, and family involvement/support groups.

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

The project will serve approximately 101-200 individuals. Members of the target population include:

- a) Persons with poor mental health
- b) Economically disadvantaged persons
- c) Drug users
- d) Currently or formerly incarcerated persons
- e) Drug offenders (in criminal Justice)
- f) Individuals with co-occurring (2 or more) health disorders (e.g., coexisting substance use and mental health disorders)

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

The project has identified four (4) benefits/outcomes:

- 1) Improved Mental Health: Participants will exhibit improved psychiatric symptoms and functioning.
- 2) Enhance Participants' Economic Self-Sufficiency: An increase in participants securing employment during the re-entry phase of the program and/or post-discharge.
- 3) Reduce Recidivism: Decreased recidivism rates among participants during treatment and post-discharge.
- 4) Reduce Substance Abuse: Participants will be drug-free during treatment.

Methodology of Measurement: The organization's electronic health record system which tracks the number of individuals served.

**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?**

Mandatory corrective action and performance improvement activities. Without improvement, return of funds.

**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.**

Fixed capital outlay funding is not requested.



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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