



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1652

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

As the public Baker Act receiving facility and the Community Mental Health Center for Brevard County, this project is to replace and add to an aging vehicle fleet that serves the indigent, Medicaid, and under-insured mentally ill and substance abuse disorder patients. The fleet supports the transportation of clients involuntarily committed pursuant to the Baker Act or the Marchman Act between Crisis Stabilization and Inpatient facilities at Circles of Care. By also providing transportation between mental health and substance abuse residential facilities to outpatient mental health and substance use disorder treatment services, the fleet supports successful community placement in the least restrictive environment. This is accomplished by accessing services that would otherwise be unavailable by providing transportation throughout Brevard County. These psychiatric services target severely mentally ill patients and substance use disorders, primarily opiate and methamphetamine addictions.

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

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	690,000
Fixed Capital Outlay	0
Total State Funds Requested	690,000

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	690,000	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 2022-2023	690,000	100%

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

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

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.**



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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.

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	5 each 15-person passenger vans; 3 caravan type transport vans; 2 full-size vans; 3 small vans; 2 maintenance vans	690,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		690,000

12. Program Performance

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

The specific purpose is to replace an aging fleet of vehicles that are utilized to transport severe and persistently mentally ill patients and substance use disorder patients (specifically opiate and methamphetamine) to Community Mental Health Center services as well as ancillary Case Management transportation for the same population. The underlying goal is to provide treatment that supports patients in the least restrictive environment possible, avoiding state hospitalizations, incarcerations, and/or homelessness.

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

Specific client-focused activities include: Transporting clients from residence to the mental health / substance abuse treatment provider; outreach services to homeless mentally ill and substance use disorder clients; secure intra-agency transportation between Baker Act facilities; and transporting clients to government and agency offices to assist with disability and other case management needs.

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

The direct therapeutic services that are otherwise unavailable without transportation services include: crisis support and intervention; outpatient counseling; medication management; case management; psychosocial rehabilitation; peer-support counseling; in-home and outreach services; medication assisted therapy for opioid use disorder; and food services to residential clients housed at mental health residential treatment centers.

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

The target populations include adults that represent an immediate harm to self or others due to mental illness or substance abuse; adults with severe mental illness; and adults with substance use disorders including opioid and/or methamphetamine addiction.



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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 is that at least 80% of the patients will maintain or improve their functional assessment while in the community. Additionally, 85% of scheduled appointment for ambulatory services will be kept for those clients utilizing Circles of Care transportation services. This serves as a proxy measure for mental health and substance use disorder functioning. Greater compliance rates are generally correlated with higher levels of functioning.

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 deduction based on outcome assessments.

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