



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2455

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Life Management Center Forensic Multidisciplinary Team (FMT) is a 24-hour a day, 7 days per week service to divert commitment of individuals from state mental health treatment facilities. FMT serves adults who are charged with "lesser" felony offenses without a significant history of violence. Diversion from criminal justice system and jail is also the goal. FMT is adapted from the Florida Assertive Community Treatment model. Multiple FMT's are established in other areas of the state, but no such teams exist within Northwest Florida.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 700,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>700,000</b> |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 700,000        | 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 2022-2023</b> | <b>700,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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.

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



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

\$2.8 million Payroll Protection Program (PPP) loan forgiveness received from the Small Business Association (SBA). No federal assistance has been obtained for this project.

#### 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                    |   | 0              |
| Other Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Operational Costs: Other</b>  |   |                |
| Salary and Benefits  | As indicated by the guidance document provided by the Department of Children and Families Office of Substance Abuse and Mental Health, these salaries include the minimum staffing standards as follows: 1.0 FTE Licensed Team Leader, 3.0 FTE Case Managers; 0.5 FTE Psychiatric Advanced Practice Registered Nurse; 1.0 FTE Therapist; and 0.5 FTE Administrative Assistant.  | 448,438        |
| Expense/Equipment/Travel/Supplies/Other                                | This area includes laptops and cell phones for the team. Substantial travel within the community to deliver the services will be required within this budget category. Expenses for mileage reimbursement to confer with local law enforcement, local courts, the state attorney and public defender, jail personnel, state hospital staff and families with also be necessary. | 251,562        |
| 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>700,000</b> |

#### 12. Program Performance

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

Life Management Center Forensic Multidisciplinary Team (FMT) is a 24-hour a day, 7 days per week service to divert commitment of individuals from state mental health treatment facilities. FMT serves adults who are charged with "lesser" felony offenses without a significant history of violence. Diversion from criminal justice system and jail is also the goal. FMT is adapted from the Florida Assertive Community Treatment model. Multiple FMT's are established in other areas of the state, but no such teams exist within Northwest Florida.

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

Services are community-based activities prior to, or in lieu of commitment to a State forensic mental health treatment facility. Post Commitment diversion services are also provided for adults who are adjudicated and charged with a felony offense as incompetent to proceed or not guilty by reason of insanity.

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

Life Management Center Forensic Multidisciplinary Team (FMT) is a self-contained team which directly provides or coordinates treatment, rehabilitation and support services for persons with serious and persistent mental illness. Services include crisis intervention, mental health screening and assessment, case management, psychiatric evaluation and medication management, substance use treatment, and in-home or on-site treatment services.



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**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 the Life Management Center Forensic Multidisciplinary Team (FMT) is Persons with poor mental health, economically disadvantaged persons, homeless, and mentally ill adults charged with minor felony offenses without significant histories of violence. The team is expected to serve between 51-100 individuals/annually.

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

The expected benefit or outcome of this project is improved mental health, protect the general public from harm, and reduce recidivism. This will be measured addressing and treating co-occurring mental health and substance abuse disorders, reduce psychiatric hospitalization and increase days in the community by facilitating and encouraging stable living. Confer and collaborate with the criminal justice system to minimize or divert incarcerations. The method of measuring level is maintain data on persons served annually, days in the community for each person served, and persons who are diverted from incarceration within 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 the contract?**

Reduce funding if required

**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