

LFIR # 1174

- 1. **Project Title** Broward Forensic Alternative Center for Acute Care Services
- 2. Senate Sponsor Gary Farmer
- 3. Date of Request 10/29/2019

4. **Project/Program Description**

Broward is the county with the second highest number of commitments to State Mental Health Treatment Facilities in the state. Our criminal justice partners are committed to diverting eligible individuals from forensic facilities but there needs to be a locked and secure facility available. The Broward Forensic Alternative Center (FAC) will be a safe and cost-efficient community-based residential treatment alternative to serve individuals charged with third degree or non-violent second-degree felony charges, who do not pose significant safety risks, and who otherwise would be admitted to state treatment facilities. Individuals will be treated in a locked inpatient setting where they will receive crisis stabilization, short-term residential treatment, competency restoration training, and living skills for community reintegration. When ready to step-down to a less restrictive placement in the community, participants are provided assistance with re-entry and ongoing service engagement.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted?

Yes
No

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

Type of Funding	Amount
Operations	2,795,593
Fixed Capital Outlay	000
Total State Funds Requested	2,795,593

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,795,593	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	2,795,593	100 %

8. Has this project previously received state funding? \bigcirc Yes \odot No

If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? • Yes O No

If yes, indicate nonrecurring amount per year.

2,795,593



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/		
Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study	BBHC will contract with a network provider to deliver Short Term Residential treatment services at a rate of \$362.41 per bed day x 20 beds X 365 days = \$2,645,593. Community Re-entry Care Coordination Services for one team made up of .5 Licensed Clinician, Case Manager and Peer Specialist at \$150,000 per year will serve 15 to 30 clients annually.	2,795,593
Fixed Capital Construc	tion/Maior Renovation:	
Construction/Renovation/		
Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	2,795,593



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11. Program Performance

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

The Broward Forensic Alternative Center (FAC) will be a licensed as a Short-term Residential Treatment facility to divert individuals charged with third or non-violent second degree felony from the Forensic State Mental Health Treatment Facilities. This will serve as a diversion strategy by providing intensive wrap-around services, in addition to specific needs of the person served to assist in stabilization. When ready to step-down in care, individuals will continue to receive re-entry services.

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

- Psychiatric Treatment
- Rehabilitation Intervention
- Transition Services
- Community Care and Reintegration Services
- Competency Restoration Training
- Employment Program

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

The Broward FAC will serve individuals charged with third degree or non-violent, second degree felony charges, in a locked inpatient facility, who do not pose significant safety risks. In this setting, individuals will receive crisis stabilization, short-term residential treatment, competency restoration training and living skills for community reintegration. The Broward FAC is a cost-efficient alternative to state mental health hospitals.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, drug users, and currently or formerly incarcerated persons.

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

Expected benefits and outcomes include: Improved mental health, improvement in economic activity/cost savings, enhancement of an individual's economic self-sufficiency, reduction in recidivism, reduction in substance use, and diversion from the criminal justice system. These outcomes will be measured by: The number of individuals who engage in psychiatric treatment and rehabilitation interventions; Engagement in Community Care, Reintegration Services, and Competency Restoration Training; The cost to treat an individual at Broward FAC vs. the cost to treat an individual at a state mental health hospital; The number of individuals who gain employment through Broward FAC's re-entry program; Number of individuals who do not reengage in criminal activity is higher than those that have been sent to jail or to the state hospital; Increase individual compliance with treatment and medication management and active recovery. Number of individuals successfully discharged into the com

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?

Loss of contract.



12. 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				
-		t Information		
	st Name	Silvia	Last Name Quintana	
-	ganization	Broward Behavioral Health Coa		
c. E-n	nail Address	silvia.quintana@browardbehav	ioralhc.org	
d. Ph	one Number	(954)622-8121	Ext.	
Recipi	ent Contact	Information		
a. Org	janization	Broward Behavioral Health Coa	alition	
o. Mur	nicipality and	County Broward		
c. Org	anization Typ	pe		
\bigcirc	For-profit E	ntity		
\bigcirc	Non-Profit (501(c) (3)		
\bigcirc	Non-Profit {	501(c) (4)		
\bigcirc	Local Entity	/		
\bigcirc	University of	or College		
۲	Other (plea	se specify)Non Profit 501(c) (3)		
d. Firs	st Name	Silvia	Last Name Quintana	
ə. E-m	nail Address	silvia.quintana@browardbehavio	pralhc.org	
f. Pho	one Number	(954)622-8121		
Lobby	ist Contact	Information		
a. Nar	me	None		
b. Firr	m Name	None		
c. E-m	nail Address			
d Pho	one Number		Ext.	