

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2787

1. Project Title	Juvenile Drug Co	urt						
2. Senate Sponsor	Jason Brodeur							
3. Date of Request	01/03/2024							
4. Project/Program Des	scription							
treatment services. The reducing recidivism a cordinarily be available counseling as well as will be seen in court in Youth work a 4-phase closely monitored by	he focus is on provind substance abuse in the traditional justed weekly random drun front of the judge program granting clinical staff and juv	iding treatre. The proguvenile couug testing, on a monthe them accevenile cour	ment to e grams all art proces and resid hly basis ass to the t. Upon s	ligible, drug-involved low for intensive judi ss. Each participant of dential services as n or as determined by rapeutic services in	d juvenile offenders icial supervision of y will receive individu eeded, provided by the court. a gradual step-dow	youth that would not		
removed from their re				nt of huyonila huotia				
5. State Agency to rece	•	ius L	рерапте	nt of Juvenile Justic	е			
State Agency contact	cted? Yes							
6. Amount of the Nonre	ecurring Request f	for Fiscal	Year 202	4-2025				
Type of Funding				Amo	ount			
Operations				515,024				
Fixed Capital Outlay					0)		
Total State Funds Requested 515,024								
Total State Funds R	equested				515,024	Į.		
	•				·	_		
Total State Funds R	•	l-2025 (inc	luding n	natching funds ava	·	_		
	•	l-2025 (inc	luding n	natching funds ava	·	_		
7. Total Project Cost fo Type of Funding Total State Funds Re	or Fiscal Year 2024	· ·	luding n	-	ilable for this proj	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds	or Fiscal Year 2024	· ·	eluding n	Amount	Percentage	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal	or Fiscal Year 2024 equested (from ques	stion #6)	eluding n	Amount 515,024	Percentage 100%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	or Fiscal Year 2024 equested (from ques	stion #6)	eluding n	Amount 515,024	Percentage 100% 0%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	or Fiscal Year 2024 equested (from ques	stion #6)	eluding n	Amount 515,024 0 0	Percentage 100% 0% 0%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other	equested (from ques	est)	eluding n	Amount 515,024 0 0 0 0	Percentage 100% 0% 0% 0%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a	equested (from ques	est)	eluding n	Amount 515,024 0 0	Percentage 100% 0% 0%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other	equested (from questamount of this requested (for Fiscal Year 202	est)		Amount 515,024 0 0 0 0	Percentage 100% 0% 0% 0%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal) Other Total Project Costs	equested (from questamount of this requested (for Fiscal Year 202	est) 24-2025		Amount 515,024 0 0 0 515,024 Yes Specific	Percentage 100% 0% 0% 0%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal) Other Total Project Costs 8. Has this project previous	equested (from questamount of this requested for Fiscal Year 202 viously received s	est) 24-2025	ng?	Amount 515,024 0 0 0 515,024 Yes	Percentage 100% 0% 0% 0% 100%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal) Other Total Project Costs 8. Has this project previous project previou	equested (from questamount of this requested for Fiscal Year 202 viously received s	est) 24-2025 state funding	ng?	Amount 515,024 0 0 0 515,024 Yes Specific	Percentage 100% 0% 0% 0% 100%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal) Other Total Project Costs 8. Has this project previous Project previous Project Project Costs	equested (from questamount of this requested sequested (from questamount of this requested sequested seque	est) 24-2025 state fundi	ng?	Amount 515,024 0 0 0 515,024 Yes Specific	Percentage 100% 0% 0% 0% 100%	ject)		
7. Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal) Other Total Project Costs 8. Has this project previous Project previous Project Pro	equested (from questamount of this requested sequested (from questamount of this requested sequested seque	est) 24-2025 state fundi	ng? urring 515,024	Amount 515,024 0 0 0 515,024 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 100%	ject)		
7. Total Project Cost for Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs 8. Has this project previous Fiscal Year (yyyy-yy) 2023-24	equested (from questamount of this requested sequested (from questamount of this requested sequested sequested sequested sequested sequested on recurring amount of this requested sequested sequest	est) 24-2025 state funding Nonrecue d? nt per year	ng? urring 515,024	Amount 515,024 0 0 0 515,024 Yes Specific Appropriation # Yes 515,024	Percentage 100% 0% 0% 0% 100%	ject)		



