



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1269

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Central Receiving Facility expansion will increase the number of Baker Act Crisis Stabilization Unit (CSU) beds, inpatient psychiatric hospital beds, and crisis support services in a Baker Act Central Receiving Facility in Brevard County run by Circles of Care, Inc. We propose to increase the currently funded CSU beds from 1.56, to 2.56; increase the currently funded psychiatric hospital beds from 0 to 2.7 beds and increase the number of crisis support hours by 2,080.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	850,000
Fixed Capital Outlay	0
Total State Funds Requested	850,000

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)	850,000	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	850,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	750,000	372	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

SAMHSA occasionally provides grants that could possibly be available in the future and might qualify to replace the state funding.

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



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

\$4.5 million in PPP CARES act funding for payroll in 2020.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning
 Design
 Construction

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	General administration of a licensed and accredited crisis stabilization unit, hospital, and emergency crisis services.	15,000
Other Salary and Benefits	HR, Payroll, Payables	18,000
Expense/Equipment/Travel/Supplies/Other	General direct and allocated administrative expenses	24,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Direct care staffing including psychiatry, nursing, pharmacy, psychology, social work, and crisis support services staff	598,000
Expense/Equipment/Travel/Supplies/Other	Daily ongoing operation of a licensed crisis stabilization unit and psychiatric hospital. Includes food, pharmaceutical medications, insurance, and other essentials for daily operations.	195,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		850,000

14. Program Performance

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

Purchase 2.56 Baker Act crisis stabilization beds; 2.7 inpatient psychiatric beds; and 2,080 hours of crisis support.

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



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All activities and professional services within the scope and practice of licensed and accredited Baker Act psychiatric crisis stabilization care serving patients under the Mental Health Law (Chapter 394) also known as the Baker Act.

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

Pursuant to the Baker Act (Ch 394), crisis stabilization facility services include 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 ancillary services provided within the scope of licensed crisis stabilization units and inpatient psychiatric units.

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

The target population is the individuals that represent an imminent danger to self and/or others due to mental illness and are hospitalized in a crisis stabilization unit or psychiatric hospital pursuant to Ch 394 for psychiatric assessment and stabilization. These individuals lack an ability to pay for these services. Annually, it is expected that between 201 and 400 individuals will be served through the CSU beds.

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 for the population measured by the pre- and post-testing of patients with the PHQ-9 or other evidence-based instrument. The chief benefit will be to reduce the risk of suicide and/or homicide through the treatment of patients in acute crisis due to mental illness.
- (2) Protect the general public from harm. The projected bed days through which persons that represent an imminent danger to self and/or others are removed from the community at large in order to provide emergency crisis stabilization and assessment.

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?

Percentage deduction depending on utilization earnings.

15. Requester Contact Information

a. **First Name** **Last Name**

b. **Organization**

c. **E-mail Address**

d. **Phone Number** **Ext.**

16. 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



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Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number