



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2313

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

4. **Project/Program Description**

The funds will support a total of 13 additional indigent Baker Act beds which were cut from Hillsborough county in recent legislative session.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,596,331"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	<input style="width: 80%;" type="text" value="1,596,331"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1596331"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input style="width: 80%;" type="text" value="1,596,331"/>	<input style="width: 80%;" type="text" value="100"/> %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="1,000,000"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- 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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits	Salary and benefits for direct service personnel required to staff the 13 indigent CSU beds. Includes Behavioral Health Technicians, Nursing and Psychiatrist services as required by statute.	1,347,782
Expense/Equipment/Travel/Supplies/Other	Supplies, facility insurance, meals, medications, pharmacy.	248,549
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		1,596,331



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11. Program Performance

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

Reduces more costly admissions to state hospitals. Allow for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates.

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

The funds will support a total of 13 additional Indigent Baker Act beds which were cut from Hillsborough county in recent legislative session. The need for these beds is overwhelming. While currently only funded for 37 indigent Baker Act beds, Gracepoint provided a daily average of 35.48 uninsured beds this year. Additionally, Northside provided an average of 3 beds a day which were reimbursed while being unable to accept an average of another 4 indigent bed requests from local hospitals.

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

The funding for the beds will create capacity for an annual total of 4,475 bed days, serving an estimated 1,581 patients. The Department of Children and Families has identified the following as a statewide Baker Act need: 717 Baker Act beds are needed to meet the standard of 1 bed per 10,000 population. To ensure access to this crisis service and maintain the current proportion of state funded beds, funding for an additional 315 beds is justified. In Hillsborough County with the population exceeding 1.3 million, the standard of 1 bed per 10,000 residents indicates a need for 130 beds. Currently, only 37 indigent CSU beds are funded.

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

Persons with poor mental health. The funding for the beds will create a capacity for an annual total of 4,475 bed days, serving an estimate 1,581 patients.

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

Reduce more costly admissions to state hospital. Allow for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing re-entry and follow up services designed to reduce recidivism rates. Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.

- 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?

Reduce funding specific to actual beds utilized.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.