



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2676

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Request funding to support continued operations of a mental health diversion program designed to redirect certain populations away from incarceration in local jails. Participants will be placed into the program typically as a condition of their bond and Pretrial Release Supervision. Services included in the program include needs assessment, service referrals, case management, substance use disorder treatment, psychosocial rehabilitation, self-help, advocacy, recovery planning, health and wellness, and relapse prevention. This innovative program has served 181 incarcerated persons referred by the Okaloosa County Pre-Trial Program since opening in January 2020. During 2024, 69% of participants achieved successful program completion. Additionally, of clients who completed the program in 2024 only 2 clients (4%) experienced rearrest during 2024 which continues to be below the average recidivism rate of 24.5% in Florida.

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

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	325,000
Fixed Capital Outlay	0
Total State Funds Requested	325,000

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	325,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	325,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	650,000	100%

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

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	325,000	377	No

9. **Is future-year 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.**

Not available at this time.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

12. 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	Okaloosa County BOCC has contracted with a behavioral health organization to provide post booking diversion for appropriate individuals with misdemeanor and low level felony charges from the criminal justice system as well as post-release wraparound services to those who are released from custody. The annual cost of the program is \$650,000. The county will provide the balance of the funding.	325,000
Operational Costs		
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		0
Total State Funds Requested (must equal total from question #6)		325,000

13. Program Performance

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



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Provide post-booking diversion for appropriate people with misdemeanor and low level felony charges from the criminal justice system as well as post-release wraparound services to those who are released from custody to prevent recidivism. Due to the success of this program the Office of State Attorney First Judicial Circuit has expanded the range of offenses eligible for consideration for referral to this program has expanded from the original misdemeanor only to now include low-level non-violent felonies. Additionally, during this past year Public Defenders have been referring their clients to the Okaloosa Pre-Trial Program staff for consideration to be accepted into the Okaloosa Pre-Trial Mental Health Program. As awareness of this program has increased within the County Jail inmates themselves have asked to be considered for this program.

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

Services included in the program include needs assessment, service referrals, case management, psychosocial rehabilitation, substance use disorder treatment, self-help and advocacy, recovery planning, health and wellness classes, relapse prevention and education factors that have contributed to their judicial involvement. Active monitoring of participants will be provided by Pretrial Services in coordination with BCI staff.

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

Direct services included in the program include needs assessment, service referrals, case management, psychosocial rehabilitation, substance use disorder treatment, self-help and advocacy, recovery planning, health and wellness classes, relapse prevention and education factors that have contributed to their judicial involvement.

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

Persons with poor mental health, economically disadvantaged persons, homeless, drug users, currently or formerly incarcerated persons and the general population of Okaloosa County, which has a population of over 200,000.

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

Recovery and rehabilitation of patients and reduced recidivism. Test whether costs of incarceration, length of incarceration and recidivism can be lowered, safety increased, and liberty protected in a cost-effective way in counties with a paucity of mental health and substance abuse treatment resources.

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?

Standard contract penalties and/or revocation of grant funds to be considered for failing to meet deliverables or performance standards.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No



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No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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**



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e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.