



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1202

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Funding will be used to continue implementation of an Involuntary Outpatient Services (IOS) pilot project demonstrating the impact of changes to the Baker Act subsequent to the passage of SB 12 during the 2016 regular legislative session. This legislation expanded authority of criminal county court judges to initiate involuntary examinations under the Baker Act and to order a person who meets the criteria specified in law to participate in outpatient services. The project is intended to increase compliance with outpatient mental health and/or co-occurring mental health and substance abuse treatment services for individuals with histories of repeated admissions to treatment services in the criminal justice and acute care treatment systems, as well as histories of treatment noncompliance and/or refusal to engage treatment.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="400,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>400,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="400000"/>	<input style="width: 80%;" type="text" value="80.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="100,000"/>	<input style="width: 80%;" type="text" value="20"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>500,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="300,000"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No

If yes, indicate nonrecurring amount per year.



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10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Funding will be used to cover the cost of conducting IOS examinations and preparation of petitions, costs associated with court hearings, care coordination, behavioral health treatment and social support services, medications, housing and ancillary needs.	400,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>400,000</b>



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#### 11. Program Performance

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

Mandating community-based treatment through the use of involuntary outpatient services for individuals with histories of treatment noncompliance and criminal justice system involvement will reduce demand for more costly inpatient placement in crisis stabilization units, residential treatment programs, and state civil and forensic treatment facilities. In addition, it is anticipated that the state and county will experience positive fiscal impact from reduced recidivism to jails and prisons, as well as improvements to public health and safety.

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

Funds will be contracted to a network service provider previously awarded funding for this project through a competitive process in FY 2019-20 by the South Florida Behavioral Health Network – a nonprofit, 501(c)(3) behavioral health managing entity established pursuant to s. 394.9082, F.S. The provider is a community-based agency with demonstrated expertise in providing behavioral health treatment services to individuals with histories of criminal justice involvement. Funding will be utilized to continue to provide staffing and necessary treatments, medications, housing and ancillary needs that support recovery and successful community reintegration. Individuals served will have histories of repeated admissions to mental health and/or co-occurring mental health and substance abuse treatment services in the criminal justice and acute care treatment systems, as well as histories of treatment noncompliance and/or refusal to engage treatment.

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

Funding will be utilized to continue to provide staffing and necessary community-based behavioral health treatments, medications, housing and ancillary needs that support recovery and successful community reintegration.

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

Individuals served will have histories of repeated admissions to mental health and/or co-occurring mental health and substance abuse treatment services in the criminal justice and acute care treatment systems, as well as histories of treatment noncompliance and/or refusal to engage treatment. The target is to screen at minimum 150 individuals for program eligibility and treat/serve up to 30 individuals.

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

Funding will help to reduce demand for mental health and/or co-occurring mental health and substance abuse treatment services provided in institutional settings, including state and local correctional facilities, state civil and forensic treatment facilities, and crisis stabilization units. Performance measures will include: 1) Reduced admissions to inpatient and acute care settings pre- vs post-program enrollment; 2) Maintain or increase treatment compliance with treatment while in the program measured by ongoing receipt of services; 3) Increased diversion of people with mental illnesses from the criminal justice system; and 4) Decreased recidivism to the criminal justice system.

##### 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 in the contract?

Financial consequences in the form of reduced payment of invoices for failing to meet established performance measures.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.