

LFIR # 1959

1. Project Title	Hillsborough County Baker Act Bed Funding
1. Project little	Hillsborough County Baker Act Bed Funding

2. Senate Sponsor Jay Collins

**3. Date of Request** 02/21/2023

#### 4. Project/Program Description

The funds will support the preservation of current access to critical behavioral health services for patients who are underinsured or uninsured. Without this funding, more than 1,500 residents in Hillsborough County would lose access to the care provided by crisis stabilization units.

#### 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	2,045,110
Fixed Capital Outlay	0
Total State Funds Requested	2,045,110

#### 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)	2,045,110	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 2023-2024	2,045,110	100%

#### 8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	1,596,331	372	No	

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

2,045	. 110
Z.040	

Yes

a. If yes, indicate nonrecurring amount per year.

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

Possible federal dollars

#### 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.



LFIR # 1959

\$1,046,600 – PPP funds used for payroll; \$4,560 – HHS Stimulus used for operating; \$43,783 – HHS Stimulus used for operating; \$150,000 – Hillsborough used for technology

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

#### **11. Status of Construction**

a. What is the current phase of the project?

OPlanning ODesign

sign OConstruction

- 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
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	Salary and benefit cost of direct service personnel required to staff the 16 indigent crisis stabilization unit (CSU) beds. Includes Behavioral Health Tech, Nursing and Psychiatrist services as required by statute.	1,726,687
Expense/Equipment/Travel/Supplies/ Other	Supplies, Facility Insurance, Meals, Medications, Pharmacy	318,423
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	2,045,110

#### 14. Program Performance

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

Reduce more costly admissions to state hospitals. Allow for immediate crisis stabilization unit (CSU) admissions versus the utilization of emergency rooms and low income pool (LIP) dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing reentry and follow up services designed to reduce recidivism rates.

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



Short-term, intensive psychiatric care for individuals during times of emergent need. A safe environment and immediate stabilization through times of crisis and helping to find appropriate post discharge clinical care.

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

24 hour observation, medication prescribed by a physician or psychiatrist, various medical assessments and evaluations, lab work, crisis counseling, therapeutic activities, help finding the appropriate post discharge clinical care.

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

Persons with poor mental health. The funding for the beds will create capacity for an annual total of 5,840 bed days, serving an estimated 2,063 patients.

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

Reduce more costly admissions to state hospitals. Allow for immediate crisis stabilization unit (CSU) admissions versus the utilization of emergency rooms and low income pool (LIP) dollars. Reduces the use of jails as mental health facilities. Coordination of care upon discharge by Gracepoint and Northside supports the statewide system of care by managing reentry and follow up services designed to reduce recidivism rates. Performance measures utilized are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.

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?

Penalties would be reduction of funding specific to actual beds utilized.

#### **15. Requester Contact Information**

a. First Name	Roaya		Last Name	Tyson
b. Organization	Gracepoint/Northside Mental Health			
c. E-mail Address	rtyson@gracepointwellness.org			
d. Phone Number	(813)239-8088 <b>Ext.</b>			
16. Recipient Contact Information				
a. Organization	Central Florida Behavioral Health Network			
b. Municipality and County Hillsborough				
c. Organization Ty	pe			
□For Profit Entity				
⊠Non Profit 501(c	☑Non Profit 501(c)(3)			
□Non Profit 501(c)(4)				
□Local Entity				
□University or College				
□Other (please specify)				
d. First Name	Roaya		Last Name	Tyson
e. E-mail Address	rtyson@c	racepointwellnes	ss.org	



f. Phone Number (813)239-8088

17. Lobbyist Contact Information

a. Name

b. Firm Name RSA Consulting Group LLC

c. E-mail Address natalie@rsaconsultingllc.com

Natalie King

d. Phone Number (813)924-8218

LFIR # 1959