

1. Project Title Apalachee Center - Baker Act Central Receiving Facility Expansion

2. Senate Sponsor Corey Simon

3. Date of Request 02/27/2023

4. Project/Program Description

An expansion of Apalachee Center's Central Receiving Facility to provide necessary services and resources for individuals in a mental health emergency who have been transported under the Baker Act.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operations | 1,088,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 1,088,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|------------------------------------------------|-----------|------------|
| Total State Funds Requested (from question #6) | 1,088,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2023-2024 | 1,088,000 | 100% |

8. Has this project previously received state funding? Yes

| Fiscal Year | Amo | | | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| 2022-23 | 1,481,406 | 0 | 370 | |

9. Is future funding likely to be requested?

| Yes | |
|---------|-----|
| 1,088,0 | 000 |

a. If yes, indicate nonrecurring amount per year.

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

N/A

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

Yes

If yes, indicate the amount of funds received and what the funds were used for.



\$887,283 and \$361,462.34 supplies, cleaning, and testing; as well as additional costs for contract staffing during extreme staffing shortages.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

OPlanning ODesign

ign OConstruction

- 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?
- 12. 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.

13. 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 | Allocated portion of increased indirect salaries and benefits for HR, accounting, IT, operations, performance improvement, etc. | 70,920 |
| Expense/Equipment/Travel/Supplies/ Other | Allocated portion of increased indirect utilities, telephones, travel, supplies, insurance, etc. | 37,080 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Adding 2 additional therapists as well as raising the pay for all other staff to maintain appropriate 24 hour coverage | 496,880 |
| Expense/Equipment/Travel/Supplies/ Other | Overall increased operating expenses for utilities, telephones, travel, supplies, insurance, client incidentals, etc. | 241,120 |
| Consultants/Contracted Services/Study | Temporary and Travel Nurses needed to maintain 24 hour coverage | 242,000 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) 1,088,00 | | |

14. Program Performance

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

Provision of necessary services and resources for individuals in mental health emergency who have been transported under the Baker Act.

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



Individuals in mental health emergencies will receive skilled staff interventions in the form of assessment, counseling and crisis de-escalation after transport by law enforcement to a central receiving facility.

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

Psychiatric, nursing and psychological assessment, counseling and de-escalation.

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

Acutely mentally ill patients served under chapter 394, informally known as the Baker Act Law.

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

Individuals transported to the Central Receiving Facility by law enforcement for Baker Act evaluation will remain safe and receive assessment, evaluation and disposition to an appropriate level of care.

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?

Individuals transported to the Central Receiving Facility by law enforcement for Baker Act evaluation will receive comprehensive assessments, evaluation and referral to appropriate levels of care.

15. Requester Contact Information

| a. First Name | Dr. Jay | Last Name | Reeve | |
|-------------------------|----------------------------------|-----------|-------|--|
| b. Organization | Apalachee Center, Inc. | | | |
| c. E-mail Address | jayr32@apalacheecenter.org | | | |
| d. Phone Number | (850)523-3201 | Ext. | | |
| 6. Recipient Contact | 6. Recipient Contact Information | | | |
| a. Organization | Apalachee Center, Inc. | | | |
| b. Municipality and | b. Municipality and County Leon | | | |
| c. Organization Type | | | | |
| □For Profit Entity | □For Profit Entity | | | |
| ☑Non Profit 501(c | ⊠Non Profit 501(c)(3) | | | |
| □Non Profit 501(c | □Non Profit 501(c)(4) | | | |
| □Local Entity | □Local Entity | | | |
| □University or College | | | | |
| □Other (please specify) | | | | |
| d. First Name | Dr. Jay | Last Name | Reeve | |
| e. E-mail Address | jayr@apalacheecenter.org | | | |
| f. Phone Number | (850)523-3201 | | | |



LFIR # 2309

17. Lobbyist Contact Information

| a. Name | Adam J. Roberts Sr. |
|-------------------|-----------------------------|
| b. Firm Name | |
| c. E-mail Address | adamr32@apalacheecenter.org |
| d. Phone Number | (850)345-3333 |