



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1086

**1. Title of Project:** Addictions Receiving Facility - Meridian

**2. Senate Sponsor:** Keith Perry

**3. Date of Submission:** 01/30/2019

**4. Project/Program Description:**

Currently, Meridian is able to provide the majority of the needed levels of care to address those at risk for or suffering from addiction. However, Meridian's 11 county service area (Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Union and Suwannee counties) lacks an Addition Receiving Facility (ARF) . Without an ARF, we are required to discharge the patient at his/her request – even if the individual is court ordered or brought involuntarily under a Marchman Act in accordance with Ch. 397, FS. An Addictions Receiving Facility (ARF) is designed to address severe addiction and co-occurring mental health issues that require specialized attention during detox or initial treatment. Unlike a residential detox facility, it is staffed to intervene in more acute situations – including those requiring a locked facility. Individuals in an ARF can be held throughout the evaluation period outlined in Ch 397, or longer with a Court order.

**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 2019-2020**

Type of Funding	Amount
Operations	935,726
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>935,726</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	935,726	72.47%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	355,500	27.53%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>1,291,226</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

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

**9. Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. \$935,726

#### 10. 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	Portion of Meridian Administrative Costs associated with this project	76,678
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Operating costs associated with Meridian administrative costs	28,350
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	14.21 FTE medical, nursing, aides, and counseling FTE to provide patient care	617,788
Expense/Equipment/Travel/Supplies/Other	Medical and operating supplies	212,910
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>935,726</b>

#### 11. Program Performance:

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

An Addictions Receiving Facility (ARF) is designed to address severe addiction and co-occurring mental health issues that require specialized attention during detox or initial treatment. Unlike a residential detox facility, an ARF is staffed to intervene in more acute situations – including those requiring a locked facility. Individuals in an ARF can be held throughout the evaluation period outlined in Ch. 397, or longer with a Court order.

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

Evaluation, physical exam, medication assisted treatment, medical monitoring, counseling and referral to aftercare or further treatment at a lower level of care.

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

Treatment of addictive disorders in a secure medically supervised environment to address detox, stabilization, and effective linkage to aftercare.

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

Those with a primary SUD who may initially present with psychotic symptoms, combative behavior that addressed and in conjunction with detox, medication assisted treatment, and motivation enhancing strategies to help them move to a longer-term program and self-care. This population is now admitted to a Crisis



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Stabilization Unit for lack of an ARF. When we reviewed admissions to the CSU, we discovered that 45% (835) of the adults had a substance use disorder.

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

Improve Mental Health: Patients' symptoms will be stabilized with medication and a routine, structured environment. 85% of patients will be stabilized using medication and de-escalation/resolution strategies. Decrease over-utilization of CSU beds by 25% by appropriately treating co-occurring disorders in ARF/ needed level of care. Improve Physical Health: Identify and address co-morbid physical and psychiatric/substance use disorders while ensuring 95% receive a physical exam. Follow-up all physical health issues through referrals to primary health, link 50% with resource for follow-up care. Reduce Substance Abuse: Provide involuntary medically supervised detoxification and stabilization for adults with substance use and/or co-occurring mental health disorders. Support recovery by offering 100% of individuals, transitional services post-discharge. Prevent unnecessary and repeated psychiatric hospitalizations by 50% through appropriate co-occurring treatment.

**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 in the contract?**

Meridian's funding is monitored by LSF Health Systems, a DCF managing entity which has the ability to monitor performance, require corrective actions, or withhold funding.

**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.**

None

**13. Requestor Contact Information:**

- a. **Name:** Margarita Labarta
- b. **Organization:** Meridian Behavioral Healthcare, Inc.
- c. **E-mail Address:** maggie\_labarta@mbsci.org
- d. **Phone Number:** (352)374-5600 Ext. 8220

**14. Recipient Contact Information:**

- a. **Organization:** Meridian Behavioral Healthcare, Inc.
- b. **County:** Alachua
- 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:** Margarita Labarta



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e. **E-mail Address:** [maggie\\_labarta@mbhci.org](mailto:maggie_labarta@mbhci.org)

f. **Phone Number:** (352)375-5600

#### 15. Lobbyist Contact Information

a. **Name:** Larry Overton

b. **Firm Name:** Larry J. Overton & Associates

c. **E-mail Address:** [loverton@loverton.net](mailto:loverton@loverton.net)

d. **Phone Number:** (850)561-6311