



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1383

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

**4. Project/Program Description**

This project funds Baker Act (Chapter 394) crisis stabilization unit (CSU) beds for the indigent population with acute mental illness. CSU beds are a critical part of the public safety net providing for both voluntary and involuntary psychiatric examinations of imminently dangerous persons due to mental illness in a restricted civil environment for the protection of the patient and/or others. As availability of long-term commitments to State Hospital Facilities have been reduced, CSUs reduce overall cost to the state by providing services in the community and for shorter inpatient lengths of stay.

5. **State Agency to receive requested funds**

**State Agency contacted?**

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

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</b>

**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)	750,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>750,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	700,000	376	No

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

SAMHSA occasionally provides federal grants that could possibly be available in the future and might qualify to replace the state funding. The requester is pursuing grant opportunities for future years.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

\$4.5 million in PPP CARES act funding for payroll.

**11. 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	General administration of a licensed and accredited crisis stabilization unit.	10,000
Other Salary and Benefits	HR, Payroll, Payables.	12,000
Expense/Equipment/Travel/Supplies/Other	General direct and allocated administrative expenses	15,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct care staffing including psychiatry, nursing, pharmacy, psychology and social work staff.	541,000
Expense/Equipment/Travel/Supplies/Other	Daily ongoing operation of a licensed crisis stabilization unit. Includes food, pharmacy medications, insurance, and other essentials for daily operations.	172,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

**12. Program Performance**

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

Purchase 5.5 Baker Act mental health crisis stabilization unit (CSU) beds for the indigent population that represent an imminent danger to themselves or others due to mental illness.

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

All activities and professional services within the scope and practice of licensed and accredited Baker Act crisis stabilization (CSU) care serving patients under the Mental Health Law (Chapter 394) also known as the Baker Act law.

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

Pursuant to the Baker Act (Ch 394), crisis stabilization facility services include 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, as well as other ancillary services provided within the scope of licensed crisis stabilization units.

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

The target population is those individuals that represent an imminent danger to self and/or others due to mental illness and are hospitalized in a crisis stabilization unit pursuant to Ch 394 for psychiatric assessment and stabilization. These individuals lack an inability to pay for these services. Annually it is expected that between 401 and 800 individuals will be served through the CSU beds.

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



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(1) Improve mental health for the population measured by the pre- and post-testing of patients with the psychiatric global assessment of functioning or other evidence-based instrument. The chief benefit will be to reduce the risk of suicide and/or homicide through the treatment of patients in acute crisis due to mental illness. (2) Protect the general public from harm. The CSU unit projected bed days through which persons that represent an imminent danger to self and/or others are removed from the community at large in order to provide emergency crisis stabilization and assessment.

**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?**

Percentage depending on earnings.

**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.**

N/A



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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