

LFIR # 1170

Project Title	Monroe County Baker Act Rece	iving Facility Security	Upgrades	
Senate Sponsor	Anitere Flores			
Date of Request	11/06/2019			
•				
Project/Program	<b>Description</b> enter's Crisis Stabilization Unit is Monroe	Occuptate Bellem Actionable	and the state of t	- d!
facility it is required to illness 24 hours/day, 7 (Baker Act). It also mu disorder. The facility n facility is over 30 year	provide emergency psychiatric care intal days/week, and 365 days/year. It must ust intake and screen, and if necessary traust be capable of safely managing the cost old and its security measures are outdate increasing severity of mental illness (in	ke, screening, stabilization accept any person brought eat, voluntary walk-ins reponditions of persons who a sted. Modernized security u	and treatment for pe by law enforcement irting acute mental ill re "a danger to them pgrades are require	rsons with acute m for involuntary exal lness or substance aselves or others". I d in order to safely
		artment of Children ar	nd Families	
State Agency con		V0000 0004		
	onrecurring Request for Fiscal			
Type of Fundin	9	Amount		
Operations		000		
E' 10 '110				
Fixed Capital Ou	ıtlay	500,000		
Total State Fun	•	500,000		
Total State Fun	ds Requested et for Fiscal Year 2020-2021 (in	500,000 cluding matching fu		or this project)
Total State Fun  Total Project Cos  Type of Funding	ds Requested et for Fiscal Year 2020-2021 (in	500,000 cluding matching fu	Percentage	or this project)
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If yes, indicate nonrecurring amount per year.



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## 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
,		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning	Facility and security upgrades including: secure nurses' station, security doors, seclusion room security, panic buttons, security cameras, hurricane windows, repair of concrete spalling, elevator upgrades, anti-	500,000
Engineering	ligature and accessible plumbing, new flooring and lighting.	
Total State Funds Re	quested (must equal total from question #6)	500,000



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### 11. Program Performance

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

Monroe County's Baker Act public receiving facility is required to provide psychiatric care for persons with acute mental illness 24 hrs day/7 days/week. It must accept any person brought by law enforcement for involuntary examination. It must be capable of safely managing the conditions of persons in a mental health crisis who are a danger to themselves or others. The facility is dated, and requires modernized security upgrades to safely care for the increasing severity of illness/violence among a higher number of clients.

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

Facility and security upgrades including secure nurses' station, security doors, seclusion room security, panic buttons, security cameras, hurricane windows, new elevator, repair of concrete spalling will vastly improve the safe management of persons presenting with acute mental illness, and the protection of staff and law enforcement.

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

The facility provides on-site emergency psychiatric care to persons exhibiting acute mental illness or substance abuse disorder 24 hrs/day, 7 days/week, 365 days/year. Persons suffering from these conditions can be a danger to themselves and others. Most are brought into the facility involuntarily by law enforcement under the Baker Act. They are admitted for psychiatric evaluation, stabilization, and treatment. The services provided help persons in a mental crisis avoid causing harm to themselves or others, or committing a criminal offense.

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

The target population is persons suffering from acute mental illness or substance abuse disorder. The facility provides acute/emergency mental health and substance abuse disorder care to approximately 650 people each year. It has 11 emergency psychiatric beds and 8 emergency detoxification beds. Often they are exhibiting behaviors that present a danger to themselves or others. We have seen an increase in the number of people we are serving, and an increase in the severity of their illness and level of aggression and violence.

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

The expected outcome/benefit is a safer facility for patients, staff, and law enforcement is: The measure of outcome achievement is the completion of the specified upgrades for the following: new secure nurses' station, seclusion room security, security door upgrades, hurricane windows, concrete spalling repair, anti-ligature and accessible plumbing, security cameras, elevator upgrades, and facility flooring and lighting.

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?

Denial of funds for upgrades not completed.



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The	e facility is owned b	y the Guidance Care Center, a 501(c)	(3) non profit o	organization.	
Re	equestor Contact	t Information			
a.	First Name	Lisa	Last Name	Tennyson	
b.	Organization	Monroe County Board of County (	Commissione	rs	
C.	E-mail Address	tennyson-lisa@monroecounty-fl.g	ov		
d.	Phone Number	(305)292-4444	Ext.		
Re	ecipient Contact	Information			
a.	Organization	Guidance Care Center			
b.	Municipality and	County Monroe			
C.	Organization Typ	oe e			
	O For-profit E	ntity			
	O Non-Profit 5	501(c) (3)			
	O Non-Profit 5	501(c) (4)			
	<ul><li>Local Entity</li></ul>	,			
	O University of	or College			
	Other (plea)	se specify) Non Profit 501(c) (3)			
d.	First Name	Maureen	Last Name	Dunleavy	
e.	E-mail Address	maureen.dunleavy@westcare.com			
	Phone Number				
Lo	obbyist Contact I	nformation			
a.	Name	John Wayne Smith			
b.	Firm Name	Peebles,Smith,Matthews			
C.	E-mail Address	john@psmfl.net			
	Phone Number	(850)6817383	Ext.		