

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: South Florida Behavioral Health Network - Involuntary Outpatient Services Demonstration Project
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Daniel Perez
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Financial consequences in the form of reduced payment of invoices for failing to meet established performance measures.

6. Requester:

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

7. Contact for questions about specific technical or financial details about the project:

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

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Nelson Diaz
- b. Firm: Southern Strategy Group Miami
- c. Email: diaz@sostrategy.com
- d. Phone #: (305)421-6304

9. Organization or Name of entity receiving funds:

- a. Name: South Florida Behavioral Health Network, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

Funding will establish an Involuntary Outpatient Services (IOS) pilot project to increase compliance with outpatient mental health and substance abuse treatment services for individuals with 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. Will serve individuals ordered to receive outpatient treatment under the Baker and Marchman Acts.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Costs of time for administrative staff (grants, finance, HR) for grant support @4.6%.	23,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. 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	227,000

	ancillary needs.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

In a 2007 report titles, Shifting Focus on Treatment Mental Illness: A Common ?Cents? Approach, the Miami-Dade County Grand Jury recommended establishment and evaluation of an involuntary outpatient services pilot program:

https://www.miamisao.com/publications/grand_jury/2000s/gj2007f.pdf

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the 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

17b. Describe the direct services to be provided to the citizens by the funding requested.

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.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Reduced admissions to inpatient and acute care settings, including state funded crisis stabilization units, civil treatment facilities, and forensic treatment facilities.	Collect and report data regarding admissions to inpatient and acute care settings pre- vs post-program enrollment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decrease occurrence of new criminal behavioral and offenses among project participants.	Collect and report data regarding criminal justice involvement for new criminal offenses while receiving project services.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Reduced recidivism to the criminal	Collect and report data regarding numbers of jail bookings and days

	justice system.	spent in jail pre- vs post-program enrollment
<input checked="" type="checkbox"/> Reduce substance abuse	Maintain or increase treatment compliance while in the program measured by ongoing receipt of services.	Provide monthly report of treatment services provided and engagement in treatment.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increased diversion of people with mental illnesses and substance use disorders from the criminal justice system.	Collect and report number of individuals diverted from jail and placement in forensic treatment settings.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	250,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M