



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Gracepoint 7 Crisis stabilization beds

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Gracepoint 7 Crisis Stabilization Beds

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
848,000		848,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 848,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$848,000 annually

11. Program Performance:

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

Data demonstrates that Gracepoint consistently serves a daily average of 39 indigent Baker Act patients. In order to adequately meet the needs of Hillsborough County, Gracepoint is requesting consideration to restore last year's funding back to \$848,000 in order to avoid reduction of Baker Act bed capacity. This project allows Gracepoint to be funded for a total of 34 indigent CSU beds (27 beds with recurring funding and 7 additional with this non recurring project). Both the Sherriff's office and local hospitals would be significantly impacted if this project is not funded and Gracepoint is forced to reduce Baker Act bed capacity by eight beds.

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

Treating Baker Act indigent patients on a CSU will save the state money by: Reducing more costly admissions to state hospital. Allows for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint supports the statewide system of care by managing re-entry and follow-up services designed to reduce recidivism rates.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	CSU personnel and associated benefits	715,936
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies, facility, insurance	64,349
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Meals, Medications, and Pharmacy	67,715
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		848,000

d. What are the direct services to be provided to citizens by the appropriations project?

7 crisis stabilization beds

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

Indigent clients in need of CSU - Baker Act beds.

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

Reduce more costly admissions to state hospital; allow for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars; Reduce the use of jails as mental health facilities; provide coordination of care upon discharge by Gracepoint which supports the statewide system of care by managing re-entry and follow-up services designed to reduce recidivism rates.

g. 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?

Underutilization of the CSU beds would result in a future adjustment in funding, usually below actual utilization.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A



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13. Requestor Contact Information:

- a. **Name:** Joe Rutherford
- b. **Organization:** Mental Health Care, Inc. dba Gracepoint
- c. **Email:** jrutherford@gracepointwellness.org
- d. **Phone Number:** (813)239-8083

14. Recipient Contact Information:

- a. **Organization:** Mental Health Care, Inc. dba Gracepoint
- b. **County:** Hillsborough
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Joe Rutherford
- e. **E-mail Address:** jrutherford@gracepointwellness.org
- f. **Phone Number:** (813)239-8083

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Larry Overton
- b. **Firm:** Larry J. Overton and Associates
- c. **Email:** loverton@loverton.net
- d. **Phone Number:** (850)224-2859