



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Crisis Response Unit - Martin County Sherff's Office.

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

Martin County Sheriff's Office Crisis Response Unit Program would continue to focus on addressing mental health and substance abuse related calls for service in the most effective manner possible, while providing an opportunity for early intervention, jail diversion and follow-up. This request seeks reversion and re-appropriation of funds originally appropriated for Fiscal Year 2017-18. The 2017 Legislature appropriated \$372,509 for the Martin County Sheriff's Office Crisis Response Unit Program. Due to delays, the vast majority of these funds were not expended. This request seeks to have the remainder of these funds (\$330,159) reverted and re-appropriated in the back of bill.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Law Enforcement

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
330,159		330,159

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 330,159

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
 e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		372,509	372,509

10. Is future-year funding likely to be requested?

Yes

- a. If yes, indicate non-recurring amount per year.

330,159

11. Program Performance:

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

The impact of the program's early intervention and follow-up, coupled with inter-agency coordination, would lead to an effective utilization of community resources and continuity of care to proactively address mental health and substance abuse related issues.

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

This program would provide Crisis Response Unit (CRU) Specialists, comprised of Master's Degree Level clinical professionals licensed in mental illness and substance abuse intervention, to assist officers and assess situations involving mental illness and substance abuse. A CRU Specialist, hereinafter referred to as co-responder, and a Deputy Sheriff would be dispatched to calls for service involving citizens with mental illness and substance abuse issues. Upon stabilization of the scene, a co-responder would evaluate and assess individuals for mental health and substance abuse issues. Their need for involuntary admissions to emergency services ;suicide/homicide risk; voluntary admission to inpatient units and hospital diversion facilities; or outpatient services would be determined.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	CRU Supervisor and Specialists	302,918
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies/operating expenses	27,241
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		330,159

d. What are the direct services to be provided to citizens by the appropriations project?

In addition to answering calls for services, the co-responders will develop and utilize community resources and partnerships; identify individuals within the county who are generating law enforcement calls for service and struggling with mental health and substance abuse issues; and work with those individuals, their families and mental health and substance abuse service providers to develop a coordinated plan to address the issues.

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

Approximately 900-1200 individuals annually

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

Improve mental health, reduce recidivism, reduce substance abuse and diversion from the criminal justice system.

g. 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 in the contract?

Loss of funding

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A



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13. Requestor Contact Information:

- a. **Name:** Kevin Youngblood
- b. **Organization:** Martin County Sheriff's Office
- c. **Email:** kryoungblook@sheriff.martin.fl.us
- d. **Phone Number:** (772)220-7139

14. Recipient Contact Information:

- a. **Organization:** Martin County Sheriff's Office
- b. **County:** Martin
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Michael Ewing
- e. **E-mail Address:** msewing@sheriff.martin.fl.us
- f. **Phone Number:** (772)220-7025

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Robert Schenck
- b. **Firm:** The Legis Group, LLC
- c. **Email:** rob@!legisgroupfl.com
- d. **Phone Number:** (352)585-7338