

Yes

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2170

1. Project Title	Alachua Central	Receiving Facili	ty				
2. Senate Sponsor	Keith Perry						
3. Date of Request	01/07/2022						
4. Project/Program De	scription						
surrounding commun indigent care on Hosp insurance brought in	nities in Bradford, D pital Emergency Do by law enforcemer	Pixie, Gilchrist, Le epartments and nt. The facility wi	ated Central Receiving Fa evy, and Putnam Countie Public Receiving Facilitie Il provide triage outside h care coordination for indiv	es. The facility will rest for services to incomplete the facility will rest.	educe the burden of dividuals without itigate unnecessary		
5. State Agency to rec	eive requested fu	<b>nds</b> Depar	rtment of Children and Fa	amilies			
State Agency contact	cted? No						
6. Amount of the Nonre	ecurring Request	for Fiscal Year	2022-2023				
Type of Funding			Amo	Amount			
Operations				0			
Fixed Capital Outlay				496,850			
<b>Total State Funds R</b>	Requested			496,850			
7. Total Project Cost fo	or Fiscal Year 202	2-2023 (includir	ng matching funds avai	lable for this proje	act)		
Type of Funding		,	Amount	Percentage	<del>-</del> 61)		
Total State Funds Re		,			-G()		
Total State Funds Re Matching Funds		,	Amount 496,850	Percentage 26%	soty		
Total State Funds Re Matching Funds Federal	equested (from que	estion #6)	Amount 496,850	Percentage 26%	-ot)		
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Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre Fiscal Year	equested (from que amount of this requ for Fiscal Year 20 viously received s	pestion #6)  puest)  puest)  puest p	Amount  496,850  0 0 1,419,777 0 1,916,627  No  Specific	Percentage 26% 0% 0% 74% 0%	soty		
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Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre Fiscal Year	equested (from que amount of this requ for Fiscal Year 20 viously received s	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount  496,850  0 0 1,419,777 0 1,916,627  No  Specific	Percentage  26%  0%  0%  74%  0%  100%			
Total State Funds Re  Matching Funds  Federal  State (excluding the a Local Other  Total Project Costs  8. Has this project pre  Fiscal Year (уууу-уу)  9. Is future funding like	equested (from que amount of this requested states of the court of this requested states of the court of this requested states of the court of the c	estion #6)  Destion #6)	Amount  496,850  0  1,419,777 0  1,916,627  No  Specific Appropriation #  Yes	Percentage  26%  0%  0%  74%  0%  100%	soty		
Total State Funds Re  Matching Funds  Federal  State (excluding the a Local  Other  Total Project Costs  8. Has this project pre  Fiscal Year (уууу-уу)  9. Is future funding like a. If yes, indicate no	equested (from que amount of this requested for Fiscal Year 20 viously received s Amo Recurring ely to be requested	estion #6)  Destion #6)	Amount  496,850  0 0 1,419,777 0 1,916,627  No  Specific Appropriation #	Percentage  26%  0%  0%  74%  0%  100%			
Total State Funds Re  Matching Funds  Federal  State (excluding the a Local  Other  Total Project Costs  8. Has this project pre  Fiscal Year (yyyy-yy)  9. Is future funding like a. If yes, indicate no	equested (from que amount of this requ for Fiscal Year 20 viously received s Amo Recurring ely to be requested onrecurring amount of this requested services of funding that	estion #6)  Destion #6)  Destio	Amount  496,850  0 0 1,419,777 0 1,916,627  No  Specific Appropriation #  Yes 496,850	Percentage  26%  0%  0%  74%  0%  100%			



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

CARES \$1,213,734 - reimbursement for PPE, food for the homeless, COVID expenses. ARPA - HOME - \$1,968,639 - to be used for homeless assistance and supportive services. ARPA - Regional Transit System - 14,481,737 - designated for transit related expenses. ARPA - General Government - \$16,204,402 received to date - currently being evaluated by governing board (City Commission) for uses.

### 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	r Renovation:					
Construction/Renovation/Land/ Planning Engineering	Expansion of Meridian facility - to build a new mental health central space as the area's new central receiving system (which currently does not exist) to include: General Contractor \$419,050; Architect \$27,000; Impact Fees \$6,600; Security \$10,000; Furnishings and Misc. \$24,200; Landscaping \$2,000; IT/Equipment \$8,000.	496,850				
Total State Funds Requested (must equal total from question #6)						

### 12. Program Performance

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

A Central Receiving Facility would enhance access to timely, crisis, mental health and substance use disorder services, all of which do not currently exist in a coordinated manner within the current framework of services provided in the greater Gainesville - North Central Florida region that includes five other counties.

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

- 1) Provide a single drop-off location for law enforcement with those Baker Acted.
- 2) Provide a walk-in emergency treatment.
- 3) Reduce the burden of indigent care on local Emergency Departments.
- 4) Promote increased collaboration with specialized treatment.

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

The new central receiving facility will provide medical screening for any necessary emergency treatment, evaluation for specific detox or other in-patient or out-patient services, crisis counseling, medication, referrals for other services, and peer support.

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



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The targeted population includes those individuals who suffer from psychiatric disorders along with substance abuse issues. Approximately 3,500 individuals are expected to be served, most in Gainesville/Alachua County. However, current estimates also show use by individuals from surrounding rural communities in Bradford, Dixie, Gilchrist, Levy, and Putnam Counties as well.

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

Care coordination, supportive aftercare services, and improved information-sharing amongst providers. Enhancements for the North Central Florida region at-large with access to family and caregiver navigators and crisis counselors, ability to do follow-up via telehealth, and other coordinated follow-up services that currently are utilized amongst multiple systems. Outcomes will be measured by increased efficiency, lower service fragmentation, and cost-savings benefits. The City of Gainesville in Alachua County does not currently have a central receiving facility for those Baker Acted. The City of Gainesville recognizes the incredible need for coordinated care for treatment to

facility for those Baker Acted. The City of Gainesville recognizes the incredible need for coordinated care for treatment to help reduce the burden of indigent care on local emergency rooms, hence supports our community's premiere mental health provider in fulfilling this need.

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?

Failing to provide deliverables shall result in a 10% reduction in funding until said deliverable are furnished. If failure continues beyond 90 days then a reduction of 20% monthly funding shall occur.

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.

Meridian Behavioral Healthcare, Inc., a nonprofit 501(c)(3) organization, is the proposed owner of the facility.



### **The Florida Senate**

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14. Reque	estor Contac	t Informat	ion					
a. Firs	st Name	Tony		Last Name	Jones			
b. Org	ganization	City of Gainesville - Police Department						
c. E-n	nail Address	jonestr@cityofgainesville.org						
d. Pho	one Number	(352)393-7508 Ext.						
15. Recip	15. Recipient Contact Information							
a. Org	janization	Meridian	Behavioral Healt	hcare Inc.				
b. Mu	nicipality and	d County	Alachua					
c. Organization Type								
□Fc	□For Profit Entity							
☑No	☑Non Profit 501(c)(3)							
□Non Profit 501(c)(4)								
□Lo	□Local Entity							
□Ur	□University or College							
□Ot	□Other (please specify)							
d. Firs	st Name	Don		Last Name	Savoie			
e. E-n	nail Address	don_savoie@mbhci.org						
f. Pho	ne Number							
16. Lobbyist Contact Information								
a. Nar	ne	Angela N	1. Drzewiecki					
b. Firı	m Name	Peebles, Smith & Matthews, Inc.						
c. E-n	nail Address	angela.drzewiecki@gray-robinson.com						
d. Pho	one Number	(850)577-9090						