



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1596

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The objective of the Community Outreach Team is to connect and provide alternative diversion services to those who are dealing with mental illness, experiencing homelessness or battling addiction. Members of the Community Outreach Team will be available to respond to calls for service when dealing with chronic persons experiencing a mental crisis, experiencing homelessness, or battling addiction. The SCMH Center Mobile Response Team defines a chronic client as anyone that we as an agency have encountered on more than two occasions for mental health reasons. The co-responder approach will include a member from the SCMH Center Mobile Response Team who will be stationed at the police department to provide coverage from 0800- 0001 hours. During these hours, the member of the SCMH Center Mobile Response Team will work directly with the Community Outreach Team.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	411,190
Fixed Capital Outlay	114,000
Total State Funds Requested	525,190

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	525,190	54%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	441,357	46%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	966,547	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

If yes, indicate the amount of funds received and what the funds were used for.

11. 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: Other		
Salary and Benefits	Two additional officers for 24-hour coverage and one first-line supervisor (increase sworn staffing from 163 to 166 not to deplete community response staffing levels.) Because first-line supervisor is a promotion and not an entry level position, the cost is calculated based on total of three officers (One additional officer to replace existing officer that gets promoted to the first-line supervisor) and the difference between the current officer's pay vs. pay after being promoted. Transition	405,535
Expense/Equipment/Travel/Supplies/Other	Replace three Ford Explorers with three pickup trucks to meet the needs of the community outreach position. Cost per vehicle \$38,000 per vehicle. Increase the purchasing budget for essential products for the vulnerable population to \$10,000. Funding to cover the 8-hours not covered by SCMH mobile response team.	119,655
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)		525,190

12. Program Performance

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

The objective of the Community Outreach Team is to connect and provide alternative diversion services to those who are dealing with mental illness, experiencing homelessness or battling addiction.

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

Case management for our vulnerable population, linkage to stable housing, continual training for law enforcement personnel in dealing with the service population, coordinating with local, county, and state social service agencies to provide a broad range of services.

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



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Transportation to health and ancillary services, referrals to social services and placement, provide for basic living necessities (to include the shower truck, food, clothing, and personal hygiene products). Provide employment connections and resources (job fair, mock interviews, skill training and job placement).

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

Those who are dealing with mental illness, experiencing homelessness or battling addiction. We anticipate serving approximately 500 individuals.

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

The goal of the Community Outreach team is three pronged: 1. Secure stable housing for persons experiencing homelessness; 2. Provide linkage to addiction/recovery resources which in turn will reduce overdose lethality; 3. Provide wrap around service and alternative diversion services to those individuals who are experiencing mental health or crisis.

1. Tracking number of services provided to the homeless and participating in the annual Point in Time.
2. Tracking the number of overdose cases with the goal of reduction in the year end number from the previous year.
3. Track the number of mental health cases handled solely by law enforcement.

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 the contract?

Refund of funds allotted to the agency.

13. 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 – this is a program rather than funding for a facility. The program is operated by the City of Delray Beach Police Department.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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) Law Enforcement Agency

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number