



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1064

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

**4. Project/Program Description**

Seminole County Central Receiving Facility (CRF) will provide expanded services for individuals in crisis or needing evaluation or stabilization under a Baker Act or Marchman Act. The project will provide initial assessments, triage, case management, care coordination and related recovery services including detoxification and crisis stabilization. The project will serve as a coordinated system providing opportunities for jail diversion, reduce the inappropriate utilization of emergency rooms, improve access and coordination of care, increase the quality and quantity of services and reduce processing time for persons served and law enforcement officials. The project will serve individuals with mental health and substance use disorders in Seminole County.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	3,172,617
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,172,617</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,172,617	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 2023-2024</b>	<b>3,172,617</b>	<b>100%</b>

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?**



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No

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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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		0
Other Salary and Benefits	Administrative: 10% of Direct Costs, includes prorated amount of Agency Exec Staff, HR, Accounting, Quality Mgmt., Payroll, and related Fringe Benefits.	268,866
Expense/Equipment/Travel/Supplies/Other	Other Support 8% of Direct Costs.	215,093
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Director of Nursing; Program Director; Clinical Supervisor; Nursing Manager; Psychiatrist; RN; ARNP; Patient Care Behavioral / Transportation Techs; Crisis Support Specialist / Assessors; Nurse Navigator; Peer Specialist; Care Manger/Coordinator; Fringe Benefits @ 27% of Salaries.	2,111,058
Expense/Equipment/Travel/Supplies/Other	Building Occupancy; Professional Services; Staff Travel; Equipment Costs; Food Services; Medical & Pharmacy; Insurance; Operating Supplies & Equipment; Incidentals; Medical Provider; On-call and Temp Labor; Transportation.	577,600
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>3,172,617</b>



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#### 14. Program Performance

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

The Seminole County CRF will provide expanded services for individuals in crisis or needing evaluation or stabilization under a Baker Act or Marchman Act. The project will provide opportunities for jail diversion, reduce the inappropriate utilization of emergency rooms, improve access and coordination of care, increase the quality and quantity of services available, and reduce processing time for persons served and law enforcement officials.

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

The Seminole County CRF will provide initial assessments, triage, case management, care coordination and related recovery services including detoxification, crisis stabilization and Assisted Outpatient Treatment (AOT) for individuals with mental health, substance use and co-occurring disorders.

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

The Seminole County CRF will provide initial assessments, triage, case management, care coordination and related recovery services including detoxification and crisis stabilization and Assisted Outpatient Treatment (AOT) .

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

The Seminole County CRF will serve individuals with mental health, substance use and co-occurring disorders that are in crisis or needing evaluation or stabilization under a Baker Act or Marchman Act. The project will serve 150 – 180 individuals each month for a total of 1,800 – 2,160 individuals served each year.

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

The Seminole County CRF Improve Mental Health and to Protect the General Public From Harm. The proposed outcomes and methodology by which they will be measure are: Outcome 1: Reduce the number of individuals admitted to a forensic state mental health treatment facility; Outcome 2: Increase participant access to community-based services; Outcome 3: 75% of individuals served in Baker Act and/or Marchman Act receiving facilities will receive a physical assessment prior to their identified placement; Outcome 4: 75% of individuals served in Baker Act and/or Marchman Act receiving facilities will be transferred to their identified placement within 15 hours; and Outcome 5: Reduce drop-off processing time by law enforcement officers for admission to crisis services. The Outcomes for the project will be measured through: Daily/Monthly collection of data; Monthly/Quarterly trends analysis. Goal measured Quarterly/Annually for attainment.

##### 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?

Noncompliance: Directly affecting client health and safety may result in a 10% penalty; Not directly affecting client health and safety may result in a 5% penalty; Associated with administrative tasks may result in 2% penalty. No penalty shall exceed more than 10%.

#### 15. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 16. Recipient Contact Information

a. Organization

b. Municipality and County



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#### 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number