



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2667

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

4. Project/Program Description

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 the 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 other 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 2025-2026

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operating | 750,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 750,000 |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 750,000 | 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 2025-2026 | 750,000 | 100% |

8. Has this project previously received state funding?
- If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2024-25 | 0 | 625,000 | 377 | No |

9. Is future-year 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.
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Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

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

| Spending Category | Description | Amount |
|--|--|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | As per the guidance document from the DCF 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 APRN; 1.0 FTE Therapist; and 0.5 FTE Administrative Assistant. | 540,000 |
| Expense/Equipment/Travel/Supplies/Other | Laptops and cell phones. Substantial travel to deliver services will be required within the budget. Expenses for mileage reimbursement to confer with local law enforcement, local courts, state attorney and public defender, jail personnel, state hospital staff and families will also be necessary. | 210,000 |
| 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) | | 750,000 |

13. Program Performance

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



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Life Management Center Forensic Multidisciplinary Team (FMT) is a 24-hour/day, 7 days/week service to divert commitment of individuals from state mental health treatment facilities. FMT serves adults 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 none within Northwest Florida prior to the currently funded FMT in FY 2024-25.

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?

The 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.

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 by addressing and treating co-occurring mental health and substance use disorders, reducing psychiatric hospitalization, and increasing days in the community by facilitating stable living. Outcome will be measured by data on persons served annually, days in the community for each person, and diverting adults 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 in the contract?

Reduce funding, if required.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No



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LFIR # 2667

☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

☐ Yes, Applied

☐ Yes, Received

☐ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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



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e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.