



# The Florida Senate

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

1. **Title of Project:** Forensic Hospital Diversion Pilot Program

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

Funds provided pursuant to this request would be utilized during the initial implementation of the Forensic Hospital Diversion Pilot program in Okaloosa County. Specifically, these funds would be used to employ two licensed clinical social workers to provide initial mental health and/or substance abuse screening and care.

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
150,000		150,000

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	12,000	7.4%
Other	0	0.0%
TOTAL	12,000	7.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 162,000

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.



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

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

Yes

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

\$150,000

**11. Program Performance:**

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

The requested funds will be utilized to provide mental health and/or substance abuse screening and care to justice-involved members of the target population.

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

Members of the target population who are justice-involved will be provided mental health and/or substance abuse screening and care in an effort to promote treatment, reduce periods of incarceration, divert individuals from placement in the Florida State Hospital, reduce taxpayer cost, and improve local communities and families.

**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	Employment of two licensed clinical social workers to provide initial mental health and/or substance abuse	150,000



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	screening and care.	
<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 type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

Members of the target population who are justice-involved will be provided mental health and/or substance abuse screening and care in an effort to promote treatment, reduce periods of incarceration, divert individuals from placement in the Florida State Hospital, reduce taxpayer cost, and improve local communities and families.

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

Elderly Persons, Persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, currently or formerly incarcerated persons, drug offenders in the criminal justice system, veterans.101-200 Persons to be served.

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

Reduction in the number of untreated medical conditions reported among justice-involved members of the target population.

**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?**

Denial of future 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.**

Okaloosa County Department of Corrections



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### 13. Requestor Contact Information:

- a. **Name:** Stefan W. Vaughn
- b. **Organization:** Okaloosa Board of County Commissioners
- c. **Email:** svaughn@co.okaloosa.fl.us
- d. **Phone Number:** (850)689-5763

### 14. Recipient Contact Information:

- a. **Organization:** Okaloosa County Department of Corrections
- b. **County:** Okaloosa
- 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:** Stefan W. Vaughn
- e. **E-mail Address:** svaughn@co.okaloosa.fl.us
- f. **Phone Number:** (850)689-5763

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

- a. **Name:** Sarah Busk
- b. **Firm:** The Advocacy Group at Cardenas Partners
- c. **Email:** sjb@cardenaspartners.com
- d. **Phone Number:** (850)222-8900