



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2190

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

WestCare's initiative at the Davis-Bradley Community Involvement Center seeks to seamlessly integrate mental health (MH) services into the prevailing residential substance use disorder (SUD) treatment programs. These services are designed for individuals intertwined with the criminal justice system. Given that over 85% of our participants face both MH and SUD issues (known as co-occurring disorders or COD), this inclusion is critical to their recovery. Despite our existing agreement with the FL Dept. of Corrections focusing solely on SUD treatment without provisions for MH funding, we aim to secure the necessary finances to offer integrated behavioral health assistance to high-risk adults in the judicial system grappling with concurrent substance use and mental health challenges.

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

**State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 550,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>550,000</b> |

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 550,000        | 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 2024-2025</b> | <b>550,000</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2023-24                  | 0         | 540,000      | PR287255                    | No     |

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

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

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

WestCare's agreement with the Florida Department of Corrections lacks funding for a Mental Health Overlay program, and no alternative funding source can replace state financing.



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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)  
 Paycheck Protection Program Loan - \$840,082 (2020)  
 Paycheck Protection Program Loan - \$818,390 (2021)

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

The facility is owned by the applicant WestCare GulfCoast-Florida, Inc.

13. 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 |   | 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 24%          | 106,451 |
| Expense/Equipment/Travel/Supplies/Other             |   | 0       |
| Consultants/Contracted Services/Study               |   | 0       |
| <b>Operational Costs: Other</b>                     |   |         |
| Salary and Benefits                                 | (A) Psychiatric ARNP (1.0 FTE) (100% requested) provides direct mental health services to participants under supervision of a physician<br>(B) Case Manager (3 FTE) (100% requested) coordinates care and ensures individualized needs of persons served are met.<br>(C) Mental Health Counselor (1 FTE) (100% requested) provides treatment/counseling services to participants with co-occurring MH/SUD disorders | 433,769 |



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|  |   |                |
|--|---|----------------|
| 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 overlay services and the Psychiatric ARNP. | 9,600          |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>550,000</b> |

#### 14. Program Performance

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

The project incorporates mental health (MH) services into the current residential substance use disorder (SUD) treatment programs provided by WestCare at the Davis-Bradley Community Involvement Center for individuals involved in the criminal justice system. This initiative will enhance outcomes for offenders with co-occurring MH and SUD disorders (COD), with more than 85% of these participants having COD. WestCare's SUD treatment agreement with the FL Dept. of Corrections excludes MH funding.

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

The sought funding will cover essential integrated behavioral health services for high need/risk adults in the justice system, receiving treatment for co-occurring substance use and mental health disorders.

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

Services feature: integrated assessment, tailored treatment plans, joint case management & recovery support (RSS), personal/group therapy for COD, specialized COD training & support groups, medication oversight, spiritual wellness lessons, peer aid, and family engagement groups.

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

It is estimated that between 101-200 individuals will benefit from our services. This diverse group encompasses people from all genders, adult age groups, racial and cultural backgrounds, socio-economic standings, as well as varied educational and employment histories. Specifically, our program aims to assist individuals with co-occurring behavioral health disorders (COD), which means they have two or more concurrent conditions. Among these are individuals struggling with mental health challenges, those without employment, economically disadvantaged individuals, drug users seeking health services, individuals who are currently or have been incarcerated in the past, and those involved as drug offenders within the criminal justice system.

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

The program aims to bring about multiple positive outcomes for its participants. We anticipate that at least 80% of participants will show marked improvements in psychiatric symptoms and overall mental functioning. Furthermore, our goal is to bolster the economic self-sufficiency of participants; we're targeting at least a 50% increase in employment rates among those with co-occurring behavioral health disorders (COD) during their time in the program. Another significant objective is to reduce recidivism; we aim to see decreased rates among participants during the program and for six months after their discharge. Additionally, we aspire for at least 85% of our participants to remain drug-free and not relapse during their treatment. To gauge the effectiveness of these interventions, we will rely on program data, documenting individual participant progress as recorded by our dedicated staff.

**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.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**



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**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**