



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1357

1. **Project Title** Marion County Hospital District Beacon Point Treatment Campus2. **Senate Sponsor** Dennis Baxley3. **Date of Request** 11/20/20194. **Project/Program Description**

A new system to tackle the opioid crisis in Marion County... A gap analysis of our provider network revealed a need for outpatient services for mental health/substance abuse counseling, medication assisted treatment (MAT) and case management (focusing primarily on homeless, uninsured and poor citizens). Beacon Point is a seven-building treatment campus that integrates three facets of care: Behavioral Health/Substance Abuse Treatment, Physical Health Services (primary care, dental and vision), and Life Stabilization Services (job acquisition, trade skills, essential housing, insurance acquisition). The goal is to stabilize the client, and then develop a case management plan that enhances the individual's self-sufficiency.

5. **State Agency to receive requested funds** Department of HealthState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>400,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>400,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 400,000



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study	The Marion County Hospital District will contract with a direct service provider to provide outpatient mental health and substance abuse treatment, including counseling, therapies, case management, assessments and medication.	400,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		400,000



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#### 11. Program Performance

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

To increase capacity for outpatient mental health and substance use treatment for uninsured, poor and homeless citizens of Marion County. The requested funds will be used as supplemental or braided funding (with \$1.1M from the Marion County Hospital District) to provide outpatient treatment and stabilization services at Beacon Point (a new, integrated treatment campus provided by the Marion County Hospital District).

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

Services include outpatient mental health and substance abuse treatment, including: assessments, cognitive behavioral therapy, group therapy, medication assisted treatment, labs, stabilization / maintenance medication, therapy, and case management and life stabilization services.

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

Services include outpatient mental health and substance abuse treatment, cognitive behavioral therapy, group therapy, medication assisted treatment, labs, behavioral health and substance use assessments, case management and life stabilization services.

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

Persons with poor mental health, homeless, drug users and economically disadvantaged residents of Marion County. We expect to serve at least 800 additional clients during the year.

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

Improved mental health - Treatment measures and notes input into the database will help counselors determine improvement or regression towards stabilization (family, behavioral, educational, job stability, socialization progress).  
Reduced substance abuse - All treatment data is collected and input into a Reduction in Harm evaluation model, which indicated if a client is making progress or regressing.

- 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?

A 20% reduction in funding if we do not meet 90% of our stated goals.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.