



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2118

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project is a law-enforcement transformation in the delivery of treatment for co-occurring behavioral health and substance abuse for those judicially incarcerated in Franklin, Gulf, Liberty, and Calhoun County. This innovative clinical treatment collaboration and cost efficient partnership between the four elected Sheriffs will have dedicated corrections and clinical pathways under one licensed treatment facility domain in Franklin County. This 32 bed corrections facility expansion will provide the surrounding sheriff's office the ability to transfer high co-occurring diagnosis/acuity based inmates for 24/7 for regional crisis intake. These individuals will have "in-house" access to crisis intervention, stabilization, targeted case management, medication assisted treatment, psychiatric and substance rehabilitation. This comprehensive continuum of care will reduce recidivism, enhance public safety, reduce individual corrections facility costs, and increase staff retention.

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                         | 0                |
| Fixed Capital Outlay               | 6,500,000        |
| <b>Total State Funds Requested</b> | <b>6,500,000</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)       | 6,500,000        | 81%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 1,500,000        | 19%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>8,000,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

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

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



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Yes

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

The funds were used for the health and safety of the workers and emergency protective measures.

## 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.

Franklin County Sheriff's Office will be the only entity receiving capital outlay dollars. However, the project will be a regional transport portal and treatment facility for high level medical-substance abuse/behavioral health inmates as determined by acuity scale screening for Franklin, Gulf, Calhoun, and Liberty Counties. This partnership has been endorsed by all four Sheriff's under the defined geographical domain.

### 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  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Operational Costs: Other</b>  |   |                  |
| Salary and Benefits  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                  |
| Construction/Renovation/Land/Planning Engineering                      | The requested funds will be utilized during initial phase PD&E for architectural and engineering design. During the second phase, procurement of professional services & (construction) | 6,500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>6,500,000</b> |

### 14. Program Performance

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



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It is our intention to construct a 32 bed/12,000 sq.ft. corrections treatment pod, for co-occurring behavioral health and substance abuse, adjacent to our existing jail facilities. This facility will be a "in-house" licensed behavioral health and substance abuse licensed facility. It will provide 24hour/7day a week crisis transport, stabilization, and treatment through a collaborative partnership agreement with the four Sheriffs of Franklin, Gulf, Calhoun, and Liberty County. This licensed facility and innovative treatment program design with in-house licensed providers will reduce inmate recidivism, corrections facility costs, reduce staff turnover, and protect public safety as inmates re-enter the four county communities.

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

This facility will be a DCF licensed 24 hour/7days behavioral health and substance abuse crisis and treatment facility portal for inmates with complex, high acuity based co-occurring diagnosis within the four counties. The facility will provide an "in-house" multidisciplinary team, including psychiatrist, licensed MSW/therapist, care coordinators, and community outreach/reentry specialist that will guide the inmate with post release navigation and community reintegration. The facility will provide in-house treatment, behavioral health, and substance abuse rehabilitation services.

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

The evidenced based statistics demonstrate significant public safety impacts including a significant reversal of incarceration trends, un-employment rates with the formerly incarcerated, and individual/families within the State Medicaid and/or DCF agencies. The collective clinical and financial synergies and economies of scale within this (4) county model will dramatically reduce taxpayer responsibilities with continued corrections costs, recidivism, staff-turnover, comp time, and community resources management.

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

This facility will target 10% of the highest acuity scaled inmates within the four county correction facilities. Our interdisciplinary team will assist the other county jails based on crisis stabilization, assessment, and portal navigation of the projected behavioral health/substance abuse individuals within their current jail rosters. We anticipate screening 26% to 50% of the inmate population based on internal metric data.

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

This facility will follow statutory guidelines (Chapter 397) and Chapter 65D-30 of the Florida Administrative Code. The evidence based studies suggest that cognitive-behavioral programs while incarcerated reduce recidivism by 15% with some studies showing trends upward to 30%. Recidivism will be tracked internally utilizing linear correlation coefficient statistics modeling. Psychiatric and addiction best practice (CMS) guidelines will be implemented and outcome measures reported. Utilizing DCF and AHCA annual reviews audits and measures will be followed and objectives met on annual basis.

**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?**

Construction will follow all Federal, State, and Local statutes and will be followed in the bidding, contracting, construction, building inspection, and occupancy phases. Construction requisites cited within the Florida Model Jail Standards and ACA Core Jail Standards. All medical staff will follow and be reviewed by all professional, ethical, and scope of care guidelines outlined in statute. As a DCF/AHCA licensed facility all penalties based on statutory guidelines and agency rule will dictate performance measures, compliance, and penalty. DCF has authority to impose sanctions, and decertification of facility licensure and/or of individual practitioners.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**



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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