



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3136

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Peace River Center established a Community Mobile Support Team (CMST) in addition to their existing Mobile Crisis Response Team which covers Polk, Hardee and Highlands Counties. The program allows Peace River to maintain a physical presence in the Polk County Sheriff's 5 substations across Polk County. The CMST works closely with deputies on the street and in the substations to assist in crisis intervention of individuals with mental health and/or substance use disorder issues they may encounter in the community with a goal of diverting individuals from unnecessary jail bookings as well as emergency room, crisis stabilization unit and hospital use, and reducing repeat Baker Acts. The CMST completes post crisis event outreach for individuals whose Baker Act was initiated by law enforcement engaging them in ongoing care and freeing up law enforcement resources.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

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

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	850,000	81%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	19%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,050,000</b>	<b>100%</b>

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

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

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**

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

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3136

Yes

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

Paycheck Protection Program funds (\$3,655,580) used to pay salary expense for staff. U.S. Department of Health & Human Services (\$157,466) for lost program service revenue used to pay for operating expenses.

## 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    
  N/A

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	General and Administrative cost allocation is estimated to be 10% of total project cost and is comprised of an allocation of the Administrative, Finance, Human Resource, Patient Billing and Purchasing departments.	85,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and benefits for 13.4 FTE's (full time equivalents). Benefits include health and life insurance, retirement, vacation, workers compensation and unemployment costs.	662,000
Expense/Equipment/Travel/Supplies/Other	Includes staff travel, trainings, software fees, malpractice and property insurance, cell phone and internet, maintenance and information services costs, and office supplies.	103,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>850,000</b>

### 14. Program Performance



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3136

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

The purpose of funds is to place CMST counselors in local law enforcement substations to enable diversion of behavioral health calls to CMST crisis counselors rather than law enforcement. The CMST will provide follow-up for individuals who fall within this category. Working together with the Sheriff's Office and local law enforcement, CMST focuses on diverting individuals to community services and reducing the Baker Act admission and readmission rates in our community.

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

Placing CMST crisis counselors in substations across our service area who will work with law enforcement to assess/de-escalate crisis situations; identify community-based services to meet the individual's needs; and link individuals to community-based services to avoid a Baker Act. Provide post crisis assessment, follow up, and specialized outreach on behalf of law enforcement after a Baker Act.

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

Placement of CMST counselors in local law enforcement substations allows staff to assist in crisis intervention and follow up with individuals experiencing mental health crises in the community, resulting in diverted arrests through addressing presenting crises, connecting individuals to community resources, alleviating further crises, and potentially avoiding the Baker Act process.

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

Peace River Center serves individuals of all ages who are in crisis or require follow up from a recent crisis situation. There are no restrictions on access to the CMST services, so there are no barriers in terms of appropriate and equal access to care. There were 7,648 Baker Acts in Polk County with 22.75% associated with children for FY 17/18 according to the State Baker Act Annual Report. From FY11 to FY18, the total population of Polk County has grown by 9.89% while the growth of Baker Acts for all ages has grown by approximately 109%. Involuntary examinations of individuals of all ages, and specifically for minors, have increased more rapidly than the population.

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

This project enables PRC to be present in and work alongside deputies across Polk County related to Baker Act and Marchman Act calls, issues and follow-up. The goal is to reduce and divert individuals in our communities from law enforcement Baker Act actions by de-escalating on-scene situations, referral and linkage to outpatient community resources and services. A potential measure of success is a reduction of the percent of behavioral health related calls resulting in inpatient crisis stabilization unit or hospitalization use (Baker Act 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 the contract?**

If awarded funding, Peace River Center will work with our Managing Entity and DCF to develop any necessary and appropriate penalties if performance measures are not achieved.

**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**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3136

#### 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number