



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1243

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

4. Project/Program Description

The Guidance/Care Center's Crisis Stabilization Unit is Monroe County's Baker Act public receiving facility. As a designated receiving facility it is required to provide emergency psychiatric care intake, screening, stabilization and treatment for persons with acute mental illness 24 hours a day, 7 days a week, 365 days a year. It must accept any person brought by law enforcement for involuntary examination (Baker Act). It also must intake and screen, and if necessary, treat, voluntary walk-ins reporting acute mental illness or substance abuse disorder. The facility must be capable of safely managing the conditions of persons who are "a danger to themselves or others." The facility is over 30 years old and its security measures are outdated. Modernized security upgrades are required in order to safely and responsibly care for the increasing severity of mental illness (including violence) among a higher proportion of clients. This request is to help fund facility security upgrades.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	200,000
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	200,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	300,000	383B	Yes

- 9. Is future funding likely to be requested?** No Yes
- a. If yes, indicate nonrecurring amount per year.**
- b. Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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

\$2,242,598 has been received through CARES Act Personal Protection Loan Program. Funds have been used for agency operating expenses, client fees and payroll.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Facility and security upgrades including: secure admission area, seclusion room security, panic buttons, security cameras, yard security and enhanced fencing, acoustic paneling.	200,000
Total State Funds Requested (must equal total from question #6)		200,000

12. 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 hours/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 a more secure admission area, seclusion room security, panic buttons, security cameras, yard security and enhanced fencing, and acoustic paneling 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/wk, 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?



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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. Measure: completion of the specified upgrades.

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?

Denial of funds for any upgrades not completed.

13. 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.

The facility is owned by the Guidance/Care Center, Inc., a non-profit 501(c)(3) organization.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number