



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1221

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

4. Project/Program Description

The Mobile Response Team (MRT) includes a Crisis Intervention Trained (CIT) Law Enforcement Officer (LEO) and licensed mental health professional who respond to situations where an adult is experiencing a behavioral health crisis as identified and dispatched by 911. The MRT also includes a Care Coordinator and Peer Support Specialist. 911 will dispatch the CIT LEO and MRT to the location of the individual in crisis. Once the LEO secures the scene, the licensed mental health professional can de-escalate the situation and assess to determine the level of care needed. For those individuals who are stabilized in the community, the care coordinator and the peer support specialist would follow up with the individual and ensure that they are engaged in services and compliant with their psychiatric medication regimen. For persons needing crisis receiving and stabilization facilities, respite, or residential treatment programs, a warm hand-off is facilitated to ensure access to care.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	1,396,336
Fixed Capital Outlay	0
Total State Funds Requested	1,396,336

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,396,336	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1,396,336	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

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

N/A



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

Yes

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

Central Florida Cares Health System Inc., received a \$288,000 Paycheck Protection Program loan to offset staff furloughs/layoffs.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	1 Program Manager for each team (.25 of FTE) at salary \$17,000 x 4 = \$68,000; Fringe benefits @ 26.4% (FICA, health, life & workers comp insurance, retirement, etc.) (\$4,488 x 4 = \$17,952).	85,952
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	8 FTE Licensed Clinicians (2 per team) (\$60,000 x 8 = \$480,000); Fringe benefits @ 26.4% (\$15,840 x 8 = \$126,720); 4 FTE Care Coordinators (1 per team) (\$45,000 x 4 = \$180,000); Fringe benefits (\$11,880 x 4 = \$47,520); 4 FTE Peer Support (1 per team) (\$37,000 x 4 = \$148,000); Fringe benefits (\$9,768 x 4 = \$39,072)	1,021,312
Expense/Equipment/Travel/Supplies/Other	4 Laptops per team x 4 teams = \$11,200; 250 miles per week x .445 per mile x 52 weeks staff reimbursement x 4 FTE x 4 teams = \$92,560; Insurance 5 FTE per team x 4 teams = \$2,000; 4 cell phones x \$45 x 12 mo plus 4 hot spots at \$30 per month per team x 4 teams = \$14,400; Office Supplies, Printing, Copier, Fax services \$1250/year/team x 4 teams = \$5,000; Provider indirect costs 10% = \$123,242. Managing Entity indirect costs @ 3% = \$40,670.	289,072
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,396,336

12. Program Performance

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

The goals for the MRTs include:

- Provide immediate intervention to stabilize individual's condition safely in situations that do not require an immediate public safety response.
- Reduce use of forced action.
- Divert individuals from costly jail admission, emergency departments, psychiatric hospitalization into cost efficient community based services (mental health, housing, & addiction treatment).
- Reduce recidivism in the criminal justice system.
- Increase access to community and human services programs.
- Enhance law enforcement efficiency by using mental health professionals for appropriate incidents.
- Increase days in the community by facilitating and encouraging stable living environments.

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



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The pilot is expected to include the following components: (1) Development of dispatch protocols for potential mental health response; (2) CIT LEO and MRT respond to behavioral health crisis, dispatched by 911; (3) MRT will de-escalate, assess and determine level of care; (4) For individuals who are stabilized in the community the care coordinator and the peer support specialist would follow up with the individual and ensure they are engaged in services and compliant with their psychiatric medication regimen; and, for persons needing facility-based care that aligns with their assessed needs; including referrals, when indicated, to crisis receiving and stabilization facilities, respite, or residential treatment programs a warm hand-off is facilitated to ensure access to care; (5) Data collection and analysis.

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

Direct services that will be provided include: (1) On-site de-escalation, assessment and identification of treatment needs; (2) Crisis intervention and brief counseling; (3) Linkage and referral; (4) Follow-up as needed to promote crisis resolution; (5) Evaluation and arrangement for inpatient hospitalization as needed; (6) On-going supervision by care coordinator and the peer support specialist to ensure individual is engaged in services and compliant with their psychiatric medication regimen.

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

Target population are adults residing in Brevard, Orange, Osceola, and Seminole Counties (central region) experiencing behavioral health crisis as identified by 911 dispatch or as requested by a law enforcement officer on scene. Individuals served: approximately 3,000.

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

The expected overall outcome is to divert individuals from entering a restrictive care setting such as jails, emergency department, and psychiatric hospitalization. Monthly data will be analyzed for the following outcome measures: (1) Respond to a crisis within one hour for at least 80% of mobile episodes; (2) 80% of individuals are diverted from jails, emergency department, in-patient psychiatric facilities; (3) 80% individuals remain in their living environment as an outcome of mobile crisis episodes; (4) 95% of individuals receiving services will report satisfaction with the MRT. Monthly data collection, analysis, reporting, program implementation and process evaluation and quality improvement.

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?

Financial penalties for not meeting the outcomes and maintaining staffing level.

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number