



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1760

1. **Title of Project:** Geropsychiatric Baker Act Beds

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 02/18/2019

4. **Project/Program Description:**

The Geropsychiatric Care Center provides inpatient psychiatric beds for seniors under Florida’s Baker Act from nursing homes, assisted living facilities, hospitals and law enforcement for whom benefits and resources have been exhausted. There are no other Baker Act treatment resources in Brevard County for these individuals. Once stabilized pursuant to the Baker Act, appropriate placement is difficult to find. Court proceedings for long term commitments to State Hospital facilities are often initiated on behalf of these individuals to secure safe treatment. However, it may take up to 90 days to secure an appropriate State Hospital bed for longer term treatment. Often the specialized treatment received at Circles of Care during this waiting period results in sufficient improvement for a community placement rather than transfer to the State Hospital. These beds provide a treatment alternative in the patient’s community in lieu of commitment to State Hospitals.

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 2019-2020**

Type of Funding	Amount
Operations	900,000
Fixed Capital Outlay	
Total State Funds Requested	900,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	900,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	900,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		900,000	372	No

9. **Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. \$900,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	General administration of a licensed and Joint Commission accredited psychiatric hospital.	6,000
Other Salary and Benefits	Daily ongoing operation of a licensed and accredited psychiatric hospital.	30,000
Expense/Equipment/Travel/Supplies/Other	General direct and allocated administrative expense.	14,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Psychiatry, nursing, psychology, social work, and custodial.	710,000
Expense/Equipment/Travel/Supplies/Other	Daily ongoing operation of a licensed and accredited psychiatric hospital. Includes food, pharmacy drugs, insurance, and other essentials for daily operations.	140,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		900,000

11. Program Performance:

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

The requested funds will purchase 5.25 inpatient psychiatric Baker Act beds for Brevard County. Furthermore, the beds are specifically intended for aging seniors in the community and to provide local treatment in lieu of court-ordered commitments to State Hospital facilities. These beds, owned and operated by Circles of Care, are a portion of the 52 licensed adult inpatient beds at Circles of Care’s Baker-Act designated receiving facility – the only public receiving facility serving Brevard County. The facility enjoys Joint Commission accreditation according to both the Joint Commission’s inpatient hospital and behavioral healthcare standards.

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

All activities and professional services within the scope of accredited Inpatient Psychiatric care.

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

The direct services provided are psychiatric inpatient care which includes psychiatric assessment; crisis stabilization; psychotropic as well as general medication management; history and physical; general medical services; social work, case management, nursing, activity therapy, dietary; as well as other services provided within the scope of licensed inpatient psychiatric hospitals.



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

The target population are those elderly persons whose psychiatric stabilization cannot be achieved within the median length of stay and are at risk for deeper-end commitments. Other sub-populations that factors that may be included in the population include: Persons with poor physical health; jobless persons; economically disadvantaged persons; homeless; physically disabled; Baker Act commitments. Annually, it is expected that between 80 and 100 individuals will be served.

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

(1) Improve mental health functioning as measured by the Global Assessment of Functioning Scale. (2) Reduce recidivism as measured by the 30-day recidivism rate compared to the general inpatient recidivism rate.

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 in the contract?

Percentage depending on earnings.

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

13. Requestor Contact Information:

- a. **Name:** David Feldman
- b. **Organization:** Circles of Care, Inc.
- c. **E-mail Address:** dfeldman@circlesofcare.org
- d. **Phone Number:** (321)480-9835

14. Recipient Contact Information:

- a. **Organization:** Circles of Care, Inc.
- b. **County:** Brevard
- 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:** David Feldman
- e. **E-mail Address:** dfeldman@circlesofcare.org
- f. **Phone Number:** (321)480-9835

15. Lobbyist Contact Information



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- a. **Name:** Chris Dorworth
- b. **Firm Name:** Ballard Partners
- c. **E-mail Address:** dorworth@ballardfl.com
- d. **Phone Number:** (850)577-0444