



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1523

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

**4. Project/Program Description**

As part of the National Stepping Up Initiative to address the over-representation of people with mental illness and/or SUD in the criminal justice system this diversion program will identify inmates who may be diverted into community mental health programs using standard assessment tools in the jails; link behavioral health professionals and providers to work with judges, state attorneys, and public defenders; and to employ Stepping Up collaboration and strategies to avoid incarceration.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operations	934,724
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>934,724</b>

**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)	934,724	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>934,724</b>	<b>100%</b>

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

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

9. **Is future funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

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

Community Mental Health Block Grant funds that flow through the Department of Children and Families (DCF) could be used.

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

Yes



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

Broward Behavioral Health Coalition (BBHC) received \$250,000 for COVID-19 impacted individuals experiencing mental health and substance use disorders in the community through a DCF awarded federal grant.

#### 11. 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	Stepping Up/Jail Diversion Director-administer, supervise, manage entire program, pursue expansion opportunities both pre- and post-arrest; coordinate and lead collaborative Broward Stepping Up Task Force to develop strategic data-driven plans for improvement	85,400
Other Salary and Benefits	Administrative Assistant/Research Specialist-assists Stepping Up/Jail Diversion Director; researches, inputs, and maintains data Team Leader-Felony & Misdemeanor Courts-provides coordination, administration, and supervision of program operations of the Misdemeanor & Felony Diversion Program; provides supervision to Court Case Managers and Peer Specialists	122,000
Expense/Equipment/Travel/Supplies/Other	Computers, software, travel costs (10% of salaries/benefits)	75,884
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	2 Misdemeanor+2 Felony Court Case Managers 2 Misdemeanor+2 Felony Certified Peer Recovery Specialists-supports clients Intake Specialist - interviews potential program participants; screens for eligibility... Care Coordinator - coordinates Jail In-Reach team; assesses risks and needs; sets appropriate level of care; plans for transition to community services	551,440
Expense/Equipment/Travel/Supplies/Other	Flex funds to provide immediate access for community re-entry from jail; to include (but not limited to) housing, medication, medical treatment, behavioral health treatment, and other ancillary services or goods needed to ensure recovery and community integration for participants that are indigent and/or homeless	100,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>934,724</b>

#### 12. Program Performance

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

As part of the National Stepping Up Initiative to address the over-representation of people with mental illness and/or SUD in the criminal justice system this diversion program will identify inmates who may be diverted into community mental health programs using standard assessment tools in the jails; link behavioral health professionals and providers to work with judges, state attorneys, and public defenders; and to employ Stepping Up collaboration and strategies to avoid incarceration.

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



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Inmates who qualify for the post-arrest jail diversion program are provided with individualized transition planning including linkages to community-based behavioral health treatment and support services. The Stepping Up Initiative Task Force will also review behavioral health and criminal justice systems to fill gaps and avoid incarceration for people with mental illness/or SUD.

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

Behavioral health assessment, Drug Screening, risk-needs assessment, case management to link clients to housing and behavioral health community services and peer support services.

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

The target population to be served by this project includes currently incarcerated persons in jails who have a mental illness and/or substance use disorder and meet criteria for the Jail Diversion Program. Approximately 800 individuals are expected to be served. Additionally, the Stepping Up Initiative Task Force will fill gaps in behavioral health systems to avoid arrests of persons with mental illness or substance use disorders, including elderly, economically-disadvantaged, and homeless people. Lastly, the program will serve formerly incarcerated individuals to link them to services and avoid recidivism.

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

To Improve Physical Health: Psychological treatment will improve physical health care and reduce related costs by 20%, such as diabetes and smoking-related conditions; to be measured by decreased costs of physical health care: medication, doctor visits, hospitalizations, etc. To Improve Mental Health: Through case management, care coordination, and peer support linking people with mental illness to services that include psychiatry, therapy, supportive housing, vocational and other supports; leading to a greater quality of life and level of independence, serving 70% of people with MI not currently treated. Measured by avoidance/reduction of recidivism, homelessness; increased employment and independence; reduced hospitalizations, suicides, use of emergency services. To Protect the General Public from Harm: Providing early access to treatment reduces crime, arrests, incarcerations. Improved quality of lives.

**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?**

Efforts to meet performance measures and deliverables will be paramount to the operational plan. Failure to meet measures will be examined and justified as necessary. Processes will be re-evaluated, and an improvement plan will be developed to address deficiencies.

**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.**

We are not requesting any fix capital outlay funding.



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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