



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Forensic FACT Team

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Forensic FACT Team

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,400,000		1,400,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	140,000	9.1%
Other	0	0.0%
TOTAL	140,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,540,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

1,400,000

11. Program Performance:

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

Reduce the number of non-violent, mentally ill/substance use offenders in the courts, jail or in a mental health inpatient facility. Promote independent living and self-sufficiency.

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

Services will be provided by a mobile mental health treatment team of 13 professionals with training in psychiatry, nursing, counseling, substance abuse treatment and rehabilitation.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	13 mental health professionals	985,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, medication, short-term housing	415,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,400,000

d. What are the direct services to be provided to citizens by the appropriations project?

Mental health evaluation, treatment, medication management and short-term housing.

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

Non-violent, mentally ill/substance use offenders in courts, jail or in a mental health inpatient facility; 100 individuals.

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

Reduce the number of non-violent, mentally ill/substance use offenders in the courts, jail or in mental health inpatient facilities. Promote independent living and self-sufficiency.

g. 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

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. **Name:** Edwin R. (Ned) Ailes

b. **Organization:** Life Management Center of Northwest Florida, Inc

c. **Email:** nailes@lmccares.org

d. **Phone Number:** (850)522-4485 Ext. 1300

14. Recipient Contact Information:

a. **Organization:** Life Management Center of Northwest Florida, Inc.

b. **County:** Bay



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c. Organization Type:

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Edwin R. (Ned) Ailes

e. E-mail Address: nailes@lmccares.org

f. Phone Number: (850)522-4485 Ext. 1300

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Larry J.

b. Firm: Larry J. Overton & Associates

c. Email: loverton@loverton.net

d. Phone Number: (850)244-2859