

LFIR # 2452

1. Project Title	Hillsborough County Central Receiving Facility

2. Senate Sponsor Jay Collins

**3. Date of Request** 02/21/2023

### 4. Project/Program Description

Restoring funding that was reduced in the FY 2022-23 budget will be utilized for a Hillsborough County Central Receiving System which will provide a Baker Act Receiving facility to provide inpatient psychiatric services and a centrally located behavioral health Access/Emergency Services unit. As the number of individuals needing services increases, it is critical to provide this essential service.

#### 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 2023-2024

Type of Funding	Amount
Operations	246,293
Fixed Capital Outlay	0
Total State Funds Requested	246,293

### 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)	246,293	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	246,293	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Fiscal Year Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
022-23	0	246,293	370	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.

N/A

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

Yes

246,293

Yes

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



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\$1,046,600 - PPP funds used for payroll

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

# **11. Status of Construction**

a. What is the current phase of the project?

OPlanning ODesign OConstruction

- 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Salary and benefit cost of direct service personnel required to staff the facility as required by statute. Supplies, Facility Insurance, Meals, Medications, Pharmacy	246,293
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	246,293

### 14. Program Performance

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

Restoring funding that was reduced in the FY 2022-23 budget will be utilized for a Hillsborough County Central Receiving System which will provide a Baker Act Receiving facility to provide inpatient psychiatric services and a centrally located behavioral health Access/Emergency Services unit. As the number of individuals needing services increases, it is critical to provide this essential service.

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



The funding will be utilized to restore full funding to the Hillsborough County Central Receiving System which provides Baker Act Receiving Facility to provide inpatient psychiatric stabilization services and centrally located behavioral health Access/Emergency services unit.

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

The direct services will be provided: include psychiatric inpatient, evaluation and assessment, nursing care, integrated primary care services, therapy and life skills education, brief and intensive stabilization services, medication management, discharge services and care management and coordination.

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

Persons with poor mental health. The funding for the beds will create capacity for serving an estimated 7,200 patients annually.

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

#### be measured?

Individuals' mental health will improve as a result of receiving services. Evidence based treatment and assessment will be utilized to demonstrate improved mental health as well as daily functioning. The Central Receiving Facility allows law enforcement to spend more time in the community and less time transporting individuals under the Baker Act and reduces inappropriate utilization of the jail/prison system. Proposed services will promote cost efficiency. Increased capacity will include cost savings to the State as a result of not sending the individual to the State Hospital or inappropriate utilization of emergency rooms or jail/prison for mental health stabilization.

### 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?

Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized and cost per day

#### **15. Requester Contact Information**

a. First Name	Roaya	Last Name	Tyson
b. Organization	Gracepoint Mental Health		
c. E-mail Address	rtyson@gracepointwellnes	ss.org	
d. Phone Number	(813)239-8088	Ext.	

### **16. Recipient Contact Information**

a. Organization	Gracepoint Mental Health

b. Municipality and County Hillsborough

### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity

□University or College

□Other (please specify)



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d. First Name	Roaya	Last Name	Tyson
e. E-mail Address	rtyson@gracepointwellne	ss.org	
f. Phone Number	(813)239-8088		
Labbuist Contract			

### **17. Lobbyist Contact Information**

a.	Name	
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John David White

b. Firm Name Shumaker Advisors Florida, LLC

c. E-mail Address jd@catalystconsultingfl.com

d. Phone Number (727)313-2241