



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1988

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funding will be used to continue implementation of an Involuntary Outpatient Services (IOS) project demonstrating the impact of changes to the Baker Act subsequent to the passage of SB12 during the 2016 regular legislative session. This legislation expanded authority of criminal county court judges to initiate involuntary examinations under the Baker Act and to order a person who meets the criteria specified in law to participate in outpatient services. The project is intended to increase compliance with outpatient mental health and/or co-occurring mental health and substance abuse treatment services for individuals with histories of repeated admissions to treatment services in the criminal justice and acute care treatment systems, as well as histories of treatment noncompliance and/or refusal to engage treatment.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	500,000	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		400,000	376	No

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Source of funding that can be used in lieu of state funding has not been identified.

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



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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	5% administrative cost	20,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	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.	380,000
Total State Funds Requested (must equal total from question #6)		400,000

12. Program Performance

a. What specific purpose or goal 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 activities and services will be provided to meet the intended purpose of these funds?

Funds will be contracted to a service provider previously awarded funding for this project. The provider is 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 continue to provide staffing and necessary treatment and support services.

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

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

d. 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 and/or co-occurring mental health and substance abuse 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 target is to screen at minimum 150 individuals for program eligibility and treat/serve up to 30 individuals.

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



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be measured?

Funding will help to reduce demand for mental health and/or co-occurring mental health and substance abuse treatment services provided in institutional settings, including state and local correctional facilities, state civil and forensic treatment facilities, and crisis stabilization units. Performance measures will include: 1) Reduced admissions to inpatient and acute care settings pre- vs. post-program enrollment; 2) Maintain or increase treatment compliance with treatment while in the program measured by ongoing receipt of services; 3) Increased diversion of people with mental illnesses from the criminal justice system; and 4) Decreased recidivism to the criminal justice system.

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?

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

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



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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)

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