

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3060

1. Project Title	Banyan Health -	Expanded Capac	ity Central Receiving F	acility		
2. Senate Sponsor	Ana Maria Rodri	guez				
3. Date of Request	03/13/2023					
4. Project/Program De	escription					
entity serving Miami correctional agencie	-Dade County. Wor s, Banyan Health's	king in partnership CRF provides imr	o with hospital emerger mediate crisis intervent	ncy departments, lav ion and stabilization	y (CRF), the only such w enforcement and i for individuals e emergency response	
5. State Agency to re-	ate Agency to receive requested funds Department of Children and Families					
State Agency conta	ected? Yes					
6. Amount of the Non	recurring Request	for Fiscal Year 2	2023-2024			
Type of Funding			Amo	unt		
Operations				2,000,000		
Fixed Capital Outlay			0			
<b>Total State Funds I</b>	Requested			2,000,000		
7. Total Project Cost f	or Fiscal Year 202	3-2024 (including	g matching funds ava		ect)	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from que	estion #6)	2,000,000	100%		
Matching Funds				201		
Federal		()	0	0%		
State (excluding the amount of this request)			0	0%		
Local Other			0	0% 0%		
	for Final Voor 20	22 2024				
Total Project Costs	S for Fiscal Year 20	)23-2024	2,000,000	100%		
8. Has this project pro	eviously received	state funding?	No			
Fiscal Year	Amo	ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding lil	cely to be requeste	ed?	Yes			
a. If yes, indicate nonrecurring amount per year. 2,000,000						
b. Describe the sou	urce of funding tha	at can be used in	lieu of state funding.			
No funding is curre	ntly available that c	ould be used in lie	eu of state funding.			
10. Has the entity req			<del>-</del>	ted to the COVID-1	19 pandemic?	
Yes						



11. Status of Construction

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

To date, \$8.7 million has been received in COVID-related funding to support testing, vaccines, personal protective equipment, mobile unit for testing, staff overtime, and other pandemic related expenditures.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

	a. What is the o	current phase o	of the project?		
	OPlanning	ODesign	Construction		
	b. Is the projec	t "shovel ready	r" (i.e permitted)?		
	c. What is the	estimated start	date of construction?		
	d. What is the	estimated comp	oletion date of construction?		
12			y to receive, directly or indirec ners of the facility and the enti	outlay funding. Include the	

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	CRF Director Salary (\$105,000) and benefits (\$19,950)	124,950
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	CRF Director equipment including computer, licenses	75,050
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	CRF Staff salaries and benefits including health insurance, fringe, insurance. 1 x Supervisor at \$95,000; 9 x Counselors (salary ranges vary from Masters level to Licensed \$70,000 to \$98,000); 5 x Drivers (multi-shift) (salary ranges vary due to shift from \$37,000 to \$56,000); 1x Peer Specialist at \$38,000; and 5 Operators at \$37,000 each.	1,284,535
Expense/Equipment/Travel/Supplies/Other	Building occupancy, medications and pharmacy, insurance	359,820
Consultants/Contracted Services/Study	Food services, security	155,645
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

#### 14. Program Performance

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



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Banyan Health seeks operational support for expanded capacity at its Crisis Intervention Central Receiving Facility (CRF), the only such entity serving Miami-Dade County. Working in partnership with hospital emergency departments, law enforcement and correctional agencies, Banyan Health's CRF provides immediate crisis intervention and stabilization for individuals experiencing acute mental health and substance use disorder emergencies, as well as, a 24/7 mobile emergency response team.

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

Banyan Health's Central Receiving Facility provides brief psychiatric invention for primarily low-income individuals from across Miami-Dade County, regardless of ability to pay. Working with a broad array of hospital ERs, law enforcement, correctional and other community agencies, it provides immediate stabilization, intervention and treatment for acute psychiatric and substance abuse conditions.

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

Banyan Health provides critical 24/7, voluntary & involuntary, crisis intervention, detox, assessment, evaluation, triage, treatment, stabilization & care coordination for persons with mental health, substance use or co-occurring disorders. It provides a continuum of care of crisis services, case management, outpatient, residential, postdischarge, medication-assisted treatment & recovery support.

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

The target population for Banyan Health's CRF are adult & pediatric individuals across Miami-Dade that are experiencing acute psychiatric, substance use disorder or co-occurring disorder emergencies & crisis. Patients arrive via coordination with local hospital emergency departments, law enforcement & correctional agencies as well as through other social service agencies. In 2022, Banyan Health's CRF served over 2,000 individuals.

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

Provide preventive & timely assessments to decrease need for higher end hospitaliizations; 1) Reduced mental health relapse episodes; 2) Reduced expression experiences in patients with depression; 3) Reduced episodes of panic attacks in patients with anxiety; 4) Reduced bipolar episodes; 5) Increased wellbeing in patients with mental health diagnosis; and 6)Increased coordinated/integrated care. Evaluated by: a) bipolar episodes and wellbeing of all patients receiving services; b) recording progress through the PHQ-9, 9A; GAD-7; SCARED; PSC; MCHAT; CRAFFT; DAST; and AUDIT of all patients receiving services

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?

Banyan Health has significant experience in successfully managing complex federal, state and local agency grants and sponsored programs. Currently, it responsibly manages an extensive and diverse portfolio of governmental and private funding has has instituted strict managerial controls and processes to ensure award compliance. In the unlikely event that Banyan fails to meet deliverables or performance measures, it would be prepared to offer full restitution of the amount awarded.

5. Requester Contact	Informati	ion			
a. First Name	Ileana		Last Name	Garcia	
b. Organization	Banyan C	Banyan Community Health Center, Inc.			
c. E-mail Address	igarcia@banyanhealth.org				
d. Phone Number	(305)398	-6132	Ext.		
6. Recipient Contact	Information	on			
a. Organization	Banyan Community Health Center, Inc.				
b. Municipality and County Miami-Dade					



17.

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c. Organization Typ	oe .				
□For Profit Entity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)				
□Non Profit 501(c	□Non Profit 501(c)(4)				
□Local Entity					
□University or College					
□Other (please specify)					
d. First Name	Vincent	Last Name	Carrodeguas		
e. E-mail Address	Banyan Community Health Center, Inc.				
f. Phone Number	(305)398-6100				
Lobbyist Contact Information					
a. Name	Kelly C. Mallette				
b. Firm Name	Ronald L. Book PA				
	Ronald E. Book i A				
c. E-mail Address	kelly@rlbookpa.com				