Yes

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

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If yes, indicate the amount of fu	nds received and what the f	unds were used for.	
Agency was granted \$1,236,736 i	n PPP funds to cover salary,	benefit, and utility expenses.	
Complete questions 11 ar	nd 12 for Fixed Cap	ital Outlay Projects	
11. Status of Construction			
a. What is the current phase of the	ne project?		
O Planning O Design	○ Construction ○ N/A	A	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start da	te of construction?		
d. What is the estimated complet	tion date of construction?		
12. List the owners of the facility to relationship between the owner		tly, any fixed capital outlay funding. I ity.	nclude the
13. Details on how the requested st	ate funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			

opending dategory	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	Include salary for 2.65 FTE along w/ benefits. Also portion of support FTE's	207,000
Expense/Equipment/Travel/Supplies/ Other	Incl. Drug testing supplies, copier, training cost, liability & Professional insurance, office supplies, telephone, cell phones, EHR, facility expense, Internet fees, Residential Days - There has been an increased need for residential services.	273,500
Consultants/Contracted Services/Study	Includes portion of IT support, accounting fees, subcontract w/ Sheriff's Office	34,524
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	515,024

14. Program Performance

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



□Non Profit 501(c)(4)

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Maintain, enhance and expand the juvenile drug court program in Seminole County. Florida, like other states, is seeing an increase in additions related to opioid usage as well as other drugs. Seminole County Court has a long tradition of diverting youth through drug court to obtain treatment and avoid having an arrest on their record. The program has been successful, particularly over the past year with enhanced clinical supervision and staff.

	diverting youth throsuccessful, particu	ough drug larly over t	court to obtain tr	eatment and n enhanced c	avoid having a dinical supervi	an arrest on t sion and staf	their record. The program has bee f.	1
	b. What activities and services will be provided to meet the intended purpose of these funds?							
	Substance abuse treatment for juveniles.							
c. What direct services will be provided to citizens by the appropriation project?					?			
	Intensive Substance Abuse Outpatient services: Drug screenings, individual, group and family counseling, retreatment.						and family counseling, residential	
	d. Who is the targ	et popula	tion served by t	his project?	How many in	ndividuals ar	re expected to be served?	
	At-risk youth ages 12 - 18 in Seminole County FL. 51-100 youth							
	e. What is the exp	ected ben	efit or outcome	of this proj	ect? What is	the methodo	ology by which this outcome wil	l
	be measured?							
	% of change in the # of children arrested 30 days prior to admission vs 30 prior to discharge. % of participants in Juvenile Drug Court who complete the first 60 days will test negative on weekly random drug screenings 30 days prior to discharge. % of participants who begin Juvenile Drug Court program successfully complete program and thus will be diverted from additional criminal sanctions from the juvenile court system.							
	f. What are the su	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties						
	for failing to meet	g to meet deliverables or performance measures provided for the contract?						
	In the event the Circuit requires a CAP, as specified in Section III(D), the Circuit will withhold an amount up to 25% of the Recipient monthly reimbursement, depending on the severity of the deficiency and the length of time the Recipient proposes to cure the deficiency(ies). If the Recipient fails to correct the deficiency(ies) within the time allowed, the Recipient will forfeit the withheld amounts as liquidated damages. If the deficiency(ies) is cured by the due date, the withheld amount.							
15.	Requester Contact	t Informati	ion					
	a. First Name	Anna		Last Name	Kesic			
	b. Organization IMPOWER							
	c. E-mail Address	akesic@i	mpowerfl.org					
	d. Phone Number	(407)215	-0095	Ext.	210			
16.	Recipient Contact	Information	on					
	a. Organization IMPOWER							
	b. Municipality and	d County	Seminole					
	c. Organization Ty	pe						
	□For Profit Entity							
	☑Non Profit 501(c	c)(3)						



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□Local Entity							
□University or Co	□University or College						
□Other (please specify)							
d. First Name	Isabel	Last Name	Velasquez				
e. E-mail Address	il Address ivelasquez@impowerfl.org						
f. Phone Number	(407)215-0095						
17. Lobbyist Contact Information							
a. Name	Alex Setzer						
b. Firm Name							
c. E-mail Address							
d. Phone Number							