



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Involuntary Outpatient Services (IOS) Demonstration Project

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 10/25/2017

4. **Project/Program Description:**

Funding will be used to establish an Involuntary Outpatient Services (IOS) pilot project to demonstrate the impact of changes to the Baker Act subsequent to the passage of SB12 during the 2016 regular legislative session. This legislation expanded the authority of criminal county court judges to initiate involuntary examinations under the Baker Act and to order IOS upon a finding, by clear and convincing evidence, that the person meets the criteria specified in law. In addition, funding will be used to provide oversight and monitoring of individuals ordered to receive outpatient services under the Marchman Act, including those court ordered to receive treatment for opioid abuse and dependence. The project is intended to increase compliance with outpatient mental health and substance abuse treatment services for individuals with histories of repeated admissions to mental health treatment services, or treatment noncompliance or refusal to engage treatment.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
500,000		500,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000



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### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(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:		250,000	250,000

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

Yes

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

\$500,000

### 11. Program Performance:

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

Mandating community-based treatment through the use of involuntary outpatient services for individuals with histories of treatment noncompliance and criminal justice system involvement will reduce demand for more costly inpatient placement in crisis stabilization units, residential treatment programs, and state civil and forensic treatment facilities. In addition, it is anticipated that the state and county will experience positive fiscal impact from reduced recidivism to jails and prisons, as well as improvements to public health and safety.

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

Funds will be contracted through a competitive process from the South Florida Behavioral Health Network – which is a nonprofit, 501(c)3 behavioral health managing entity established pursuant to ch. 394.9082, F.S. – to a community-based agency with demonstrated expertise in providing behavioral health treatment services to individuals with histories of criminal justice involvement. Funding will be utilized to provide staffing and necessary treatments, medications, housing and ancillary needs that support recovery and successful community reintegration. Individuals served will have histories of repeated admissions to mental health treatment services in the criminal justice and acute care treatment systems, as well as histories of treatment noncompliance and/or refusal to engage treatment..



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### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Costs of time for administrative staff (grants, finance, HR) for grant support @4,6%	23,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funding will be used to cover the cost of conducting IOS examinations and preparation of petitions, costs associated with court hearings, care coordination, behavioral health treatment and social support services, medications, housing and ancillary needs.	477,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Funding will be utilized to provide staffing and necessary community-based behavioral health treatments, medications, housing and ancillary needs that support recovery and successful community reintegration.



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

Individuals served will have histories of repeated admissions to mental health treatment services in the criminal justice and acute care treatment systems, as well as histories of treatment noncompliance and/or refusal to engage treatment. The project will have a goal of serving 150 people with the funding requested.

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

Funding will help to reduce demand for mental health treatment services provided in state and local prisons and jails, reduced demand for inpatient treatment provided in state funded civil/forensic treatment facilities and crisis stabilization units, improved public safety resulting from decreased crime, and improved public health resulting from fewer individuals in the community with untreated mental illnesses. Performance measures will include: 1) Reduced admissions to inpatient and acute care settings pre- vs post-program enrollment; 2) Reduced recidivism to the criminal justice system measured by numbers of jail bookings and days spent in jail pre- vs post-program enrollment; 3) Maintain or increase treatment compliance with treatment while in the program measured by ongoing receipt of services; 4) Increased diversion of people with mental illnesses from the criminal justice system measured by number of individuals diverted from jail and placement in forensic treatment settings.

**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?**

Financial consequences in the form of reduced payment of invoices for failing to meet established performance measures.

**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:** Steve Leifman
- b. **Organization:** County Court Judge
- c. **Email:** sleifman@jud11.flcourts.org
- d. **Phone Number:** (305)548-5394

**14. Recipient Contact Information:**

- a. **Organization:** South Florida Behavioral Health Network, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College



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Other (Please specify)

**d. Contact Name:** John W. Dow

**e. E-mail Address:** jdow@sfbhn.org

**f. Phone Number:** (305)860-0653

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

**a. Name:** Kevin Cabrera

**b. Firm:** Southern Strategy Group Miami

**c. Email:** cabrera@sostrategy.com

**d. Phone Number:** (305)421-6304