



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1666

1. Project Title Child/Adolescent Baker Act Central Receiving Facility - Baptist Health Care-Pensacola

2. Senate Sponsor Doug Broxson

3. Date of Request 02/10/2023

4. Project/Program Description

To provide funding for operation of Child/adolescent Baker Act Central Receiving Facility at Baptist Hospital - Pensacola. This facility will serve Escambia and Santa Rosa counties.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? No

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

Type of Funding	Amount
Operations	1,750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,750,000</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)	1,750,000	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 2023-2024</b>	<b>1,750,000</b>	<b>100%</b>

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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.



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Baptist Health Care received CARES Act funding in the amount of \$32,677,970 from 2020 through present. These funds were applied to personal protective equipment, COVID-19 testing, staffing and facilities reconfigurations. Baptist Health Care incurred pandemic-related expenses and lost revenues for a total pandemic financial impact of \$72,109,213.

## 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	A prorated portion of our Executive Director of Behavioral Health service line who oversees the child/adolescent Central Receiving Facility.	26,803
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary and benefits for clinicians and caregivers who work in the receiving facility within the Emergency Department in Baptist Hospital and/or care for patients who are admitted under the Baker Act to our medical acute hospital with no other form of payment/ reimbursement. These team members provide care for the most vulnerable in our community.	1,024,005
Expense/Equipment/Travel/Supplies/Other	Equipment to purchase to outfit the receiving facility within the Emergency Department to include upgraded CareView system and beds for enhanced safety as well as telecommunications upgrades. Also includes direct expenses including plant operations, laundry, housekeeping, central supply and medical records for this portion of the Emergency Department.	699,192
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>1,750,000</b>



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#### 14. Program Performance

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

To provide funds for Baptist Health Care-Pensacola to operate the child/adolescent Baker Act central receiving facility. Baptist Pensacola provides the only licensed inpatient behavioral health treatment for children and adolescents in the two-county area and has recently worked with community partners to determine the best path forward for the child/adolescent patients and our community is for Baptist to become the child/adolescent CRF. These funds will assist the hospital in caring for its most vulnerable patients at a most vulnerable time.

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

Behavioral and medical health care services for patients who enter care under Florida's Baker Act law.

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

Behavioral and medical health care services for patients who enter care under Florida's Baker Act law.

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

It is estimated the child/adolescent CRF will serve approximately 1585 Children and adolescents up to age 18 in a given year.

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

Improve the overall health status of the community measured by receiving facility visits, Baker Acts, inpatient admissions, and readmissions.

##### 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?

Clawback of dollars.

#### 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

##### c. Organization Type

- ☐ For Profit Entity  
☒ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☐ Local Entity



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☐ 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**