



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2568

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

The Apalachee Center, Lifestream, and Gracepoint provide step-down and diversion services for individuals with serious mental illness who are involved in the criminal justice system. These programs are needed to maximize State and law enforcement resources in the community and within the state mental health treatment and recovery systems. Additionally, these programs provide a residential resource for the diversion of seriously mentally ill individuals from less appropriate and/or more expensive venues. This request would expand the current program with three additional 16-bed forensic units (48 beds total) in Gadsden, Lake, and Hillsborough counties. The beds would be priced at \$315 per day, which is a 12% cost savings compared to services provided at the State Mental Health Treatment Facilities.

**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	0
Fixed Capital Outlay	5,400,000
<b>Total State Funds Requested</b>	<b>5,400,000</b>

**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)	5,400,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>5,400,000</b>	<b>100%</b>

**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.**

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



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Yes

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

Apalachee Center: \$887,283 and \$361,462.34 supplies, cleaning, and testing; as well as additional costs for contract staffing during extreme staffing shortages.  
 Lifestream: \$1,808,484 - from Federal government for guaranteeing continuation of inpatient psychiatric services and for contract staffing and other expenses incurred due to COVID-19.  
 Gracepoint: \$3,517,700 from Federal Gov for the PPP loan and \$150,365.26 listed that was "spent on COVID-19 related equipment utilized in our CSU.

## 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.**

Apalachee Center, Lifestream, and Gracepoint

### 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Architecture, planning, engineering, plumbing, electrical, civil engineering, and all associated goods and services, etc., to build three 16-bed units (48 in total) in Gadsden, Lake, and Hillsborough counties to serve this state-wide issue and the counties/Circuits above.	5,400,800
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,400,800</b>



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#### 14. Program Performance

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

The purpose of this program is to provide a resource for the diversion of seriously mentally ill individuals from less appropriate and/or more expensive venues into the community mental health system.

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

This request would create three additional 16-bed forensic units (48 new beds total) in Gadsden, Lake, and Hillsborough counties.

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

Level 1 Community Residential Facility housing and associated competency restoration, psychiatric, case management, court liaison, discharge planning, group and individual counseling, psychiatric assessment and psychiatric rehabilitation services for individuals diverted from the criminal justice system and stepped down from State secure forensic facilities.

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

High-risk seriously mentally ill forensic residential populations.

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

This project will divert individuals with serious mental illness from more expensive or less appropriate venues. Forensic hospital services at the State Mental Health Treatment Facilities cost an average of \$353. The beds provided in this proposal would be priced at \$315 - per day, a 12% cost savings. The success of this project will be measured by the percentage of program participants who are able to be safely transitioned to a less restrictive care venue.

**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?**

Require corrective action.

#### 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



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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**