

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Ft. Walton Beach - Central Receiving Facility for Criminal Justice Diversion

2. Date of Submission: 10/30/2017

3. House Member Sponsor: Mel Ponder

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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: | | | | | 2,000,000 | 2,000,000 |

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.

Payback of any State funding if project is not completed

6. Requester:

- a. Name: Michael Beedie
- b. Organization: City of Fort Walton Beach
- c. Email: mbeedie@fwb.org
- d. Phone #: (850)833-9612

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

- a. Name: Michael Beedie
- b. Organization: City of Fort Walton Beach
- c. Email: mbeedie@fwb.org
- d. Phone #: (850)833-9612

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: City of Fort Walton Beach
- b. County (County where funds are to be expended): Okaloosa
- c. Service Area (Counties being served by the service(s) provided with funding): Okaloosa, Walton

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?

The funds will be used to purchase an existing facility. Upon purchase of the facility, the remaining funds will be used to renovate the facility to provide a minimum of 16 beds for detox (including opioid patients) and mental health evaluations with the overall goal to divert individuals with substance abuse and/or mental health issues away from the criminal justice system. This will serve as a Central Receiving Facility.

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 type="checkbox"/> b. Other Salary and Benefits | | |
| <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 | Allows the partners in this endeavor to complete a Master Plan for the entire Okaloosa County area while this facility serves as a "pilot program" to determine the effectiveness. This facility will also serve Walton County | 200,000 |
| Fixed Capital Construction/Major Renovation: | | |

| | | |
|--|---|------------------|
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Purchase of existing facility in Fort Walton Beach, FL and the renovation of said facility to serve as a Central Receiving Facility to provide detox services and mental health evaluations for individuals with substance abuse issues, including opioids, and/or mental health issues | 1,800,000 |
| TOTAL | | 2,000,000 |

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Yes, the City Council of the City of FWB has expressed support for this project along with Okaloosa County. Other partners in this project include Big Bend CBC, Bridgeway Center, Lakeview, Mental Health Association, FWB Police Department, Greater FWB Chamber of Commerce. & Community Solutions.

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?

Wrap around detox and mental health services with the intent to divert individuals away from the criminal justice system resulting in a savings to the citizens of Okaloosa County through the reduction of the jail population

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

Wrap around substance abuse and mental health services to those individuals with a history of these issues (including opioids) causing recidivism in the criminal justice system. The City of FWB currently has 20-25 individuals with multiple arrests for substance abuse and/or mental health issues that would benefit from these services. Okaloosa County as a whole has a majority of their jail population that are known as "frequent fliers". The facility will provide crisis stabilization and detoxification

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 | Lowering the population in the County Jail by diverting those individuals who are considered repeat offenders out of the criminal justice system; reduction in recidivism rate. | Provide services for those individuals in need to keep them out of the criminal justice system and get them into the proper treatment program. |
| <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.) | Providing the proper treatment services for individuals with mental health and/or substance abuse issues (including opioids) reduces the recidivism rate and criminal activity. | Statistics from other areas using this program document a reduction in crime and a reduction in jail population and recidivism. |

| | | |
|--|---|---|
| | Also will improve processing time for law enforcement officers. | |
| <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 | Reduce the recidivism rate of individuals with mental health and/or substance abuse issues (including opioids) by providing the necessary wrap around treatment services. | Creates a program to divert individuals with mental health and/or substance abuse issues from the criminal justice system into a treatment program. |
| <input checked="" type="checkbox"/> Reduce substance abuse | Lowering the population in the County Jail by providing the necessary detox services, which are currently not provided in Okaloosa County. | Provide substance abuse treatment programs to those individuals in need and keeping them out of the criminal justice system. |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Number of individuals diverted from the criminal justice system with substance abuse issues (including opioids) | Provide the necessary treatment programs and medications which reduces the jail population thereby reducing the cost to the taxpayers. |
| <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: | 2,000,000 | 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 | 2,000,000 | 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