



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2074

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

The CBHC Central Receiving Facility (CRF) is a behavioral health hub that receives patients and serves as a coordinated system of entry for adults, and youth, needing evaluation or stabilization under the Baker Act or Marchman Act, or for a person experiencing an acute mental, emotional or substance use disorder crisis. The CRF operates 24 hours per day, 7 days per week to provide immediate assessment and triage. The CRF operates as the Receiving Facility to both Charlotte and DeSoto Counties.

This funding request will ensure a high volume Central Receiving Facility meets the needs of Charlotte and DeSoto Counties. Our goal is to add the following staffing components to our facility, to harden the safety, quality, and capacity of our treatment facility. 3 additional Peer Specialist, 2 Crisis Services Clinicians, an Assistant Nurse Manager, a Advanced Practice Registered Nurse (APRN), and 7.5 Safety Behavioral Health Technicians.

**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	1,390,635
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,390,635</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)	1,390,635	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>1,390,635</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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Potential federal funding from community behavioral grants

**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.**

HHS Provider Relief Funds \$307,189.28, 'awarded' to recover revenue interruptions during the pandemic, and 'used' to retain positions while income was negatively impacted. County(Local) funding of \$64,186 to reimburse PPE and technology solutions to transition to telehealth treatment model.

## 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	Pro-Rated Director of Crisis Services and Chief Operating Officer for general administration and oversight of the Central Receiving Facility, including salaries, benefits (health insurance, payroll taxes, worker's comp insurance, retirement, life insurance, etc.)	20,032
Other Salary and Benefits	Pro-rated administrative salaries and benefits including health insurance, payroll taxes, pension, and worker's compensation insurance (including Human Resources, Quality Management, Utilization Management, Medical Records, Billing and Finance, IT Support, Facilities Management)	67,248
Expense/Equipment/Travel/Supplies/Other	General direct and allocated expenses that include insurance, licenses and taxes and other operating supplies.	15,140
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Expanding our Direct Program Staff to adding (3 FTE) additional Peer Specialist, (2FTE) Crisis Services Clinicians, (1 FTE) Assistant Nurse Manager, (1 FTE) Advanced Practice Registered Nurse (APRN), and (7.5 FTE) Safety Behavioral Health Technicians.	1,024,197



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Expense/Equipment/Travel/Supplies/Other	Direct program building occupancy, food services, linens, consumables, and other operating supplies associated with the daily operation of a central receiving facility.	264,018
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>1,390,635</b>

#### 14. Program Performance

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

The goal is to fully fund the Central Receiving System located in Charlotte County, which has grown in capacity by 50% since implementation of the central receiving model. The proposed expanded staffing model will enable our facility to safely and effectively respond to the rising needs in our community. This demand has only been exacerbated by Hurricane Ian. Although our facility bed capacity is limited, staffing enhancements are critical to safely and effectively treatment to minimize both injury, and minimize recidivism, and needs for jail placement.

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

The following services will be provided: centralized assessment and evaluation, inpatient services, psychiatric evaluation, medical history and physical to identify any medical issues that may be contributing towards the psychiatric crisis, medication management for psychiatric and medical issues, psychosocial, educational and occupational therapy groups, medication education groups, brief and intensive stabilization services, nursing assessments, family, group, and individual therapy as needed, discharge planning and referrals, appointments for follow up services and care management post discharge to ensure that individuals attend aftercare services, thus reducing recidivism. After individuals are discharged, they receive outpatient medication management, individual, family and/or group therapy, residential treatment, case management and other needed services.

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

The direct services include psychiatric assessment and stabilization, information and referral, psychotropic as well as general medication management; history and physical. A licensed mental health counselor will specifically work with the Marchman Acts to provide evaluation and treatment and additional nursing services to ensure medical stability after an overdose. Peer counseling services in the form of individual and group support will be offered by individuals in recovery from mental health and substance use disorders. Security technicians will ensure the safety of the persons served, who may be at risk of self harm or violence.

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

Adult and youth experiencing acute mental, emotional or substance use disorder under the Baker Act or Marchman act, and those on voluntary status. Those in crisis, with highest level of acuity, that may otherwise be admitted to the jail system. The rise in local overdoses has necessitated the use of Marchman Acts to ensure individual and community safety. This number is rising exponentially. However, through use of the facility, we have reduced fatal overdoses by 53% and non-fatal by 31% from 2021 to 2022. With the constant rise in the need for crisis services, we anticipate 2,000 to 2,500 unduplicated individuals from Charlotte, DeSoto, and surrounding counties.

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

Individual's mental health & substance use will improve as a result of receiving CBHC treatment/Evidence-based assessments & level of functioning scales; ability to return to the community. To protect the general public from harm/Appropriate utilization of the jail/prison system, freeing capacity for law enforcement detention of suspected criminals/The number of jail diversions. Effective treatment & engagement in post-discharge treatment will help to reduce recidivism into more costly deep end services, such as incarceration, inpatient hospitalization, & ER services/Inpatient recidivism rates & Jail Census Monitoring. Comorbid substance disorders frequently accompanies mental illness resulting in involuntary admissions. Co-occurring treatment using evidenced-based practices will improve treatment participation & reduce substance use/Treatment compliance assessed through drug screening and completion of treatment. Number of Marchman Petitions & Compliance w/Aftercare recommendations.



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**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?**

If there is an area in which CBHC is deficient, it is suggested that a corrective action plan (CAP) be implemented and monitored to ensure that the deficiency(ies) is/are corrected per the CAP. If CBHC fails to meet the contract deliverables or the performance measures, the State has the option to cancel the contract for these services.

**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

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**