



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2213

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

4. **Project/Program Description**

This Mental Health/Substance Abuse Pretrial Diversion Pilot Program for Okaloosa and Walton Counties is based on a modified version of the highly successful Miami Dade County (Eleventh Judicial Circuit) Criminal Mental Health Project. The purpose will be to reduce the number of defendants transferred to the state forensic hospitals and delays in resolving criminal cases and provide for a continuum of care.

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="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="450,000"/>
<b>Total State Funds Requested</b>	<b>450,000</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="450000"/>	<input style="width: 80%;" type="text" value="75.0 %"/>
<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="150,000"/>	<input style="width: 80%;" type="text" value="25 %"/>
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>600,000</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="250,000"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	Okaloosa County BOCC will contract with a behavioral health organization to provide provide pre-offense services and for pre- and post-booking diversion for appropriate people with misdemeanor and low level felony charges from the criminal justice system as well as post-release wraparound services to those who are released from custody. The cost of the program for one year is approximately \$600,000. The County will provide the balance of the funding.	450,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		450,000



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## 11. Program Performance

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

Provide pre-offense services for pre- and post-booking diversion for appropriate people with misdemeanor and low level felony charges from the criminal justice system as well as post-release wraparound services to those who are released from custody.

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

Mentoring assistance with appointments, benefits, housing, medicines, etc. Post release services would mirror diversion services for defendants who have received services while incarcerated.

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

Subjects of mental health calls will be contacted to evaluate the need for crisis intervention either by the new mobile response crisis team or Baker Act admissions. If an individual is arrested, they would be evaluated at Booking or by Pre-Trial Services prior to First Appearance.

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

Persons with poor mental health, homeless, economically disadvantaged, drug users and currently or formerly incarcerated persons. The program would serve between 100 and 200 individuals.

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

Using a modified and smaller scale version of the Eleventh Circuit Mental Health Project, the Pilot will test whether costs of incarceration, length of incarceration, recidivism, can be lowered, safety increased and liberty protected in a cost-effective way in counties with a paucity of mental health and substance abuse treatment resources.

- 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?

Revocation of funds.



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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.