



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1587

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

4. Project/Program Description

The Central Receiving System is system of coordinated services, including inpatient crisis stabilization, inpatient addiction receiving and detoxification, and care coordination. Central Receiving Systems take services that would otherwise exist separately and ensure that coordination occurs for the individual in need at all points of entry and exit. The targeted populations are those in need of emergent crisis stabilization and/or substance use treatment. Through creating a Central Receiving System in Marion County, SMA Healthcare will provide opportunities for jail diversion, reduce the inappropriate utilization of emergency rooms for individuals in behavioral health crisis, increase the quality and quantity of services through care coordination, utilize standardized assessment tools, improve access to services and reduce processing time for law enforcement, and facilitate the use of telehealth for timely access to services and transfers.

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	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	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	2,000,000	100%

8. **Has this project previously received state funding?**

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

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.

SMA continues to seek local funding for Marion County crisis initiatives. This funding request to the state of Florida is to establish the foundational central receiving process for the community to ensure no wrong door for citizens in need of crisis care.



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

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

\$270,521.20 was received through the CARES Act \$50 billion general allocation of the Provider Relief Fund. The funds were used to cover direct COVID related costs and lost revenue associated with fewer outpatient visits.

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		0
Other Salary and Benefits	Administrative cost allocation to Marion County CRS program for Human Resources, Accounting, Executive Management, Patient Accounts, and Performance Improvement.	140,000
Expense/Equipment/Travel/Supplies/Other	Cost allocation to Marion County CRS program.	60,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Direct Program Staff: Court Liaison (1.5), Behavioral Health Technician (7), Registered Nurses (7), Care Coordinators (2), ARNP (0.5), Counselor (1.0), supervision (2.9)	1,358,974
Expense/Equipment/Travel/Supplies/Other	Building occupancy \$99,146, equipment \$10,281, food services \$164,256, medical & pharmacy \$58,744, Insurance \$38,641, operating supplies & expenses \$18,046, other program support \$28,027	417,140
Consultants/Contracted Services/Study	Contracted physician coverage	23,886
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000



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14. Program Performance

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

1- Increase staffing to become an Addiction Receiving Facility (ARF) by adding court liaisons, behavioral health technicians, and registered nurses. This will allow law enforcement to transport individuals under an involuntary Marchman Act to SMA Healthcare, reducing the need to transport individuals out of county. 2- Increase funding for five (5) additional detoxification beds. This will increase access and reduce the utilization of hospital emergency rooms, allowing them to focus on emergent medical needs. 3- Increase funding for eight (8) additional mental health crisis stabilization beds. This will increase access and reduce the need to transfer individuals out of county. 4- Enhanced Care Coordination Services by adding care coordinators to provide linkage for discharging individuals leaving a crisis bed to filling prescriptions, making outpatient appointments, and ensuring continuing care post-discharge. Thus, reducing relapse, decompensation and readmission rates.

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

Activities and services include: Increase staffing pattern to meet Addiction Receiving Facility requirements; provide more funded detoxification and crisis beds; provide more funded crisis stabilization beds; provide staff to the court to for court liaison and assist individuals in the court system; provide care coordination services to improve linkages to community services for those individuals discharging from crisis services, especial individuals identified as high utilizers.

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

Assessment and intake, crisis stabilization, substance use inpatient detoxification, crisis support/emergency services, case management, care coordination, recovery support, information and referral, community collaboration, and education.

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

The target population to be served includes:
 Individuals needing evaluations or stabilization under s. 394.463, F.S., the Baker Act;
 Individuals needing evaluation or stabilization under s. 397.675, F.S., the Marchman Act;
 Individuals needing crisis services as defined in ss 394.67(17)-(18), F.S.
 It is estimated that 3,000 individuals would be served through the creation of a Central Receiving System in Marion County.

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

Benefits/Outcomes include: increased attendance rates in outpatient services for those being discharged from detoxification/crisis stabilization units; reduced hospitalization rates; improved communication and coordination with the court system; improved system of care for individuals placed under a Marchman Act or Baker Act; increased capacity of funded detoxification and crisis beds; and improved engagement of individuals involved in crisis services. Outcomes are monitored through DCF reporting requirements and internal Quality Assurance programming that evaluates both effectiveness and efficiency measures for every program.

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 requirements as negotiated contractually with DCF.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number