



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Circles of Care - Geropsychiatric Care Center

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

The Geropsychiatric Care Center provides inpatient psychiatric beds for seniors under Florida's Baker Act from nursing homes, assisted living facilities, hospitals and law enforcement for whom benefits and resources have been exhausted. There are no other Baker Act treatment resources in Brevard County for these individuals. Once stabilized pursuant to the Baker Act, appropriate placement is difficult to find. Court proceedings for long term commitments to State Hospital facilities are often initiated on behalf of these individuals to secure safe treatment. However, it may take up to 90 days to secure an appropriate State Hospital bed for longer term treatment. Often the specialized treatment received at Circles of Care during this waiting period results in sufficient improvement for a community placement rather than transfer to the State Hospital. These beds provide a treatment alternative in the patient's community in lieu of commitment to State Hospitals.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
900,000		900,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 900,000

9. **Previous Year Funding Details:**



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- a. Has funding been provided in a previous state budget for this activity? Yes  
b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2  
c. What is the most recent fiscal year the project was funded? 2017-18  
d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

- a. If yes, indicate non-recurring amount per year.

Yes, 900,000

### 11. Program Performance:

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

The requested funds will purchase 5.25 inpatient psychiatric Baker Act beds for Brevard County. Furthermore, the beds are specifically intended for aging seniors in the community and to provide local treatment in lieu of court-ordered commitments to State Hospital facilities. These beds, owned and operated by Circles of Care, are a portion of the 52 licensed adult inpatient beds at Circles of Care's Baker-Act designated receiving facility – the only public receiving facility serving Brevard County. The facility enjoys Joint Commission accreditation according to both the Joint Commission's inpatient hospital and behavioral healthcare standards.

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

All activities and professional services within the scope of accredited Inpatient Psychiatric care

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and	General administration of a licensed and Joint Commission	6,000



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Benefits	accredited psychiatric hospital	
<input checked="" type="checkbox"/> Other Salary and Benefits	Daily ongoing operation of a licensed and accredited psychiatric hospital	30,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	General direct and allocated administrative expenses	14,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Psychiatry, nursing, psychology, social work, and custodial	710,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Daily ongoing operation of a licensed and accredited psychiatric hospital. Includes food, pharmacy drugs, insurance, and other essentials for daily operations	140,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		900,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

The direct services provided are psychiatric inpatient care which includes psychiatric assessment; crisis stabilization; psychotropic as well as general medication management; history and physical; general medical services; social work; case management; nursing; activity therapy; dietary; and other services provided within the scope of licensed inpatient psychiatric hospitals.

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

The target population are those elderly persons whose psychiatric stabilization cannot be achieved within the median length of stay and are at risk for deeper-end commitments. Other sub-populations may include persons



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with poor physical health; jobless persons; economically disadvantaged persons; homeless; physically disabled; and Baker Act commitments. Annually, it is expected that between 100 and 200 individuals will be served.

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

(1) Improve mental health functioning as measured by the Global Assessment of Functioning Scale and/or the Patient Health Questionnaire (PHQ-9). (2) Reduce recidivism as measured by the 30-day recidivism rate compared to the general inpatient recidivism rate.

- g. 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 in the contract?**

Percentage depending on earnings.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

No

- 13. Requestor Contact Information:**

- a. **Name:** Stephen Lord
- b. **Organization:** Circles of Care, Inc
- c. **Email:** slord@circlesofcare.org
- d. **Phone Number:** (321)693-6899

- 14. Recipient Contact Information:**

- a. **Organization:** Circles of Care, Inc
- b. **County:** Brevard
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Stephen Lord
- e. **E-mail Address:** slord@circlesofcare.org
- f. **Phone Number:** (321)693-6899

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Chris Dorworth
- b. **Firm:** Ballard Partners
- c. **Email:** dorworth@ballardfl.com
- d. **Phone Number:** (850)577-0444