

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Comprehensive Treatment Court (Mental Health Jail Diversion Program)
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): W. Steube

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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					940,000	0	940,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 - Operating Expenses
 - Fixed Capital Construction
 - Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 - Operating Expenses
 - Fixed Capital Construction
 - Other one-time costs

5. Requester:

- a. Name: Walt Smith
- b. Organization: 12th Judicial Circuit Court of Florida
- c. Email: wsmith@jud12.flcourts.org
- d. Phone #: (941)861-7800

6. Organization or Name of Entity Receiving Funds:

- a. Name: 12th Judicial Circuit Court of Florida
- b. County (County where funds are to be expended) Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding) Sarasota

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The purpose of the Comprehensive Treatment Court (CTC) is to divert defendants with mental illness from jail into a program designed to help treat the underlying illness. The jail is not a mental health treatment facility. A significant number of individuals do not meet criteria for an involuntary examination under section 394.463 of the Florida Statutes (commonly known as the "Baker Act").

Community based cooperative agreements to divert from the criminal justice system to an appropriate community mental health facility or organization are advisable because the County Court has no jurisdiction to commit incompetent defendants to the forensic State Hospital nor does the County Court have other statutory funding available to it to oversee treatment and competency restoration to those incompetent defendants in the community under a Conditional Release Order.

For an annual cost of \$508,000, the behavioral health provider will provide 248 hours of care per week as follows: 8 hours of Medical Doctor/Advanced Registered Nurse Practitioner services, 40 hours of Mental Health Clinician Services, 120 hours of Case Management Services, 40 hours of clerical services, and 40 hours of management services. The remaining \$432,000 will be used for emergency shelter services for those in need. The program is designed to serve 40 patients per day at an average cost of \$64.38 per day. Equaling 80-100 patients in the first year.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 40,400

Other: 0

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

Yes